

SENIORS WITH DISABILITIES
POVERTY
PERSONS WITH DISABILITIES
VIOLENCE AND ABUSE
SOCIAL INCLUSION
MENTAL HEALTH
FAMILIES CHILDREN AND YOUTH
NEWCOMERS AND IMMIGRANTS
FAMILIES
YOUTH
SENIORS
SOCIAL INCLUSION
PERSONS WITH DISABILITIES

PEEL COUNTS 2011

COLLECTIVE IMPACT THROUGH RESULTS
BASED ACCOUNTABILITY REPORT

 **Region of Peel**
Working for you



United Way
Peel Region

Ontario
Trillium
Foundation



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This report was made possible through generous support from the Ontario Trillium Foundation.

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Favoriser l'épanouissement de communautés saines et dynamiques en Ontario, en investissant dans des initiatives communautaires qui renforcent les capacités du secteur bénévole.

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Acknowledgements

This report was completed for the Region of Peel, Human Services Department and the United Way of Peel Region on behalf of the Peel community.

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Peel Poverty Reduction Strategy Group

Regional Diversity Roundtable

Peel Committee Against Woman Abuse

Help End Abuse for Life Network (HEAL)

Peel Elder Abuse and Prevention Network

Peel Committee on Sexual Assault

Peel Newcomer Strategy Group

Child Advocacy Centre

Fair Share Peel

Peel Children and Youth Initiative/ Success by 6

Peel Children's Aid

Peel Accessibility Advisory Committee

Social Planning Council of Peel Region

Ministry of Community and Social Services

The Mississauga Summit



Peel Counts in 2 ways

Peel matters and Peel measures

Peel matters because people matter. All people.

Nothing matters more than a great quality-of-life. Income, work, safety, health, education, opportunity, and being connected to and supported by our neighbourhoods and communities, matter most.

Peel measures because measurement gives us knowledge and knowledge helps us make better decisions.

The best decisions are made when there is evidence that we are on the right track. What is the right track? MAKING POSITIVE IMPACT. This means we are having a positive IMPACT on people's lives and we can measure and track it over time. We have already begun to improve our knowledge on what matters most to our community, because together with your engagement, we have identified nine priority issues and populations in Peel. Together we have defined what is important to the well-being of our community and, by using better measurement we will continue to make better decisions. Better decisions lead us to the actions needed to improve the well-being of Peel residents.

So you see, Peel Counts!

You have told us what is important for people's well-being in Peel. This report is not about what is wrong or what we need... it is about what we already HAVE and KNOW and what we are DOING differently to create positive change. How do we sustain this change? By working collectively to build on the momentum we have started...Join us!

How to Use this Report

Peel Counts...is a summary document of the work related to the joint United Way of Peel Region (UWPR) and Region of Peel (ROP), Human Services, "Community Investment Strategy: Investing for Resilience."

Peel Counts...has been informed by broad "community" representation. For the purposes of this document, community is defined as the following:

The Investing for Resilience "community" consultation involved a variety of diverse residents, service providers and funders.

The "community" Impact Cafes in 2011 involved almost 200 Peel human service providers, community stakeholders and funders.

Peel Counts... is about why measurement is needed, how measurement helps us achieve positive impact on important quality-of-life issues and how measurement inspires a different way to think, behave and work.

How to Use this Report Continued

Peel Counts... focuses on presenting the ideas and knowledge gained from the community service providers at the Impact Cafes and is a jumping-off point to rally the community actions around achieving collective impact on important priority issues. In the future, it is intended to inform strategic direction, existing action ideas and work plans and comment on services and programming in the Peel community.

Peel Counts... is a beginning, not an end. This report is for all of us. See yourself and your organization, programs and passion reflected in the words and ideas in the following pages. Recognize where we are on the right track, where the gaps remain, and how much work is ahead yet.

Peel Counts is a CALL to ACTION. Use the report to begin important conversations. Use the report to inspire your role in Peel's collective ability to measure and improve the impact we are having on people's quality-of-life. Begin to visualize how we can build from here and how much more powerful and effective we can become, together. And... imagine the possibilities of a more resilient Peel?

- 1 Chapter One lists some captivating statistics and shows us what a unique and asset-rich community Peel is.
- 2 Chapter Two uncovers the history of the Investing for Resilience Strategy and explains the rationale behind why measurement is crucial to achieving results, making informed decisions and improving accountability.
- 3 Chapter Three introduces Results Based Accountability and the incredible and complex world of "Data."
- 4 Chapter Four demonstrates the robust and dynamic nature of Peel's human service sector and funder community when called on to share knowledge and ideas at the Impact Cafes about the people they serve and support.
- 5 Chapter Five identifies and lists the population indicators that were prioritized at the Impact Cafes and adds new data ideas sourced by the regional Data Development Committee.
- 6 Chapter Six outlines how we work differently as a result of Results Based Accountability and invites the Peel community to become involved in actions that will "turn curves" in Peel.
- 7 Chapter Seven displays all priority population indicators in graph form for easy access and reference.

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Counting Everyone: Counting our Assets

Peel is a vibrant, diverse and extraordinary region where the richest, strongest and most globally competitive assets are its' people.

Diversity cultivates the rich cultural, faith and social prosperity of Peel region and positions Peel as an innovative, knowledgeable and formidable global market competitor. Peel is one of Ontario's fastest growing municipal areas. (Portraits of Peel 2011)

- Peel is home to more than 1.2 million residents. This is 10% of Ontario's population
- More than 34,000 new residents move to Peel every year. That is approximately 100 new residents per day!
- From 2001-2006, immigrants made up roughly 80% of Peel's population growth
- Peel has the highest rate of newborns in Ontario
- Peel's senior population (65+) is increasing at almost 3X's the rate of Ontario and Canada's senior population
- By 2031, Peel's population is predicted to reach 1.64 Million

If Peel were a village of 100 people

Peel Village would have 49 male and 51 female residents. The geographic distribution of these villagers would be:

- 58 in Mississauga
- 37 in Brampton
- 5 in Caledon

49 villagers would be immigrants. Immigrants born in the top five most common countries of birth would make up nearly half of Peel Village's immigrants:

- 10 would have been born in India
- 3 in Pakistan
- 3 in the Philippines
- 3 in Jamaica
- 2 in Poland

96 villagers would know either one or both of the official languages.

- 89 would know English
- 7 would know both English and French.

Of the 56 Peel villagers of age 25 years and older,

- 16 would have completed University with a Bachelor's degree or higher
- 7 would have less than a Grade Nine education

57 villagers aged 15 and older would be in the workforce; (30 males and 27 females).

- 53 would be employed of which 6 would be self-employed.
- 4 would be looking for work

Nearly half of Peel Village's workforce would be employed in one of these top-four industries: manufacturing, retail trade, transportation and warehousing, and wholesale trade.

37 Peel villagers would drive, 4 would carpool, 6 would take public transit, and 1 would walk or bike to their workplace.

Peel villagers would have a median income of \$27,879

- Male median income of \$34,177
- Female median income of \$22,554

14 Peel villagers in households would be living in low-income

*Source: Statistics Canada, 2006 Census.
Peel Data Centre Region of Peel*

75% of Peel's seniors age 65+ rate their sense of community belonging as somewhat or very strong¹

2x as many persons with Activity Limitations live below the Low Income Cut Off (LICO) compared to the total population²

15% the rate that police reported domestic/family occurrences increased between 2007-2010³

6.4/100,000 people died from suicide in 2007⁴

33% of new immigrants (last 5 years) live below the Low Income Cut Off -LICO⁵

9% of families are considered working poor⁶

58% of children age 12-17 are not physically active⁷

10 - the number of low income children for every one subsidized childcare space⁸

66% of registered voters did not cast a ballot in the 2010 municipal election⁹

1,7- Canadian Community Health Survey, Statistics Canada

3-Peel Regional Police Statistical 2009 Report

4-Ontario Mortality Database, Ministry of Health and Long Term Care

6-Statistics Canada, Small Area and Administrative Data Division

2,5, 8- Statistics Canada, Canadian Census Data

9-Regional Municipality of Peel, City of Mississauga, City of Brampton, Town of Caledon

Why Count?

Peel counts because measurement gives us knowledge and knowledge helps us to make better decisions. The best decisions are made when there is evidence that we are on the right track. What is the right track? Identifying what matters most to people and communities and ensuring that the service system has a common vision that prioritizes IMPACT. The right track means we are having a positive IMPACT on people's lives and we can measure and track it over time. Quite simply, "transformation is not optional" (Gowdy et al., 2009).

According to *Convergence: How Five Trends will Reshape the Social Sector* (Gowdy, 2009), "the non-profit sector, like the rest of the nation, has been riveted by the first great economic crisis of the new century leaving non-profits to find themselves in a new reality." In addition, United Ways, municipal governments and other funders worldwide are committed to making measureable improvements in quality-of-life and definitively demonstrating the impact of their investments and community capacity building. In the impact arena, success is defined by collectively creating a service delivery model that measures who is *better-off*. It strives to reduce or eliminate complex social problems through examination and analysis of root causes.

There are several national initiatives that are leading the way and providing support, capacity building, research and data that is greatly assisting municipalities with their local work and opportunities to observe priority issues in their own communities and in communities across Canada.

"Vital Signs" is an annual community check-up conducted by community foundations across Canada that measures the vitality of our communities, identifies significant trends and assigns grades in a range of areas critical to quality-of-life. For the first time in Peel, the Community Foundation of Mississauga has produced a Vital Signs Report, released October 2011.

The Federation of Canadian Municipalities (FCM), through its Quality of Life Reporting System (QOLRS) fosters vibrant, inclusive communities where appropriate housing, education and employment are accessible to all. Led by FCM, the QOLRS measures, monitors and reports on social, economic and environmental trends in Canada's largest cities and communities, including Peel region. By providing evidence of important trends taking place across the municipal sector, the QOLRS helps to ensure that municipal government is a strong partner in formulating public policy in Canada.

The Canadian Index of Wellbeing -CIW Network is an independent, non-partisan group, based at the University of Waterloo within the Faculty of Applied Health Sciences, and operates under the leadership of an advisory board of accomplished Canadians and international experts. Its mission is to report on the wellbeing of Canadians, and promote a dialogue on how to improve it through evidence-based policies that are responsive to the needs and values of Canadians. Research released by the Canadian Index of Wellbeing (CIW), reveals that in the fifteen year period from 1994-2008, Canada's Gross Domestic Product (GDP) grew by a robust 31% while Canadian quality-of-life only improved by a modest 11%. Clearly the benefits from economic growth and prosperity do not always translate into better quality-of-life for people. The vision of the CIW is to "ensure all Canadians share in the highest wellbeing status," which they will accomplish through "identifying, developing and publicizing statistical measures that offer clear, valid and regular reporting on progress toward wellbeing goals and outcomes that Canadians identified as important."

The Region of Peel and United Way of Peel Region are working towards aligning local data from our work in Peel with national resources such as Vital Signs, Federation of Canadian Municipalities and the Canadian Index of Wellbeing in order to measure what matters and use the information to make informed decisions around policy, practice and investments. The starting place for this partnered work is with the joint Community Investment Strategy: Investing for Resilience. A multi-year initiative beginning in 2007, the strategy is a living entity that strives to examine the investments in Peel's human service sector and to collaborate with community partners who share a common vision of a sustainable, vibrant Peel that provides access and equity for all residents. Moreover, the strategy calls for a new way of thinking, one that includes a holistic view of the resiliency of communities as well as informed gathering of relevant data to measure the impact of programming and services on its' residents quality-of-life.

The Investing for Resilience Strategy review was conducted in the context of a broader strategy to strengthen neighbourhoods and communities in Peel. United Way of Peel Region and Region of Peel drew upon the work of Sherri Torjman, outlined in *Shared Spaces: The Communities Agenda*. (2006) Torjman defines shared space "not only as the physical place in which we all live, but also as a place where we connect emotionally to each other and work collectively towards a common vision." It is in this shared space that the "communities agenda" takes shape.

The communities agenda promotes resilience so that communities become strong and vibrant. Torjman (2006) defines resilience as, "the ability to thrive in the face of tough times and constant change." The communities agenda relates to both what communities can do to foster resilience and how to go about the work.

A community's resilience is determined by its capacity to provide services in four independent but related areas.



Sustenance:

Meeting basic physical and emotional needs

Adaptation:

Helping to develop coping skills and abilities

Opportunity:

Providing economic opportunities

Engagement:

Aiding active participation in society

Communities face complex issues. Social problems can have multiple causes and the relationship between cause and effect is constantly changing. Focussing on resiliency enables communities to respond more effectively to the complexity they face and the kind of positive results they desire. Building resiliency calls for approaches that encourage collaboration within and between the four clusters, as well as policy interventions.

"Ultimately, we are all partners in our Peel community's success! So we all need to strategically collaborate, communicate and champion new, innovative human services, health services and business partnerships and programs that have high impact and results for our Peel community".

Jan Nevins, Vice President- LMC International, Peel Resident

Investing for Resilience Strategy

United Way of Peel Region and Region of Peel invest millions of dollars in planning, supporting and delivering human services in the Peel community.

Why do we need an Investing for Resilience Strategy?

Peel is growing rapidly and is seeing both geographic and demographic changes. Areas that were once meadows, farmer's fields and woodlands are now being replaced by new neighbourhoods, community parks and buildings. Although many Peel residents have lived here for multiple generations, Peel is also a daily destination for vast numbers of newcomers from around the world. This diversity cultivates the rich cultural, faith and social prosperity of Peel region and positions Peel as an innovative, knowledgeable and formidable global market competitor.

But, with growth, comes challenges. According to the Fair Share for Peel Task Force (2011), Peel residents are not receiving their fair share of social and community health dollars. Our quality-of-life is directly impacted by this underfunding. Resources have eroded to the point that Peel families receive one-third to one-half of the support other Ontario families do. Since 2001, the per-capita funding gap between Peel and the rest of Ontario has increased by 75%, leaving the estimated funding gap at an inconceivable \$386 MILLION dollars.

While quality-of-life has been an historic priority for United Way of Peel Region and Region of Peel, never before has there been such an urgency to act differently to meet the growing needs of residents. It is well documented that the service and support needs of Peel's residents exceeds the human service sector's ability to meet them. Since 2000, both United Way of Peel Region and Region of Peel have increased their investments in community program grants substantially as well as focused on concerted efforts to support capacity building activities. In addition, more and more community partnerships have formed to collaboratively plan and deliver integrated human services. Strong advocacy from the Fair Share for Peel Task Force and multiple community partners and collaboratives are speaking urgently about the interrelatedness of the human services sector and the necessity to adequately resource local service providers, so they can respond to the continued relentless growth and changing demographics. A sense of a common and shared vision among community partners in Peel Region is palpable. We need a shared vision for the long term future of our community and the Investing for Resilience Strategy has the immense potential to bring collaborative partners together around this vision. Community resiliency is our goal!



Identified Priority Needs.

Through extensive consultation in the Peel community, the development of the Investing for Resilience Strategy implemented various strategies to engage as many residents as possible. There were broad consultations, on-line surveys in multiple languages, focus groups in multiple locations, languages, cultures and age groups, service providers, funders as well as key informant interviews. The development of the strategy concluded with a "Thought Leaders Forum" in March 2008 involving over 100 participants. Consistent with the resilience model from Sherri Torjman, the Peel community identified a common desire to see emphasis on enabling individuals, families and neighbourhoods to develop the ability to learn and act in ways that help them to cope with and overcome challenges so they can thrive.

Thus, the overarching outcome for the Investing for Resilience Strategy is;

"all individuals and families are resilient and thrive within a vibrant community"

To achieve this outcome, strategies are directed to programs, services and initiatives that result in...

Resilient People

Strong Families

Vibrant Neighbourhoods and Communities

Who are the priority people and what are the priority issues that will result in resilient people, strong families and vibrant neighbourhoods and communities?

Seniors are healthy, connected and functioning to their best ability

Persons with disabilities are fully included and reach their full potential

Residents live free from violence and abuse, especially women and children

Persons living with mental illness (or at risk) are connected and thrive

Newcomers and Immigrants thrive and are fully included in community life

Families have the ability to support and help one another succeed

Children and Youth reach their full potential

Residents experience less poverty, hunger and have access to affordable housing

Neighbourhoods have residents that are actively engaged and connected to their community

How the world sees the community sector is determined in large part by its self-image. If it sees itself as well-intentioned but marginal, it will continue to beg for attention and resources. If on the other hand, it sees itself as the expression of responsible citizenship and the source of creativity and resourcefulness in promoting society's well-being and resilience, it will be an equal partner in shaping the Canadian future

*Tim Brodhead,
Words and Actions:
The Community Sector
and Canada's New
Narrative (2010)*

Investing for Resilience Priorities and Outcomes

What are the priorities and outcomes that have been developed for the Investing for Resilience Strategy (2009/2010) to assist agencies, organizations and programs to realize impactful, measurable performance results?

RESILIENT PEOPLE

SENIORS ARE HEALTHY, CONNECTED AND FUNCTIONING TO THEIR BEST ABILITY

- ▣ Increased social support and reduced isolation for seniors and caregivers
- ▣ Increased access to services based on individual needs, when and where they are needed, for seniors and their families and/or caregivers, including respite for caregivers
- ▣ Seniors are more active physically and socially. Increased volunteerism among seniors
- ▣ Reduced elder abuse
- ▣ Reduced poverty among seniors
- ▣ Reduced addictions and mental health issues among seniors

PERSONS WITH DISABILITIES ARE FULLY INCLUDED AND REACH THEIR FULL POTENTIAL

- ▣ Increase the skills of parents, caregivers, and family members to appropriately support children, youth and adults with disabilities
- ▣ Increased access to services for persons with disabilities including support and education for caregivers, family members and elderly parents
- ▣ Increased social support and strengthened support networks for persons with disabilities and caregivers
- ▣ Increased community awareness and sensitivity to disability issues
- ▣ Increased participation of persons with disabilities in recreational, social, cultural and daily activities
- ▣ Reducing poverty for persons with disabilities
- ▣ Increased education & awareness for front line workers about disability issues (ie care givers for those with special needs) to bridge gaps in services
- ▣ Increased autonomy and improved quality-of-life
- ▣ Increased participation in recreational, social, cultural and daily activities
- ▣ Increased community awareness and sensitivity to disability issues

RESIDENTS LIVE FREE FROM VIOLENCE AND ABUSE, ESPECIALLY WOMEN AND CHILDREN

- ▣ Increased awareness about the effects of abuse
- ▣ Increased awareness about people who are more vulnerable to abuse
- ▣ Increased awareness about abuse (what it is, how to report it etc., among front-line workers
- ▣ Increased identification and reporting of abuse, especially for vulnerable populations like seniors and immigrants
- ▣ More holistic and coordinated responses and supports to abuse

PERSONS LIVING WITH MENTAL ILLNESS (OR AT RISK) ARE CONNECTED AND THRIVE

- ▣ Improved emotional and mental health of children, youth, adults and seniors
- ▣ Earlier intervention, support and access to services
- ▣ Increased awareness about mental health issues
- ▣ Reduced stigma

STRONG FAMILIES

NEWCOMERS AND IMMIGRANTS THRIVE AND ARE FULLY INCLUDED IN COMMUNITY LIFE

- ▣ Family relationships are more harmonious and enhanced by reducing intergenerational conflict
- ▣ Increased participation and meaningful civic engagement of newcomers and immigrants
- ▣ Improved participation of newcomers and immigrants in all aspects of the community, including the labour force, volunteerism and civic engagement
- ▣ Full & meaningful employment for newcomers in jobs that reflect their skill and training
- ▣ Increased community awareness of the challenges faced and contributions made by immigrants
- ▣ Increased inclusiveness / diversity in communities and neighbourhoods

FAMILIES HAVE THE ABILITY TO SUPPORT AND HELP ONE ANOTHER SUCCEED

- ▣ Increased resources to more families to increase the capacity to care for one another
- ▣ Insure accessibility to services for families needing to support children in the preschool and elementary school years (including those providing support to children with special needs)
- ▣ Increased parenting knowledge, skills and resources. Increase in skills to develop better relationships with family members
- ▣ Safe home environments, free from violence
- ▣ Families have their basic needs met

CHILDREN AND YOUTH REACH THEIR FULL POTENTIAL

- ▣ Increased number of children have basic needs met
- ▣ Increased number of children and youth succeed in school
- ▣ Increased youth engagement in community, school and learning
- ▣ Increased healthy behaviour for youth at-risk
- ▣ Increased positive social skills to succeed, self-esteem and confidence of youth
- ▣ Children and youth are free from abuse and neglect

VIBRANT NEIGHBOURHOODS AND COMMUNITIES

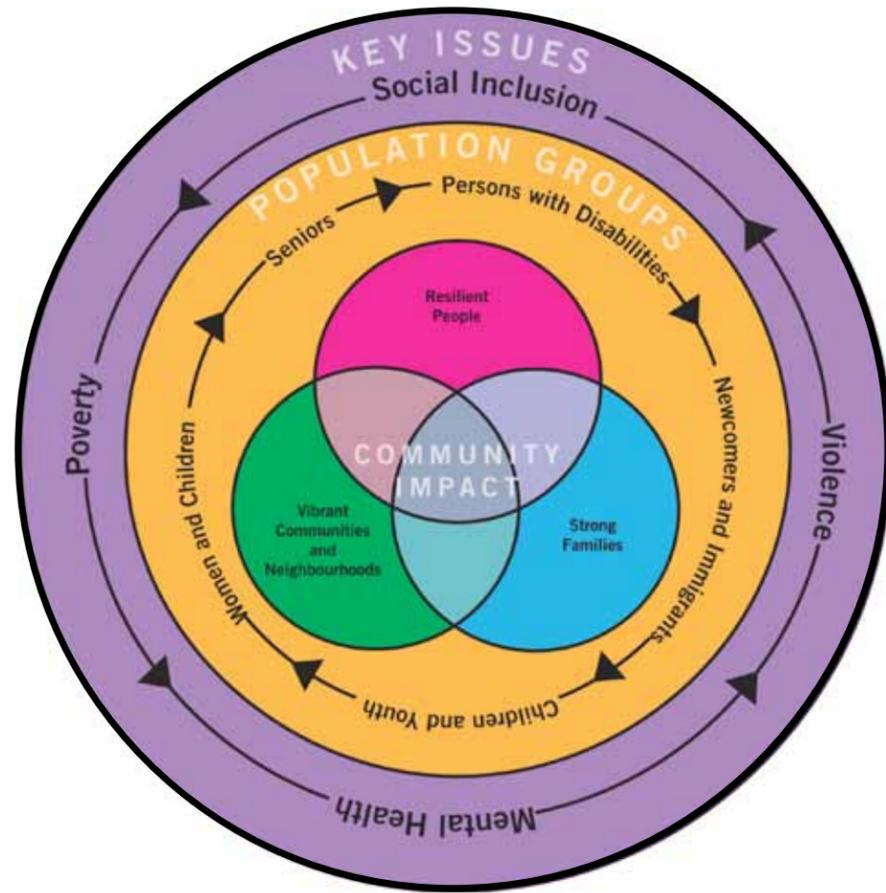
RESIDENTS EXPERIENCE LESS POVERTY, HUNGER, AND HAVE ACCESS TO AFFORDABLE HOUSING

- ▣ Basic needs are met
- ▣ Increased safety and stability for individuals and families living in vulnerable communities to prevent crisis and to regain and maintain stability
- ▣ Decrease the number of people who are homeless or living in poverty
- ▣ Affordable and accessible education, training, and learning opportunities
- ▣ A greater proportion of adults have the capacity and the resources to live independently as well as the resources be meaningfully employed

NEIGHBOURHOODS HAVE RESIDENTS THAT ARE ACTIVELY ENGAGED AND CONNECTED TO THEIR COMMUNITY

- ▣ Increased volunteerism and civic engagement in the community
- ▣ Neighbourhoods have diverse groups that are connected and working together to take action.
- ▣ Key services are available at a neighbourhood level and responsive to neighbourhood needs; especially in vulnerable neighbourhoods

The following graphic was developed to illustrate the interconnectedness between and amongst the nine populations and issues.



"We are all caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly....affects all indirectly." Martin Luther King Jr.

Leadership

The "investment" in the Investing for Resilience Strategy includes not only dollars but also leadership and inspiration. The Peel community stakeholders told United Way of Peel Region and Region of Peel four critical ingredients to achieve leadership success.

1. Comprehensive and inclusive leadership is required to make their (stakeholders) individual efforts count collectively
2. The Peel community is in a state of readiness for planning and collaboration
3. The strategy needs to be region-wide
4. Collaboration will be the key to achieving the desired community outcomes.

To this end, United Way of Peel Region and Region Of Peel have provided ongoing funding and leadership since 2007 (with the additional funding support from the Ontario Trillium Foundation for the development of community indicators and this report) to explore the introduction of the Results Based Accountability Framework to achieve the desired outcomes for the Peel community. For more information on Results Based Accountability, see Chapter Three.

Peel's Partnerships for a Resilient Community

Peel region has a history of strong and formidable collaborative partnerships. There are over 15 formalized collaboratives in Peel, some of which have been in existence for a quarter of a century, with deeply entrenched governance and mandates while others are relatively new and in the organizational development stage. One admirable characteristic of Peel's collaborative work is the willingness of diverse and varied stakeholders to come together around important issues and approach a systems analysis, from multiple vantage points. To Peel's credit, in the past several decades critical policy changes, meaningful programming and coordination of best practices have all resulted from strong, collective groups focussed on a common vision. To sustain the long term outcomes required for complex large scale social change, Peel needs to engage more sector- specific community leaders and innovators. Highlighting the existing common vision across Peel may be the catalyst that prompts this leadership.

Peel's Vision, Peel's Values and How We Will Accomplish What We Want To

On examination of the individual values visions, mandates and strategic directions of United Way of Peel Region, Region of Peel-Human Services, Peel collaboratives, school boards, Peel Regional Police, and government funders and ministries, a refined regional vision for a resilient community is taking shape. There is strong alignment across three variables:

Peel's vision includes:

Improving quality-of-life for all, safety, health, strengthening and enriching communities, economic and social integration, sustainable change, access for all, success and reaching full potential

Peel's values include:

Accountability, responsibility, dedication, excellence, skill, caring, innovation, adaptability and the celebration of diversity

How we will accomplish what we want to includes:

Providing leadership and inspiration, being catalysts for action and success, engaging with the community, effective partnering and teamwork, removing obstacles and barriers, recognizing community assets and talent and strengthening the capacity of and valuing volunteers

I have observed a very distinct shift in the mentality of both the Region of Peel and the United Way of Peel Region to becoming motivators, connectors and facilitators of a more coordinated and efficient delivery system for human services.

*Winston Meyer
First Vice President
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Collective Impact

The Canadian Index of Wellbeing begins with the belief that our cornerstone value as Canadians is the principle of “shared destiny”: that our society is often best shaped through collective action; that there is a limit to how much can be achieved by individuals acting alone; that the sum of a good society and what it can achieve is greater than the remarkably diverse parts which constitute it.

Canadian Index of Wellbeing

Up against insurmountable odds, many communities around the world are succeeding in making remarkable changes in large-scale complex social problems and there is much to learn from these models. One recent contribution from Stanford University has resonated deeply across North America and beyond and is having a substantial effect on our work in Peel. It is called, “Collective Impact.”

One important concept from Collective Impact (Kania and Kramer, 2011) “is the idea that community leaders must abandon their individual agendas in favour of a collective approach to making positive changes.” Reinforced by Torjman’s concept of building resiliency across four inter-related clusters, Kania and Kramer agree that fixing one point on any issue continuum would not make a difference unless all parts of the continuum improved at the same time. In addition, the partnerships had to broaden beyond the traditional familiar faces in social service and include business, recreation, sport, arts, corporate, government and non-government to name a few.

They define collective impact as: “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” They further identify the five conditions of collective success as; a common agenda, a shared measurement system, mutually reinforcing activities, continuous communication and a backbone support organization.

The common theme to collective impact stresses that large-scale social change comes from better cross-sector coordination rather than from the isolated interventions of individual organizations. Funders and non-profits alike, they claim, “overlook the potential for collective impact because they are used to focussing on independent action as the primary vehicle for social change.”

Kania and Kramer (2011) made the observation that large-scale social change requires broad cross-sector coordination yet the social sector remains focussed on the isolated intervention of the individual organizations. This is relevant for the work of United Way of Peel Region and Region of Peel because building the performance measure capacity among the non-profits in Peel has been a priority for the past several years, not only using an isolated lens on the client success in organizations but more importantly, in making a connection to the contributory relationship between client success and the overall population outcomes for the entire Peel region. This invariably led Peel to search for a tool that was highly adaptive for human service and would galvanize Peel’s commitment to both strengthen the capacity among the non-profits performance measures while finding links to bold, aspirational, quality-of-life outcomes for the broad population. We found our solution in Results Based Accountability (RBA).

Change Management

Introducing Collective Impact through Results Based Accountability in Peel requires an ongoing awareness that the community is experiencing “change”. We understood that the change highlighted by an accountability framework was reinforcing the notion that social change occurs at a “systems level” and is a long-term venture. This prompted questions from community stakeholders such as: what strategies are needed to engage the community and what resources would be required? In order to nurture the knowledge sharing and support required for change, distinct attention has been paid to a strategy that focuses on results and can accommodate the flexibility and long-term nature collective impact requires.

The Region of Peel has utilized the ADKAR model, a goal-oriented change management model that allows change management teams to focus their activities on specific business results. The model has its origins in aligning traditional change management activities to a given result or goal.

According to the ADKAR model, change happens on two dimensions: the business dimension and the people dimension. Successful change happens when both dimensions of change occur simultaneously.

Effective management of the people dimension of change requires managing five key goals that form the basis of the ADKAR model:

- **A**wareness of the need to change
- **D**esire to participate and support the change
- **K**nowledge of how to change (and what the change looks like)
- **A**bility to implement the change on a day-to-day basis
- **R**einforcement to keep the change in place

The Investing for Resilience Strategy was a key factor in highlighting the shift towards identifying and creating “impact” around the nine priority populations and issues for Peel. This brought much awareness to the community and has been a strong catalyst to create desire and knowledge amongst the stakeholders about the enormous potential of this change. According to Russell, Campbell & Kisely (March 2011), “evidence indicates that the use of existing resources and systems increases the likelihood of acceptance of change.” Utilizing the ADKAR model along with other complimentary resources from Region of Peel and United Way of Peel Region may help us facilitate the necessary changes in Peel to ensure collective impact for the priority populations and issues.

Examining the collective impact allows us to capture what we have been unable to capture in the past; to affirm, validate and honour the outcome of our work. When people are stronger, neighbourhoods are stronger and this leads to more dynamic and resilient communities.

*Stephanie Dimech
Associate Dean
Department of Public Safety
Sheridan College
Institute of Technology
and Advanced Learning*



Counting Tools: Accountability, Data and Methodology

Results Based Accountability

Results Based Accountability - RBA is a framework for producing measurable improvements to quality-of-life conditions for families and communities. Founder, Dr. Mark Friedman in his book; *Trying Hard is Not Good Enough (2005)* states that "RBA is about getting from talk to action quickly and is a disciplined way of thinking and taking action that is simple, uses common sense, plain language and is useful. It is about making a difference, not just trying hard and hoping for the best."

RBA is a unique process that begins with the "ends" and works backwards, step by step, towards the "means." For communities, the "ends" are conditions of well-being for people, families and neighbourhoods. For programs, the "ends" are how clients/service users are better off when the program works the way it should. Interestingly, an historical quote from Aristotle reiterates a long standing and complimentary understanding of ends and means.

First, have a definite, clear practical ideal; a goal, an objective.
Second, have the necessary means to achieve your ends; wisdom, money, materials, and methods.
Third, adjust all your means to that end.

Aristotle, Greek Philosopher

RBA makes a critical distinction between population and performance accountability. In population accountability, RBA refers to the well-being of a whole population in a community, city, province or country where the responsibility for achieving the identified conditions of well-being is shared by the entire community. By comparison, performance accountability refers to the performance of programs, agencies and service systems and focuses on whether the clients or customers of the program are better off. This distinction is very important in identifying that the responsibility for producing large scale shifts in population results are never the sole responsibility of individual programs or agencies. What is important is the contribution that multiple programs and agencies make collectively toward influencing change at a broader, population level.

Originally investigated by Peel Region's Success by 6, along with Halton Region's Our Kids Network, the RBA framework has been adopted by United Way of Peel Region and Region of Peel in order to achieve the vision of the nine priority populations and issues identified through the Investing for Resilience Strategy (*see Chapter Two*).

The first step for communities adopting RBA is to identify the priority quality-of-life conditions or "results" they are working towards. As described in Chapter Two, the Investing for Resilience Strategy identified nine priority results for Peel that will result in; Resilient People, Strong Families and Vibrant Neighbourhoods and Communities.

They are:

Seniors are healthy, connected and functioning to their best ability

Persons with disabilities are fully included and reach their full potential

Residents live free from violence and abuse, especially women and children

Persons living with mental illness (or at risk) are connected and thrive

Newcomers and Immigrants thrive and are fully included in community life

Families have the ability to support and help one another succeed

Children and Youth reach their full potential

Residents experience less poverty, hunger and have access to affordable housing

Neighbourhoods have residents that are actively engaged and connected to their community

The next step using the RBA framework is to use the Investing for Resilience Strategy Outcomes (listed in Chapter Two) to inform the establishment of "indicators", which are measures that help quantify the achievement of the result.

An **indicator** may be thought of as a trajectory or "**baseline**" and is made up of two parts, an **historical part** that tells us where we've been and a **forecast part**, which shows us where we are heading if we don't do something differently. Making an impact on the baseline is what RBA calls "**turning the curve**". By asking the important question; "**is the direction of the forecast OK?**" we collectively state the intention to do things differently in order to turn the curve.

With encouragement and funding support from the Ontario Trillium Foundation, Peel embarked on a one-year journey with the Peel community to establish population indicators for the nine priority results, the findings of which comprise this baseline report. The journey of the development of the indicators is discussed in detail in Chapter Four.

Results Based Accountability is about a different way. It is about getting from talk to action quickly and is a method of thinking and taking action together that is simple and common sense. It is about making a difference, not just trying hard and hoping for the best.

*Mark Friedman,
Founder of RBA
Trying Hard is
Not Good Enough*

3

The following table lists the nine priority results and the indicators that have been identified, at this time, as a starting place to help us achieve those results (more detail on the indicators in Chapters Five and Seven). The indicators listed at this time are only the beginning of this multi-year work. Each year, community will build its' knowledge and nuanced understanding of each of the nine results and will measure progress, resulting in continual adjustments to the indicators and actions until we are successfully "turning curves" on important social issues.

Result:	Indicators	Page																		
Seniors Seniors are healthy, connected and functioning to their best ability	ELDER ABUSE MENTAL HEALTH LOW INCOME PHYSICAL ACTIVITY EMERGENCY DEPARTMENT VISITS FROM FALLS VOLUNTEERING COMMUNITY BELONGING	62-64																		
Persons with Disabilities Persons with disabilities are fully included and reach their full potential	LOW INCOME HOUSING AFFORDABILITY UNEMPLOYMENT EMPLOYMENT IMMIGRATION STATUS EDUCATION	65-66																		
Violence and Abuse Residents live free from violence and abuse, especially women and children	<table border="0"> <tr> <td>DOMESTIC/FAMILY OCCURRENCES</td> <td>HOMICIDES BY RELATIONSHIPS</td> </tr> <tr> <td>ELDER ABUSE</td> <td>HOMICIDES BY AGE</td> </tr> <tr> <td>EMERGENCY ROOM VISITS FOR ASSAULTS</td> <td>HUMAN TRAFFICKING</td> </tr> <tr> <td>HOSPITALIZATIONS FOR ASSAULTS</td> <td>SCHOOL OCCURENCES</td> </tr> <tr> <td>ROBBERIES</td> <td>SEXUAL OFFENCES</td> </tr> <tr> <td>BULLYING-PERPETRATOR</td> <td>SEXUAL OFFENCES BY GENDER</td> </tr> <tr> <td>BULLYING-VICTIM</td> <td>SEXUAL OFFENCES BY RELATIONSHIPS</td> </tr> <tr> <td>HOMICIDES</td> <td>SEXUAL OFFENCES BY AGE</td> </tr> <tr> <td>HOMICIDES BY GENDER</td> <td></td> </tr> </table>	DOMESTIC/FAMILY OCCURRENCES	HOMICIDES BY RELATIONSHIPS	ELDER ABUSE	HOMICIDES BY AGE	EMERGENCY ROOM VISITS FOR ASSAULTS	HUMAN TRAFFICKING	HOSPITALIZATIONS FOR ASSAULTS	SCHOOL OCCURENCES	ROBBERIES	SEXUAL OFFENCES	BULLYING-PERPETRATOR	SEXUAL OFFENCES BY GENDER	BULLYING-VICTIM	SEXUAL OFFENCES BY RELATIONSHIPS	HOMICIDES	SEXUAL OFFENCES BY AGE	HOMICIDES BY GENDER		67-72
DOMESTIC/FAMILY OCCURRENCES	HOMICIDES BY RELATIONSHIPS																			
ELDER ABUSE	HOMICIDES BY AGE																			
EMERGENCY ROOM VISITS FOR ASSAULTS	HUMAN TRAFFICKING																			
HOSPITALIZATIONS FOR ASSAULTS	SCHOOL OCCURENCES																			
ROBBERIES	SEXUAL OFFENCES																			
BULLYING-PERPETRATOR	SEXUAL OFFENCES BY GENDER																			
BULLYING-VICTIM	SEXUAL OFFENCES BY RELATIONSHIPS																			
HOMICIDES	SEXUAL OFFENCES BY AGE																			
HOMICIDES BY GENDER																				
Mental Health Persons living with mental illness (or at risk) are connected and thrive	SUICIDE MENTAL HEALTH	73																		
Newcomers and Immigrants Newcomers and immigrants thrive and are fully included in community life	LOW INCOME HOUSING AFFORDABILITY MENTAL HEALTH UNEMPLOYMENT PHYSICAL ACTIVITY FRUIT AND VEGETABLE CONSUMPTION	74-75																		

Result:	Indicators	Page
Families Families have the ability to support and help one another succeed	LOW INCOME CHILDREN LOW INCOME FAMILIES WORKING POOR UNEMPLOYMENT DOMESTIC/FAMILY OCCURRENCES SEXUAL OFFENCES SEXUAL OFFENCES BY GENDER SEXUAL OFFENCES BY RELATIONSHIP SEXUAL OFFENCES BY AGE REGULAR MEDICAL DOCTOR	76-79
Children and Youth Children and Youth reach their full potential	LOW INCOME CHILDREN LOW INCOME FAMILIES BULLYING-PERPETRATOR BULLYING-VICTIM PHYSICAL ACTIVITY TEEN PREGNANCY EARLY DEVELOPMENT INSTRUMENT-EDI FRUIT AND VEGETABLE CONSUMPTION SUBSIDIZED HOUSING YOUTH UNEMPLOYMENT PROVINCIAL MATH ASSESSMENT GRADES 3 AND 6 PROVINCIAL READING ASSESSMENT GRADES 3 AND 6 PROVINCIAL WRITING ASSESSMENT GRADES 3 AND 6 PROVINCIAL ACADEMIC MATH ASSESSMENT GRADE 9 PROVINCIAL APPLIED MATH ASSESSMENT GRADE 9 PROVINCIAL LITERACY ASSESSMENT GRADE 10	80-86
Poverty Residents experience less poverty, hunger and have access to affordable housing	LOW INCOME SUBSIDIZED HOUSING SUBSIDIZED CHILDCARE WORKING POOR BANKRUPTCY FILES UNEMPLOYMENT TRANSIT AFFORDABILITY EMERGENCY SHELTER AVAILABILITY EMERGENCY SHELTER STAY FOOD INSECURITY RENTAL HOUSING	87-90
Social Inclusion Neighbourhoods have residents that are actively engaged and connected to their community	COMMUNITY BELONGING FEDERAL VOTER TURNOUT MUNICIPAL VOTER TURNOUT CHARITABLE DONATIONS LIBRARY USE VOLUNTEERING	91-92

The hope of this initiative is that the indicator lists for each of the nine priority results will grow and change as our knowledge does. Over time, the indicators will evolve to form a comprehensive, 360 degree understanding of each result. This process is a living one and our lists at this time reflect a point in time, not the final end- place. We have a lot of work ahead.

Julie Pehar,
RBA Specialist

Data

Data Collection

Focus on getting better and better and better. A solid incremental approach is better than starting with a monstrous performance measurement design that fails because of its own weight. Building over time and getting better over time is entirely acceptable – and encouraged.

Iain De Jong, OrgCode Consulting
Port Credit, Mississauga

According to Mark Friedman (2005), “data is NOT the only source of knowledge about people. Complex life and human experience cannot be reduced to a set of numbers and equations.” He encourages users of RBA to:

- Start anywhere. Start where the passion is (he claims that anywhere leads to everywhere)
- Value qualitative stories to the same degree as the “hard” data
- Start with the best you have and GET BETTER.

As powerful as these other forms of knowledge may be, there is an unavoidable importance to data and in complex environments, it is often impossible to know if things are getting better or worse without data. Sooner or later, we need empirical data.

The development of Peel’s community population indicators called for an intentional search for existing data relevant to Peel. As a new initiative with no specific collection of data around the nine newly established population results, we were tasked with finding what data are available to us at this time, what is meaningful about the data and what data would likely continue to be available to us so we could analyse changes over time and begin to “turn some curves” on important quality-of-life conditions. Critical to selection was local relevance since one of the purposes of the Investing for Resilience Strategy is to enhance evidence-based and informed investment decisions in Peel region. This process was made possible through the partnership between multiple organizations named the Peel Data Development Committee. The Peel Data Development Committee was formed in April 2010 and is largely responsible for the carefully selected baseline indicators in this report. The working culture in Peel over the past two years has been concurrent community change efforts (around the understanding of RBA) as well as ongoing improvements in capacity building and outcome measurement in local agencies.

The establishment of solid and relevant community data is daunting at best. In keeping with the RBA framework, the respect for good data is balanced with the notion that unavailable data can be solved by the community trusting it can create what is needed. Every community has unique characteristics and demographics which often render generalized and mainstream data limited and lacking in the nuanced needs of the community, especially vulnerable, marginalized or invisible segments. Most importantly, a baseline roster of available data is not intended to represent a complete, prescriptive or definitive picture of any issue or population, rather the data roster is meant to be a catalyst that rallies the community together for action.

Data Challenges and Limitations

There are some common challenges in gathering and presenting data that are universal to communities working towards measurable improvements to quality-of-life conditions. Through the expertise and perseverance of the Data Development Committee, many of the obstacles were mitigated, but regrettably, there were many indicators that are not included in this report. These indicators were identified by the community stakeholders, at the Impact Cafes, as priority measures but they did not meet the rigorous data integrity standards adopted by the committee. BUT...these critical ideas have not been lost or forgotten, rather they have been recorded and incorporated into the qualitative stories and action ideas going forward. The absence of these important measures is not interpreted by the committee as omission or exclusion. Instead, their absence is a strong impetus and motivating factor for the Peel community to embrace the concepts of shared measurement and continued attention to obtaining meaningful and relevant community data in the future. This is our data development agenda.

Working as a volunteer in my community and as a professional concerned with progress enjoyed across our city, I’m always struck by the power of communicating shared values as a mobilizer for passion. In Sheridan Homelands we communicated important beliefs through stories that brought us together and helped to accelerate measurable improvements driven by greater participation.

*Mike Douglas
Publisher,
MississaugaLife*



While not a comprehensive list of all possible limitations to data collection, the following represents some of the challenges we faced in Peel.

Data Sources

There are multiple sources of data and information. One key problem is that not all data are gathered in consistent ways, using comparable definitions, time cycles or methods of collection. In addition, data are collected for varying geographies, which are often difficult to collate for broad purposes.

The data sources and information used for this report include: Statistic Canada (Labour Force Survey, Census Division, Disability Data, Canadian Business Patterns, Small Area and Administrative Data, Canadian Community Health Survey), Federation of Canadian Municipalities, Region of Peel (Human Services, Peel Health Status Report, Peel Health Student Health Survey 2004, Early Development Instrument, Peel Public Works), Ministry of Health and Long Term Care (National Ambulatory Care Reporting System, Ontario Mortality Database, Hospital In-Patient Discharges Data), Success by 6: Status of Children Report 2009, Fair Share Peel: Act Now for Peel 2011, Peel Regional Police Statistical Reports, Dufferin Peel Catholic District School Board, Peel District School Board, Peel Data Centre, Social Planning Council Peel, Centre for Addiction and Mental Health: CAMH, Ministry of Education, Ontario Municipal Benchmarking Initiative: OMBI, Industry Canada, Elections Canada, Canadian Library Statistics, Human Resources and Skills Development Canada.

Data Interpretation

Measuring whole regions cannot always be done with a simple tally of data from cities and towns within the region. Sometimes large aggregates (combined groups) are measured together and disaggregation (breaking into smaller or distinct groups) is not possible. This often results in data representing a large group on a specific topic where data for distinct groups within the larger group would provide more accurate analysis (Neighbourhood Vitality Index: An Approach to Measuring Community Vitality).

While every attempt to find Peel specific data were made, this was simply not always possible. Due to the lack of any alternative data, we sometimes adopted an indicator that represented a larger or partial geography in Peel. Acknowledging that this is not ideal, the committee agreed that the indicator was important enough, despite the geography limitations to include in the baseline roster of community indicators. In some cases, the committee was made aware of supplemental data that will soon be available or alternative sources of data that are available but un-sourced at this time.

In some cases, we lack the ability to compare Peel regional data to Provincial or National data, which renders the regional data isolated and difficult to understand in any context. In yet other cases, we wished to have more inclusive data for specific subsets (seniors, women, newcomers or persons with disabilities for example) where none exists at this time.

Timing

Some sources release data every one, two or three years (or other combinations such as every second year) while other data sources (for example, Census Canada) release data once every five years, leaving large gaps of time with no available data. Large gaps in time in the available data create data that often seem too old and/or irrelevant. To complicate matters, in 2010, the Federal Government discontinued the mandatory long-form census and replaced it with the voluntary National Household Survey. The impact of this change is yet to be seen across community work and resultant decision-making around programming but is estimated to have substantial implications for community indicator work such as ours.

Sometimes data are discontinued and sometimes new data collection is instigated, either case rendering year to year comparisons difficult. Sometimes despite long-term collection, the methods, definitions, and/or criteria for specific data change over time, making year to year comparisons inaccurate and misleading.

Lastly, many issues are under-reported, (for example; sexual assault or illegal dwellings), which means that identifying trends over time is very difficult. In addition, under-reported social issues create a lack of relevant data which are often very inconsistent with the realities of service agencies that support residents in these situations.

Boundaries

Data collection suffers from chronic inconsistency of boundaries. Police, school boards, public health, hospitals, Local Health Integration Network's (LHIN), funders, ministries, political ridings and service agencies often gather data using differing boundaries, making much of the data ineffective for collective impact work.

Despite rigour in methodology and acknowledgement of data limitations, the data in this report remains incomplete as it relates to making measurable quality-of-life changes for Peel's residents. The invaluable "stories" that we heard from the community stakeholder's often uncovered critical information where no "data" currently exists. This knowingness will help guide and inform the community's ideas for actions. This reality illustrates the dynamic tension between the purity of the data (quantitative) and what the community "knows" (qualitative). The hope of this initiative is that the indicator lists for each of the nine priority results will grow and change as our knowledge does. Over time, the indicators will evolve to form a comprehensive, 360 degree understanding of each result. This process is a living one, and our lists at this time reflect a point in time, not the final end- place. We have a lot of work ahead.

If you consider just numbers as an indicator of your results you can "run people through the numbers" and your numbers will look impressive, but if you consider the longevity of the change in those you serve, the numbers will be lower but the results will be higher. This will also create a momentum, we call hope...Empowerment. If you have to produce results, you will take care to how you innate your program, results based will take away the tendency to treat people as strictly a case file and be more based in the Human Services.

The Hope Coalition:"From the Streets to the Seats" captured the many voices of people who are homeless in Peel region.

Methodology

The Peel Data Development Committee adopted a four-step process to develop the baseline community indicators (adapted from the Canadian Institute for Health Information frameworks for similar work, as cited in Russell et al., 2011).

Process Methodology

Step 1 Gather Information	Step 2 Consult	Step 3 Validate	Step 4 Utilize
<ul style="list-style-type: none"> • Alignment with Investing for Resilience Outcome Measures 	<ul style="list-style-type: none"> • Select initial baseline indicators 	<p>* see below for full validation process</p>	<ul style="list-style-type: none"> • Increase awareness
<ul style="list-style-type: none"> • Consideration of emerging community priorities 	<ul style="list-style-type: none"> • Prepare community and facilitators for engagement 		<ul style="list-style-type: none"> • Mobilize community action
<ul style="list-style-type: none"> • Initial gathering of known available data 	<ul style="list-style-type: none"> • Engagement through three community Impact Cafes (see chapter four) 		<ul style="list-style-type: none"> • Identify key areas for advocacy
<ul style="list-style-type: none"> • Known data were organized under the nine identified priority populations and issues 	<ul style="list-style-type: none"> • Participants asked to prioritize available data and suggest additional ideas for potential relevant indicators 		<ul style="list-style-type: none"> • Continue ongoing research and innovation
	<ul style="list-style-type: none"> • Participants asked which indicators should be deleted or need further development 		
	<ul style="list-style-type: none"> • Participants asked to share experiential knowledge, root causes, what is working and action ideas 		
	<ul style="list-style-type: none"> • Post Cafe follow-up to maximize community involvement 		

*Validation process

The committee established parameters by which data were selected and used for this report. All data were assessed for the following: relevance and alignment to the four Torjman clusters and the community investment outcomes, quality, integrity, validity, source, sustainability, collection method and reliability.

The initial gathering of known data as well as all suggested additional indicators from the Impact Cafe participants were listed and analysed using the following methodology:

For example: Population Results: Seniors are healthy, connected and functioning to their best ability

	Indicator	Indicator	Indicator	Indicator
Torjman Clusters	Sustenance			
	Adaptation			
	Opportunity			
	Engagement			
	Relevance, Alignment, Validity			
	Quality, Integrity, Reliability <small>(source, sustainability, time, local)</small>			
	Additional Comments <small>(How close are we? Is result clear?)</small>			
	Yes / No Needs further investigation			

Once an indicator had been determined to meet the integrity of the above parameters, the following additional methodology was applied. Each indicator was reviewed individually and the following four questions were asked and responses noted.

- Does this indicator speak to the aspiration of the Result?
- Will turning a curve on this indicator impact quality-of-life?
- Does this indicator align to the Investing for Resilience outcomes?
- Taken together, do the indicators that we have chosen for this result complement one another? Do they present a reasonably balanced picture of where things stand with respect to this result?

Counting on Our Community: Unstoppable Peel

Succeeding with our collective impact approach to quality-of-life conditions for the nine priority populations and issues requires nothing short of complete conviction. Conviction to engage the community in which we are working. During the development of the Investing for Resilience Strategy, the Peel community identified that it was ready for planning and region-wide collaboration and that it invited leadership from the United Way of Peel Region and Region of Peel to make their individual efforts count collectively.

In March 2009, following interest and investigation by Peel's Success by 6 and Halton's Our Kids Network, Dr. Mark Friedman, founder of Results Based Accountability from Santa Fe, New Mexico, travelled to Peel region to conduct an introductory workshop on RBA. Ripe for learning more about the potential of making measureable improvements, the workshop was sold out to a capacity audience (over 200 people). Following the workshop, Region of Peel's human services department and United Way of Peel Region continued their groundbreaking partnership in Community Investment by hiring a consultant to advance the conceptual philosophy of using RBA to implement the outcomes of the strategy. For almost one year, the philosophical framework of collective impact and the conceptual strategies to employ the change management necessary to nurture a regional shift is taking place. And...the journey is not over yet!

In September 2010, Dr. Friedman returned, this time to conduct an intensive two-day training for 11 professionals in Peel along with colleagues from across Ontario. This train-the-trainer format proved very successful and motivating as Peel now has multiple specialists with RBA training and expertise. This arms us with an abundance of knowledge and practical support that has and will continue to be utilized as our work progresses.

Peel now has multiple specialists with RBA training and expertise. This arms us with an abundance of knowledge and practical support that has and will continue to be utilized as our work progresses.

In June 2010, nine months following the train-the-trainer session, Peel once again engaged the community to validate the investment strategy outcomes and to further explore Results Based Accountability. Another renowned RBA expert, Janice Lovegrove, Vice President, Community Impact, United Way Greater Lehigh Valley, PA., USA, shared her stories of how communities are "turning the curve" on critical social issues. Participants joined in round-table discussions on how to apply meaningful measurement strategies in Peel Region. The discussions also highlighted the emerging transformational potential of beginning the work of establishing community indicators. There was overwhelming consensus of the almost 200 Peel participants to jointly develop population indicators for Peel using Results Based Accountability as the management tool. Furthermore, we agreed that the indicator development process would be committed to inclusivity and would place great value on the experiences and stories of those "living" the issues we are trying to improve. This meant that mainstream indicators would be supplemented by those indicators and stories, identified by the consultation participants, as relative and important to the people most impacted by them.

Honestly....how can we have a common vision, when we are working in silos? You may have a vision that is different or a mission statement that may be worded differently, but we can still have a common vision.... Coming together is a start, working together is progress, and effecting positive change in our community is success. A Common Vision is to affect the most amount of good to the most amount of people
The Hope Coalition: "From the Streets to the Seats", Peel Region

Our progress to date:



"Collective wisdom refers to knowledge and insight gained through group and community interaction. At a deeper level, however, it is about our living connection to each other and the interdependence we share in our neighbourhoods, organizations, and world community."

John Ott The Power of Collective Wisdom

Not only could we count on our community... Peel is unstoppable

The collective conviction to work together to ensure success has become the precedence whereby energy, innovation and creativity are the new order. The Impact Cafes were established by and for the Peel community of stakeholders who hold the strong belief that community indicators must be informed by the experiences of the people comprising the priority populations and experiencing the priority issues. Peel stepped up in every way. Stakeholders from across dozens of specialty sectors and agencies attended and brought the stories of their clients and services with them to share. The cafes were half-day working sessions where conversation was lively, intense and deliberate. The transfer of knowledge during the three cafe sessions will inform the actionable ideas in Peel for the foreseeable future.

Impact Cafes for Community Indicator Development

With the assistance of funds from the Ontario Trillium Foundation, the past year (2010-2011) has been centred around the process of:

- Sourcing existing data (quantitative data)
- Inviting community stakeholders to prioritize existing data and make suggestions for potential additional indicators
- Reflecting on root causes, what is already working and best action ideas
- Including the stories and experiences of people living the issues (qualitative data)

Desired Outcomes of Community Indicator development?

- To re-engage the community in Collective Impact through Results Based Accountability and increase the stakeholders confidence in the process
- To increase knowledge and awareness of the Investing for Resilience Strategy and Results Based Accountability (RBA)
- To invite agencies to see their role and increase their understanding the contributory role each agency plays towards turning curves for the population
- To narrow and prioritize a community set of indicators for all 9 population results
- To engage the community in conversation about what their experience tells them and what additional indicators could be used to support their needs
- To begin a community-wide conversation about action ideas that will eventually lead us to some collective actions in Peel

We chose "Impact" because...

- We wanted to understand the impact of our work, measure it, and make decisions about what people in our region need based on what we can measure for the whole population. This is a shift towards evidence-based decision making
- We wanted community stakeholders to see that their great work is contributing towards positive outcomes for their agency's population and the broader population. This contributory role that each agency plays towards making an impact on the broader population is critical to identifying future action strategies
- To make the kind of impact we all want to see, we need to work together at both the agency level and at a collective regional level

We chose "Cafes" because

- We have 9 populations/issues and stakeholders who hold expertise in multiple areas
- We have 9 populations/issues that all intersect and overlap and are inseparable from each other
- We wanted cafe participants to have the opportunity to input into more than one population area
- A World Cafe approach is where there is an awakening and engaging of collective intelligence through deliberate conversations about questions that matter; Conversations embrace an inclusive process where "stories" are the currency; Diverse perspectives are insights that enrich the outcomes

Role of facilitators:

Drawing on some of the trained RBA trainers and other collaborative champions in Peel, facilitation for the Impact Cafes was provided with expertise and adaptability. The facilitators participated in a pre-cafe webinar designed especially for increasing familiarity with the cafe process and to join the trainers in a community of practice that would offer support and camaraderie to each other. Large and lively discussions, numerous concepts and ideas called for the facilitators to lead, listen and meticulously record all input. In addition, the facilitators served as an important resource for the interview matrix and turn-the-curve exercise.

How much did we do?

Methodology

- Data Development Committee generated 90 indicators and 70 data graphs
- Hosted live, pre-cafe webinar for 60 community attendees and provided web access to recorded webinar for ongoing reference
- Indicator lists sent to participants prior to cafes
- 3 Community Impact Cafes (Mississauga, Brampton and Caledon)
- Approx 200 attendees for cafes
- Used "Interview Matrix" format where participants paired off and asked the question interview-style. This allowed for all voices to be heard equally and all opinions to be recorded without challenge or judgment.
- All written responses were transcribed in full text
- Indicator priority worksheets for all 9 priority areas X 3 cafes=27 summary documents
- Turn the Curve worksheets for all 9 priority areas X 3 cafes=27 summary documents
- 54 total summary documents representing the raw data
- Input for all 3 cafes were compiled to create a master set of Peel's 9 indicator priority summaries and multiple turn the curve summary documents for each area
- Raw data is stored and available and aggregated for each impact cafe

How Well did we do it?

75% of participants rated the overall day Great or Excellent

Rate overall Impact Cafe session?	POOR	GOOD	GREAT	EXCELLENT	GREAT OR EXCELLENT
	0%	23%	51%	24%	75%

Here are some comments from the participants about the overall day...

- Excellent job
- Good start but needs more work to be really applicable it got me thinking about how our planning can be integrated even more with agencies in the region
- Good concepts but not clear of the direction it will take
- Keep up the great work and collaborative efforts
- Well organized
- Thank you for allowing me, a student, to be a part of the impact cafe. It has allowed me to learn about various social service agencies
- There were some indicators missing (understandable)
- Excellent, energizing day
- It is exciting yet I am concerned that the population regional services will be lost as they are the smallest population and the neediest and slowest to make change
- Really enjoyed the cafe model

Is anyone better off?

I will become more aware of how we are using our resources and management of our time. These indicators gave me an idea of how to measure some of the impact my organization is having in the community.
Impact Cafe Participant

Feedback from the participants included...

- Discussions with the other agencies was extremely beneficial
- Great networking benefit
- Allows for holistic discussion on the many aspects of working together to impact and turn the curve
- Allows me to apply what I have learned to my community, my course work at university as well as my future practices
- It allows us to be mindful of our surroundings and aware of the various initiatives and collaboration taking place. It is also wonderful to meet others in the field who have the same passion and interest
- Using RBA, it will be valuable to consider relevant data and direction specific to our program
- Brainstorming ideas in second part of morning gave me a few new ideas
- Gives you the BIG picture
- this has given me another perspective
- Broadens my perspective and has made me think of what I have collected intuitively may actually be important to capture in data
- We are heading in the direction of population based indicators and solutions/approaches in our organization. This reinforces for us that we are heading in the right direction

What Counts? Investing for Resilience Priority Populations and Issues

*** The following chapter contains the feedback from the Impact Cafes. Stakeholder statements have been transcribed, without interpretation, directly from the participants' comments. Because of the volume of input received, it was not possible to include all input in this report. The raw data (full transcripts of community input) from the impact cafes can be accessed at www.peelcounts.ca*

Seniors are healthy, connected and functioning to their best ability

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Elder Abuse	Annual Occurrences of Elder Abuse per 100,000 Population in Mississauga and Brampton
Mental Health	Percentage of Seniors 65 years and Older Who Report Their Mental Health as Good, Very Good or Excellent in Peel and Ontario
Low Income	Percentage of Seniors with Income at or Below Low Income Cut off-LICO(Before Tax) in Peel
Physical Activity	Percentage of People in Various Age Groups who are Physically Active in Peel
Emergency Department Visits from "Falls"	Number of Seniors Emergency Department Visits Due to Falls in Peel and Ontario
Volunteering	Percentage of Population That Were Members of Volunteer Organizations in Peel and Ontario in 2003
Community Belonging	Percentage of Population 65 and Older that Report Very or Somewhat Strong Sense of Community Belonging in Peel and Ontario

Top 3 Priority Indicators from the Impact Cafes

1. Low Income
2. Elder Abuse
3. Community Belonging

What the community stakeholders told us....

The story behind the curves (root causes)?

- Physical activity is key
- Literacy, language and access issues
- Mobility issues
- Stigma of seeking help, mental health issues
- Illness will increase with aging population
- Helping community comes too late (move from nursing services to independence-related services)
- No public transportation in rural areas
- Ideas for future measurement and data collection?
- Gender differences in paid work
- Rates of arthritis, diabetes, pain, high blood pressure

What is Working Here and Elsewhere?

- Free or low cost services (ex. public libraries)
- More ethno-cultural specific programming
- Free (or subsidized) transportation to programs
- Increasing physician awareness of supports and services
- Sector coordination, collaboration, networks
- Community networks (online or through community centres)
- Hotlines and support-lines
- Income generating support for senior women

ACTION ideas for Peel?

- Agencies need to collaborate to enhance service
- Awareness of what services and supports are available
- Free or low cost programming
- Free or subsidized transportation to programs
- Integrate support lines
- Increase doctor awareness of services
- Increase volunteerism
- Define "senior" consistently (is it 50+, 55+ 60+?)
- Regional protocol
- Tax breaks
- Food subsidies
- Community walking groups, community calendar, community specialists for system support
- Student volunteer hours to support seniors
- Seniors supporting seniors



Persons with Disabilities are fully included and reach their full potential

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Low Income	Percentage of Population Living at or Below Low Income Cut Off-LICO (Before Tax) by Self-Rated Activity Limitation Status in Peel
Housing Affordability	Expenditure on Housing as a Percentage of Income for Households Wherein Any Member has Self-Rated Activity Limitations in Peel
Unemployment	Percentage of Activity-Limited and Total Population Who are Unemployed in Peel
Employment	Percentage of Self-Rated Activity-Limited and Total Population Who are Employed in Peel
Immigrant Status	Percentage of Self-Rated Activity Limited and Total Population Who are Immigrants in Peel
Education	Percentage of Population at Each Level of Education Who Have Self-Rated Activity Limitations in Peel and Ontario in 2007/2008

Top 3 Priority Indicators from the Impact Cafes

1. Employment
2. Low Income
3. Level of workplace accommodation by severity of disability

What the community stakeholders told us....

The story behind the curves (root causes)?

- Community is not aware of what people with disabilities can do, employers are no longer required to hire a person with a disability
- Families are units...people with disabilities do not exist alone, the entire family unit is involved
- Difficult to qualify for disability support, people only with increased severity are allowed. If you are not disabled "enough" you don't qualify. Adults didn't get caught by social support and now are earning little or are unemployed
- Respite and support for family members
- Very little cultural competency in sector dealing with disability-makes parents less likely to engage with the sector

Ideas for future measurement and data collection?

- Must separate out disability based on mental health, learning, intellectual, physical and visible/nonvisible-they are NOT the same thing
- Awareness and sensitivity...what do people really know?
- Does the community truly support those with disabilities?
- Access to services is HUGE (inhibits anyone from reaching full potential)
- Hospital statistics (re-admissions, discharges, rehab, obtaining EI or DI, obtain employment, volunteerism)
- Workplace and employer issues

What is working here and elsewhere?

- Employers made aware-a resource person to support employers
- Wage subsidies-need more of these, the criteria is limiting
- Counselling for families (plus support groups)
- Shift towards pan-disabilities
- Family unit-collaborate for family units, especially newly diagnosed

ACTION ideas for Peel?

- Change mainstream agencies awareness of employing a person with disabilities. What would it take to hire someone who is differently abled? Even non-profit agencies have to have a cultural shift (sector training, diversity training)
- Accessibility for Ontarians with Disabilities Act (AODA)- people with disabilities haven't improved- not really focussed on employment
- Volunteers-Family buddy system
- Activities to integrate family through community opportunities
- Counselling opportunities and support groups for the family



Residents live free from violence and abuse, especially women and children

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Domestic/Family Occurrences	Rates of Domestic/Family Occurrences in Mississauga and Brampton
Elder Abuse	Annual Occurrences of Elder Abuse per 100,000 Population in Mississauga and Brampton
Emergency Room Visits for Assaults	Number of Emergency Department Visits as a Result of Assaults per 100,000 Population in Peel and Ontario
Hospitalizations for Assaults	Number of Hospitalizations Due to Assaults per 100,000 Population in Peel and Ontario
Robberies	Number of Robberies per 100,000 Population in Brampton and Mississauga
Bullying-Perpetrator	Percentage of Students Who Bullied Other Students at Least Once in the Past 12 Months by Grade in Peel in 2004
Bullying -Victim	Percentage of Students Who Were Bullied By Other Students at Least Once in the Past 12 Months by Grade in Peel in 2004
Homicides	Number of Homicides per 100,000 Population in Brampton and Mississauga
Homicides by Gender	Number of Homicides per 100,000 Population by Gender of Victim in Brampton and Mississauga
Homicides by Relationship	Number of Homicides per 100,000 Population by Victims' Relationship to Perpetrator in Brampton and Mississauga
Homicides by Age	Number of Homicides per 100,000 Population by Age of Victim In Brampton and Mississauga
Human Trafficking	Number of Occurrences of Human Trafficking per 100,000 Population In Brampton and Mississauga
School Occurrences	Number of Police-Involved School Occurrences per 100,000 Population in Brampton and Mississauga
Sexual Offences	Number of Sexual Offences per 100,000 Population in Brampton and Mississauga
Sexual Offences by Gender	Number of Sexual Offences per 100,000 Population by Gender of Victim in Brampton and Mississauga
Sexual Offences by Relationship	Number of Sexual Offences per 100,000 Population by Victims' Relationship to Perpetrator in Brampton and Mississauga
Sexual Offences by Age	Number of Sexual Offences per 100,000 Population by Age of Victim in Brampton and Mississauga

Top 3 Priority Indicators from the Impact Cafes

1. Domestic/Family Occurrences
2. Clients served by community-based violence prevention or support services/programs
3. Bullying, Perpetrator and Victim

What the community stakeholders told us....

The story behind the curves (root causes)?

- Change in practices-police changes, changes in legislation, reporting
- Influence of media in general and social media, Brain re-wired at early age (below 3yrs)
- Lack of sense of community or awareness of community
- No connectedness leads to isolation
- Stress in family, loss of income, mental health, unemployment, History of family violence
- Impacts of Intimate Partner Violence (IPV) on children

Ideas for future measurement and data collection?

- Research questions need to include voices of survivors
- HAVE to track something related to unreported violence-participation in programs/services for woman abuse
- Target research at young men (preliminary assessment for norm versus appropriate behaviour, education to change values and norms, follow-up with them and partner)
- Peel's link to global women's oppression (ex. human trafficking disproportionately affects women and girls)
- Cost of trauma (\$\$)
- Data on effects of immigration (stress, multi-generational challenges, health impacts, mental health)

What is working here and elsewhere?

- Greater involvement with community programs leads to greater awareness. Development of forums to promote sense of community which will promote coping skills
- Victims not siloed
- Early intervention for children (break cycle)
- Parenting skills for healthy relationships
- Break the Cycle (framed in a respectful way with a tool kit of coping strategies)
- Education (with police and with population)
- Agencies working together (DART team)

ACTION ideas for Peel?

- Need more qualitative data
- Funding support for agencies to tell their story--support capacity (to report on RBA outcomes)
- Fund data collection
- Funders/ministry agree on sources and understand them and how to use data. Agencies have to know how to ask for the right data
- Reach out to faith, women's groups
- School program-focus on next generation



Persons living with mental illness (or at risk) are connected and thrive

Our Data Starting Point

Indicator	Description
	<i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Suicide	Age Standardized Mortality Rate from Suicide in Peel and Ontario
Mental health	Percentage of Population 12 Years and Older Rating Their Mental Health as Good, Very Good or Excellent in Peel and Ontario

Top 3 Priority Indicators from the Impact Cafes

1. Mental Health

2. Suicide

3. Substance Abuse

MENTAL ILLNESS

What the community stakeholders told us....

The story behind the curves (root causes)?

- Access to services and resources-equitable around region and beyond and need more for children
- Wait list for services
- Indicators are all about disconnect, what about how people with mental health issues are connected (ex. volunteering)
- Isolation
- Transportation, geography
- Court identifies mental health differently and streams it differently
- Mental health concerns with parents and impact on children
- Many mental health issues are undiagnosed (personality disorders, oppositional disorders)
- Concurrent disorders
- Mental health and addiction
- OHIP doesn't always cover mental health supports and treatments

Ideas for future measurement and data collection?

- Define "connected and thriving"
- Substance abuse shouldn't be part of mental health. It intersects every population and issue
- Health Canada needs common data set
- Need specific indicators to reflect connected and thriving
- Age at first treatment, length of time in treatment
- Caregiver pressure
- Supportive housing wait list for mental health
- # of clients in shelters requiring mental health supports
- Wait lists for treatment for mental health
- Hospital stats (are patients connected/referred to supports and do we follow-up?)
- Need data on ethno-specific communities (ex. South Asian and substance use)

- Number of return visits to shelters, number of return visits to hospital, number of return visits to safe beds/crisis beds
- Employer benefits-specific mental health days taken. What supports are given to employees with company info package?
- Case managers and data on success and/or changes with clients
- Percentage involved in meaningful activities (volunteer, recreational, employment, accessing supports)
- Indicators for dual diagnosis

What is working here and elsewhere?

- Public Health campaigns? Any data available on impact?
- Informal support network
- Structured daily activities for community engagement
- Social contact self report (social connections)
- Balance mind, body, spirit
- Local Health Integrated Network has mental health core action group

ACTION ideas for Peel?

- Public awareness- public mental health campaigns like Bell's Let's Talk about mental health". Do we have data on impact?
- Connect with Student Support Leadership Initiative re: Children and Youth at risk of dealing with mental health issues



MENTAL ILLNESS

Newcomers and Immigrants thrive and are fully included in community life

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Low Income	Percentage of Newcomer Population Living Below the Low Income Cut Off-LICO (Before Tax) by Period of Immigration
Housing Affordability	Expenditure on Housing as a Percentage of Income for Newcomers in Peel
Mental Health	Percentage of Population 12 Years of Age and Older Who Rate Their Mental Health as Good, Very Good or Excellent by Immigrant Status in Peel
Unemployment	Percentage of Recent Immigrants and Total Population in the Labour Force Who are Unemployed in Peel
Physical Activity	Percentage of Population 12 Years of Age and Older Who are Physically Active by Immigrant Status in Peel
Fruit and Vegetable Consumption	Percentage of Population Consuming Fruits and Vegetables 5 or More Times per Day by Immigrant Status in Peel

Top 3 Priority Indicators from the Impact Cafes

1. Low Income 2. Employment 3. Housing

What the community stakeholders told us....

The story behind the curves (root causes)?

- Distinguish groups of newcomers (skilled, investors, family class, refugee, migrants, others) from established immigrants
- Define “community” (when language and cultural barriers exclude one from the broader community, they may still be very connected and integrated within a smaller community (family) to the best of their abilities)
- Language proficiency (survival/get-by language compared to professional standards required for accreditation and/or employment)
- Restricted access to programs that divide communities.
- Citizenship voids access to services
- Lack of orientation to Canadian process pre-arrival
- Capacity of any given system to employ
- Family dynamics
- Fear
- Systemic racism
- Lack of social ties

Ideas for future measurement and data collection?

- Self reports of sense of connectedness to community
- Numbers of newcomers that stay here? Return to country of origin? Move to another Province or Country for employment?
- Data for immigrants contributing financially versus requiring social assistance from community
- Numbers of newcomers on social assistance versus residents born in Canada

- Number of community centres/agencies offering culturally specific activities/services
- Physical and MH of newcomer
- Basic needs are met

What is working here and elsewhere?

- Partnerships/supports with employers
- Pre-arrival services
- Internships, job retention strategies
- Language instruction
- After school activities for children
- Listen to communities identified needs
- Mentoring using volunteers
- Web portal great idea

ACTION ideas for Peel?

- Activities focussed on whole community-bring EVERYONE together
- Implement an integration service matrix at the organizational level-part of program design
- Educate newcomers pre-arrival of local realities (accreditation before landing)
- Educate employers
- Assess new arrivals understanding of Canadian life
- Break down global standards of education and barriers caused by these inconsistencies
- Self-employment as a key employment strategy



Families have the ability to support and help one another succeed

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Low Income Children	Percentage of Young Children Living in Families Below Low Income Cut Off-LICO (Before Tax) in Peel
Low Income Families	Percentage of Families with Children Living Below Low Income Cut Off-LICO (Before Tax) in Peel
Working Poor	Families in Peel Living Below Low Income Measure-LIM (After Tax) with Employment Income Greater than Government Transfers
Unemployment	Unemployment Rates for Population 15 Years and Over in Peel
Domestic/Family Occurrences	Rates of Domestic/Family Occurrences in Brampton and Mississauga
Sexual Offences	Number of Sexual Offences per 100,000 Population in Brampton and Mississauga
Sexual Offences By Gender	Number of Sexual Offences per 100,000 Population by Gender of Victim in Brampton and Mississauga
Sexual Offences By Relationship	Number of Sexual Offences per 100,000 Population by Victims' Relationship to Perpetrator in Brampton and Mississauga
Sexual Offences By Age	Number of Sexual Offences per 100,000 Population by Age of Victim in Brampton and Mississauga
Regular Medical Doctor	Percentage of Population 12 and Over Who Have a Regular Medical Doctor in Peel

Top 3 Priority Indicators from the Impact Cafes

- 1. Low Income
- 2. Unpaid Senior Care
- 3. Working Poor

What the community stakeholders told us....

The story behind the curves (root causes)?

- We were taught to look after our aging parents, most families need double income
- Seniors live longer
- Lack of affordable childcare
- Increased stress, sandwich generation
- Long Term Care beds unavailable, therefore family lives with adult children
- Long Term Care facilities do not have multiple languages
- Private care costs are unattainable for most
- Increase in unlicensed childcare
- Stigma stifles conversations
- Change in technology, retooling/technology of workforce
- Gender inequity

Ideas for future measurement and data collection?

- Safety and housing
- Time lost at work due to family stress, Rates of compassionate leave (senior/spouse/child)
- Parenting skills vs Parent supports and resources
- Unregulated child care
- Percentage of families using early years centres
- Literacy
- Rates of volunteerism, voting rates
- Social media as support, social networking
- Impact of full-day kindergarten on daycare
- Isolation is a bigger factor in Caledon (ex. People may use a breakfast program not because of income but rather because of isolation)
- Rates of self reported use of democratic parenting skills
- Public policy to support priority family issues
- Income/economic variables NOT the best indicators for family support
- Food bank usage
- Percentage of women and men taking maternity leave (being at home)
- Number of families with special needs/chronic care seniors

- Economic indicators could be clustered to tell deep story (esp. working poor, it affects MH)
- Unpaid care giving should also include palliative/terminal care or children with special needs
- Demographics of people in couple marriages/singles, lone parents, same gender
- Overlay stress indicators with MH data/indicator

What is working here and elsewhere?

- Research from other countries-use their models (Switzerland, New Zealand, Australia)
- Caregiver education and support
- Elder abuse public education
- Network for day-programming
- Community collaboration

ACTION ideas for Peel?

- Consider Vital Signs for Peel? Use it in a way that has strong outreach and awareness
- "Move it in March", a physical activity initiative, could be used to generate awareness and remove stigma about promoting healthy lifestyle
- Programs need to target universality of an issue but also capture at-risk populations
- Ask ourselves; "are these the right results to drive the change we want?"
- Can we correlate levels of education and/or income with lower stress?
- Knowledge transfer for collaboratives
- Intergenerational support (youth with seniors)
- Public education, websites, social media, library access
- Care guide



Children and Youth reach their full potential

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Low Income Children	Percentage of Young Children Living in Families Below Low Income Cut Off-LICO (Before Tax) in Peel
Low Income Families	Percentage of Families with Children Living Below Low Income Cut Off-LICO (Before Tax) in Peel
Bullying- Perpetrator	Percentage of Students Who Bullied Other Students at Least Once in the Past 12 Months by Grade in Peel in 2004
Bullying- Victim	Percentage of Students Who Were Bullied By Other Students at Least Once in the Past 12 Months by Grade in Peel in 2004
Physical Activity	Percentage of Youth 12-24 Years Who Are Physically Active Peel and Ontario
Teen Pregnancy	Number of Teen Pregnancies per 1000 Females Ages 15-19 in Peel
Early Development Instrument-EDI	Percent of Senior Kindergarten Children Who Are Very Ready for School and Vulnerable, in Peel
Fruit and Vegetable Consumption	Percentage of Youth (aged 12-24) Consuming Fruits and Vegetables 5 or More Times per Day in Peel and Ontario
Subsidized Housing	Percentage of Waitlisted Families Placed into Subsidised Housing in Peel
Youth Unemployment	Percentage of People in the Labour Force who are Unemployed in Peel: Youth (aged 15-24) and Total Population
Provincial Assessment-EQAO	Percentage of Grade 3,6 and 9 Students Scoring At or Above Provincial Standard in Math, Writing and Reading
Provincial Literacy Assessment Grade 10-OSSLT	Percentage of Students Who Were Successful on the Ontario Secondary School Literacy Test (OSSLT) for Grade 10 Students in Peel and Ontario

Top 3 Priority Indicators from the Impact Cafes

1. Low Income Children
2. Early Development Instrument
3. Physical Activity

What the community stakeholders told us....

The story behind the curves (root causes)?

- Recent economic downturn, increased rates in Peel social assistance and housing needs
- Lack of resources with social assistance, Employment Insurance (EI) is not easily accessible-criteria for eligibility for EI is rigid
- Increase rates of immigration in Peel, skill matching does not exist-no transfer of skills
- Supports for children with special needs
- Lack of subsidized child care spots
- Parent conflict
- Mental health

Ideas for future measurement and data collection?

- Define "full potential" and Children and Youth are very different categories with very different issues and should be separated (0-6, 7-12, 13-18, 19-24)
- Mental health indicators
- How well youth are functioning
- Measure the integration of services and supports, need data sharing amongst partners
- Happiness Index
- Sense of safety, care, inclusivity in school, youth violence

What is working here and elsewhere?

- Adequate, affordable child care spaces, universal childcare
- Affordable housing
- Job training, entrepreneurial skills/supports

- Teen mom education programs
- Be more aware of collaborations amongst us in Peel-faith –based schools etc
- Social media
- Pairing youth to seniors or mentors (ex. Big Sisters, Big Brothers)
- Youth Net
- Advocacy ideas
- Library (Free access to academic and recreational materials both in print and electronic format, age specific programming, family programming, youth programming, literacy skills, author readings, libraries as safe-havens)

ACTION ideas for Peel?

- Housing Initiatives
- Childcare/accessible and affordable (Subsidized)
- Knowing about collaborations/what they are doing/what they can do, build agency capacity
- Mississauga job summit for youth-a call to action
- Partner with other levels of government to look at employment programs
- Hamilton poverty roundtable- look at their framework and outcomes
- Employment-foreign trade recognition
- Stop being funder-driven
- Offer more partnership programs with schools and agencies, utilize library materials and space to enrich lives
- Public education, websites, social media, library access
- Care guide



Residents experience less poverty and hunger and have access to affordable housing

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Low Income	Percentage of Total Population Living Below the Low Income Cut Off-LICO (Before Tax) in Peel
Subsidized Housing	Percentage of Waitlisted Families Placed into Subsidized Housing in Peel
Subsidized Childcare	Number of low-income Children for Each Subsidized Childcare Space in Peel
Working Poor	Families in Peel Living Below Low Income Measure-LIM (After Tax) with Employment Income Greater than Government Transfers
Bankruptcy Files	Number of Consumer Insolvencies per 1000 Adult (18+) Population in Peel and Ontario
Unemployment	Unemployment Rates for Population 15 Years and Over in Peel
Transit Affordability	Cost of Monthly Transit Pass Expressed as a Percentage of Minimum Wage Salary in Peel
Emergency Shelter Availability	Number of Emergency Beds Available per 100,000 Population in Peel
Emergency Shelter Stay	Average Length of Stay (in nights) in Emergency Shelter Beds in Peel
Food Insecurity	Percentage of Households Experiencing Food Insecurity in the Last 12 Months in Peel
Rental Housing	Percentage of Households Spending More than 30% or 50% on Rental Housing in Peel

Top 3 Priority Indicators from the Impact Cafes

1. Low Income

2. Subsidized Housing

3. Subsidized Childcare

What the community stakeholders told us....

The story behind the curves (root causes)?

- Greater disparity between rich and poor
- Higher unemployment
- Increased number of homeless people in Peel, Increase in people accessing food banks (more at end of month than beginning)
- Ontario Works (OW) and Disability benefits goes to rent, little left for food
- Mental health issues impact people's ability to keep jobs
- Number of newcomers have difficulty accessing a job,
- Under-employment
- Lone parent families (sole parent, sole income)
- Low literacy rates, poverty and exclusion are all part of the same problem. Children from poor and disadvantaged families are at risk of illiteracy. People with illiteracy have only 2/3 the income of other adults

Ideas for future measurement and data collection?

- Number of programs that are available, free and accessible
- Need appropriate shelter beds for each population group (children and youth, seniors, couples, men, women, mixed, sexual orientation)
- Food bank data
- # of Children in schools that are hungry, # of breakfast programs, # of students without lunch
- Health indicators
- Prevention measures for homelessness, number of illegal basement apartments
- Equitable money management in families (gender differences and vulnerability, especially with seniors)

What is working here and elsewhere?

- Collaboratives good but need to focus on commitment to: philosophy of work
- Build self-sustaining neighbourhoods with services and reports
- Create more employment opportunities
- Increase childcare benefits
- Build economy (manufacturing sector and service sector)
- Buy local, sell local-healthy food choices
- No tax for food and clothing
- Connections to faith and culture
- Web Portal website (especially better labour market information)-educates newcomers

ACTION ideas for Peel?

- John Stapleton's work
- Systemic change to barriers (policy, strategy, processes)
- Service Canada-doing more outreach to seniors, groups
- Better promote services-211 (plus expand 211 and advertise how to access the web resources, cultural groups)
- Library needs to connect with community (more partnership programs with schools and agencies and utilize library materials and space to enrich lives)
- A campaign raising awareness about how marital and relationship breakdowns (divorce) are one of the key factors that lead to poverty. One household income becomes two households
- Marital counselling course for low income families
- Redirect some of the supports available to Ontario Works (OW) clients to working poor (ex. Enhance the working income tax benefit)



Neighbourhoods have residents that are actively engaged and connected to their community

Our Data Starting Point

Indicator	Description <i>*refer to Chapter Seven for specific details and definitions of each measurement</i>
Community Belonging	Percentage of Population, 12 and Older Who Report a Somewhat or Very Strong Sense of Community Belonging in Peel and Ontario
Federal Voter Turnout	Percentage of Eligible Voters Who Voted in Federal Elections for Peel, Ontario and Canada
Municipal Voter Turnout	Percentage of Eligible Voters Who Voted in Municipal Elections in Peel
Charitable Donations	Average Charitable Donations per Tax-Filer for Peel, Ontario and Canada
Library Use	Per Capita Library Use in Peel
Volunteering	Percentage Of Population That Were Members of Volunteer Organizations In Peel and Ontario in 2003

Top 3 Priority Indicators from the Impact Cafes

1. Community Belonging
2. Volunteering
3. Municipal Voter Turnout

What the community stakeholders told us....

The story behind the curves (root causes)?

- Safety is key
- Very diverse region-belonging within a cultural group versus between cultural groups
- Rise of social media-does it increase or decrease social connectedness?
- Rules for access to school space are not transparent or consistent, kids go to Toronto for recreation
- Liability is an obstacle to people starting new programs
- Isolation is a huge risk factor
- HUBs are not spread out or accessible

Ideas for future measurement and data collection?

- Walkability
- Faith involvement is important to include
- Safety/crime-when walking in neighbourhoods,
- Neighbours helping neighbours-do you know your neighbour?
- Number of residents involved in leadership roles, informal networks and attendance at community events
- Library use
- Number of home-based businesses, rates of self-employment
- Number of residents accessing services
- Number of residents accessing community events (church, school, community)
- Number of residents bussed to school versus walking distance
- Number of community events related to faith, politics, community, advocacy)
- Employment rates (reflect pathway to community involvement)

- Percentage of facilities that loan or rent their space to community
- Festivals/fairs/farmers markets
- Percentage of people who live and work in Peel
- Number of people who commute outside of Peel
- Number of hours spent on commuting
- Rate of resident turnover in geographical pockets and sense of feeling connected to their community

What is working here and elsewhere?

- Services in evenings and weekends
- Community use of schools
- Free services
- Libraries are a great potential HUB
- Youth meeting places
- Hard questions cafe
- UWPR youth in action grants

ACTION ideas for Peel?

- Define "community"
- Breaking stigma workshops
- Role models
- Agencies collaborating
- Youth could do neighbourhood surveys
- Boards of education to engage grandparents
- Free subsidies
- Leadership from politicians
- More attention to young adults
- Exchange program across neighbourhoods or schools



Counting You In: A Call-to-Action

Summary

The release of this report, Peel Counts: Collective Impact Through Results Based Accountability is not the conclusion of our work but, rather, the beginning.

Throughout the report, you have seen the vision and leadership that the joint Region of Peel and United Way of Peel Region's "Investing for Resilience Strategy" has provided for collective impact work. The strategy strives to ensure that all individuals and families are resilient and thrive within a vibrant community. The Peel community named three broad pillars; Resilient People, Strong Families and Vibrant Neighbourhoods and Communities, and the nine priority populations and issues, which are understood as complex social conditions where the issues are interconnected and inseparable. The nine priority populations and issues have been the starting point for the community to come together to create a legacy of collective impact.

Using the accountability tool, Results Based Accountability, the first step saw the community identifying the stories of their clients' reality (root causes). Next they thought about what is working here and elsewhere and recommended their top action ideas for Peel. In addition, the community looked at preliminary data, specific to Peel, and had the opportunity to discuss the data, prioritize what they saw and to make suggestions for new and relevant measurement ideas for the future. With the knowledge and expertise of data professionals in Peel from across multiple sectors, a list of baseline indicators was developed, meeting rigorous criteria for accuracy, reliability, longevity and relevance.

What is next? ACTION.

Producing evidence of the link between population indicators and measurable improvements to quality-of-life has implications for a wide range of actions. These include; the selection of actionable and evidence-based priorities, continued capacity-building with agencies to improve outcomes measurement, determination of areas of greatest need and where interventions are likely to succeed, reallocation of budget, identification of key areas for advocacy, shifting organizational culture to include and value data and measurement and determining areas for innovation and research.

The power of collective action comes not from the sheer numbers of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. The multiple causes of social problems and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

Kania and Kramer 2011

Counting you in-How can you get involved in the ACTION?

Quality and sustainable action requires us all!

This report provides a baseline of what issues and populations have been identified and what we can measure today. In order to "turn the curve" on these issues, we will need to take this information, as a starting place and move towards a *set of actions* from a wide variety of community stakeholders. Many agencies, programs, organizations, collaboratives, faith groups, community groups, individuals, government and businesses are making extraordinary impact on the lives of people in Peel and provide an excellent starting place to converge collective efforts.

Where do we begin to implement ACTIONS?

You must ask two critical Questions.

Question One: What is the direction of the data?

Question Two: Is this OK?

By observing the direction of the data, we acknowledge that every indicator is made up of two parts, an historical part that tells us where we've been and a forecast part that tells us where we are heading if we don't do something differently.

By asking the question, "Is this OK", we are collectively stating our intentions to do something differently in order to turn-the curve.

These questions will undoubtedly prompt a series of further considerations and unanswered questions. THIS is where our community actions need to begin. Such questions as:

- How do we make sure we are accounting for population growth and rapidly changing demographics?
- How do we improve our capacity to access data that are limited and respect the boundaries of confidentiality with data collection and information sharing?
- How do we accurately define the meaning of increases and decreases in data? Why are observed changes in data sometimes reflecting the exact opposite of what appears? How do we mitigate this?
- Some data combine Mississauga and Brampton but not Caledon (or any other combination). How do we ensure we are observing all of Peel region while observing and understanding differences amongst and between cities/towns?
- What is the relevance in linking international and global issues with our work in Peel?
- In most cases, data used in this report were carefully selected to provide information over a period of time. Thus, important data are missing from this report. How do we create a data development agenda to capture this information?

Human services generally evolve in silos, yet in order to be effective the objective must be to coordinate the interactions of individual providers as if they were a single organism. As soon as you become "one", and coordinate all of the parts, you will achieve profound enhancements to the accessibility, visibility, quality and economies of service delivery. The Region of Peel and the United Way of Peel Region are outspokenly aware of this reality and are willing to explore and invest in solutions to achieve these ends. This is powerful!

*Winston Meyer
First Vice President
The Meyer Financial
Group
CIBC Wood Gundy
Mississauga, ON*

Whether collective impact and RBA are new to your work or you are a long-term community partner... engaging in this work is beginning to have an important effect on how we are working in Peel.

How We are Working Differently in Peel

The human services sector in Peel faces formidable and complex challenges that affect morale, service delivery and ultimately, quality-of-life for residents. Despite unchallenged passion, expertise and perseverance, Peel's human services sector is tasked with managing underfunding, unprecedented growth, changing demographics, unmanageable caseloads, staff turnover, low morale, stress and disillusionment. In a culture of persistent deficiency, we **MUST** work differently to have the impact we desire for our community. How are we working differently in Peel using Results Based Accountability and a desire to have Collective Impact?

Agencies funded by UWPR and ROP are working differently by...

Building outcome measurement capacity and working with funders to include answers to the questions, "how much did we do, how well we did it and is anyone better off?" Agencies are also improving alignment to Investing for Resilience outcomes, participating in conversations, presentations and workshops related to Results Based Accountability and Collective Impact work.

Many Collaboratives are working differently by...

Maintaining historical and exemplary practice of strong collaboration, participating in Community of Practice for Collaboration, completion of RBA train the trainer accreditation, networking around common specialized agendas for priority populations and issues, shifting towards ideas of common agendas, shared measurement and mutually reinforcing activities.

RBA is about partners getting from talk to action and making a measurable difference in peoples' lives. The Region of Peel and the United Way of Peel Region have been making great progress in this work, including the completion of this report. Congratulations and best wishes for continued success.

Mark Friedman, Founder of RBA

United Way of Peel Region and Region of Peel, Human Services department are working differently by...

Attempting to align funding outcome statements and reporting cycles, supporting face-to-face consultation to agencies to help improve outcome measurement, assisting agencies to decrease the number of outcomes they identify as relevant and improve their alignment decisions to be more focussed and relevant. Implementing web-based software and exploring region-wide software for community measurement and action ideas, co-leading the Funders Consortium for Peel region, advocating for policy and funding allocation changes for Peel's social and community health sectors and shifting funding criteria towards collective impact outcomes.

Funders are working differently by...

Participating in the Funder Consortium and engaging in the Investing for Resilience Strategy work. Discussing community issues and priorities and what role they have to play and what they could do differently to better understand the connection between individual funding decisions and community impact and asking "who is better off?"

Government is working differently by...

Supporting and leading RBA work in Peel region, investing in the long-term process of "turning curves" for improved quality-of-life, advocating for fair share funding allocation for Peel's human service and community health sectors and introducing RBA for internal Human Services performance measurement.

Business is working differently by...

Becoming more than simply financial donors in the community and shifting toward being community leaders and stewards of change for very specific priority needs. Businesses strive to be involved, to interact and to leverage corporate social investments to motivate, engage and create a caring business environment for their staff, while having measurable impact in their community.

Labour is working differently by...

Ensuring that our community thrives and the people who live in Peel region have access to the services and programs they need to live happy, healthy and productive lives. Labour advocates for social and economic justice in our community.

If you are an individual, organization, service provider, community collaborative, faith leader, business, funder, or government leader, here is your CALL TO ACTION:

Ask

- Are the data trends what we want for Peel?
- What indicator are we willing to put passion and true action behind in order to achieve positive impact?
- What new relationships can we establish to move this work forward?
- What existing relationships can we influence to move this work forward?
- How can we work with our community, business or organization to get involved in creating Collective Impact for one or more of these issues?
- What am I passionate about?
- PEEL COUNTS...What can I do differently to create positive change?

Beginning to Count: Peel's Baseline Indicators

The following chapter highlights 84 graphs depicting indicators for the 9 priority populations and issues as prioritized by the community stakeholders at the Impact Cafes.

In order to “turn the curve” on these issues, we will need to take this information, as a starting place and move towards a *set of actions* from a wide variety of community stakeholders.

Where do we begin to implement ACTIONS?

You must ask two critical Questions.

Question One: What is the direction of the data?

Question Two: Is this OK?

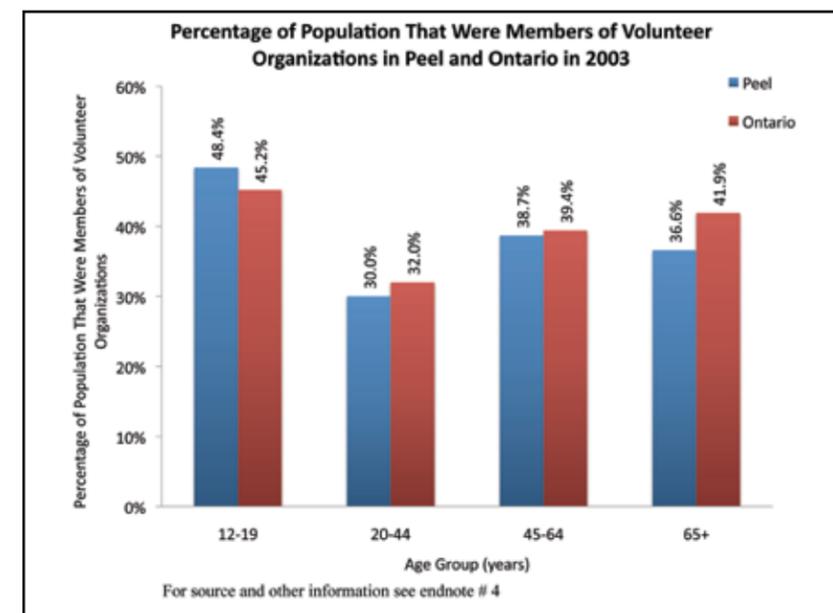
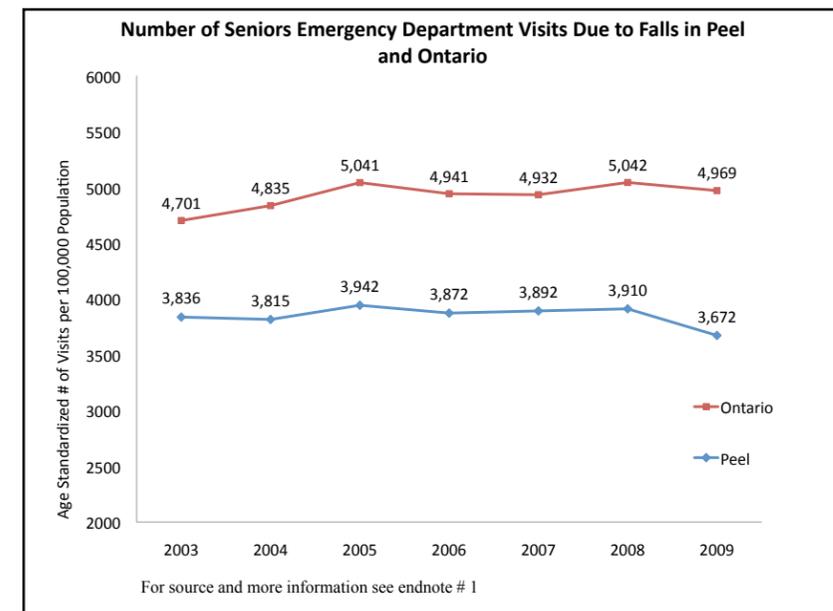
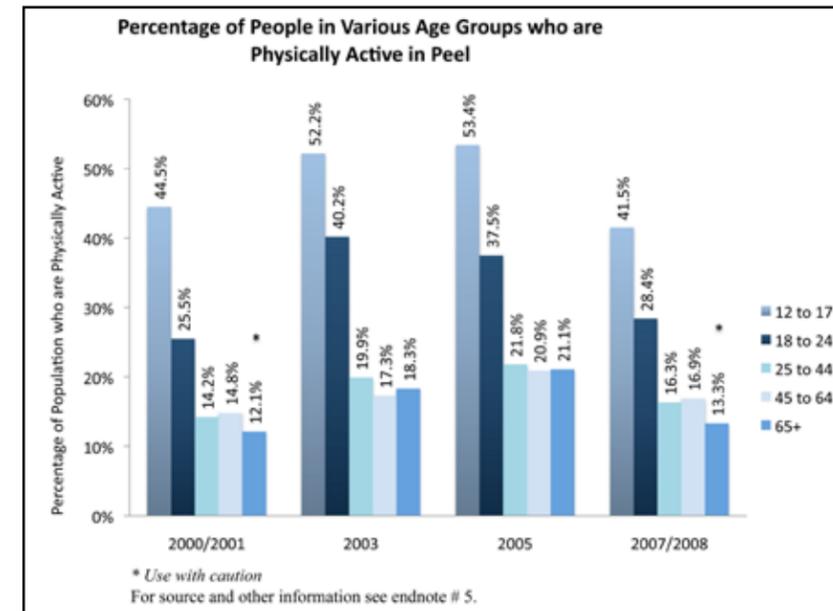
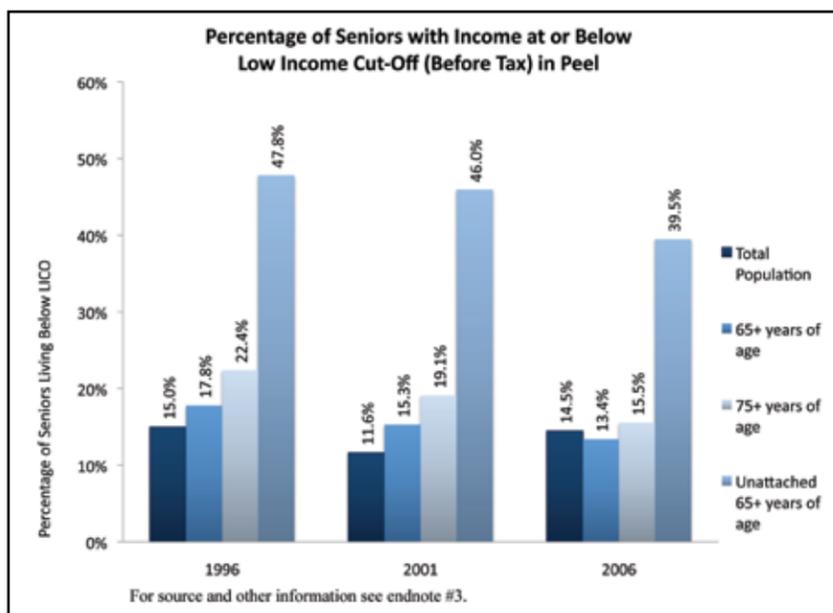
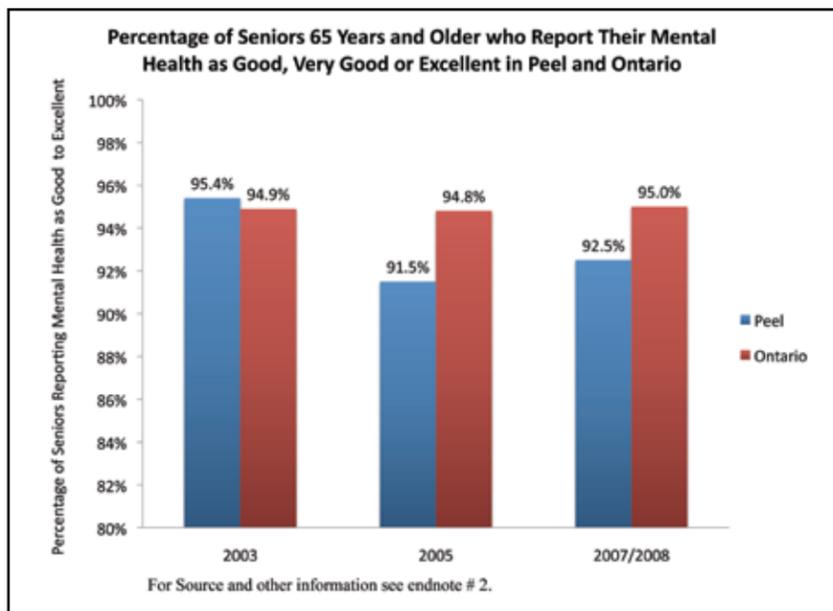
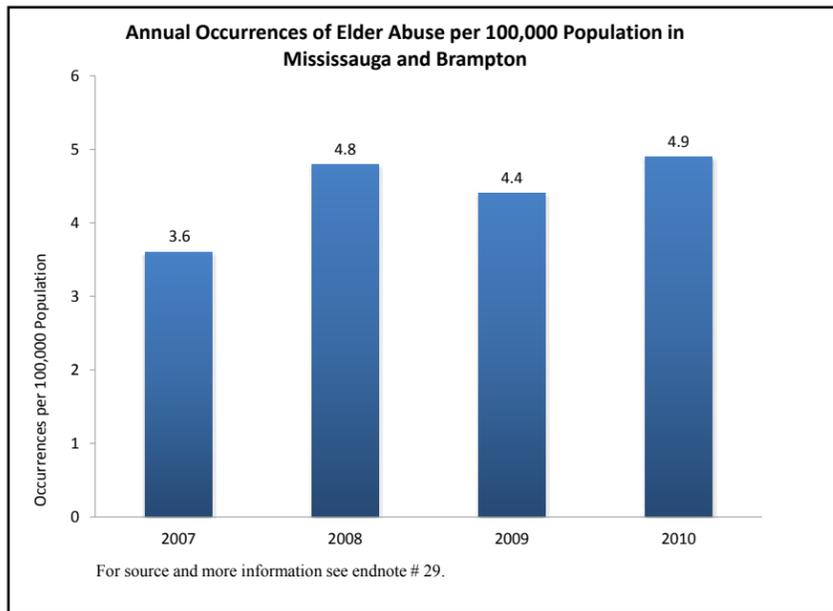
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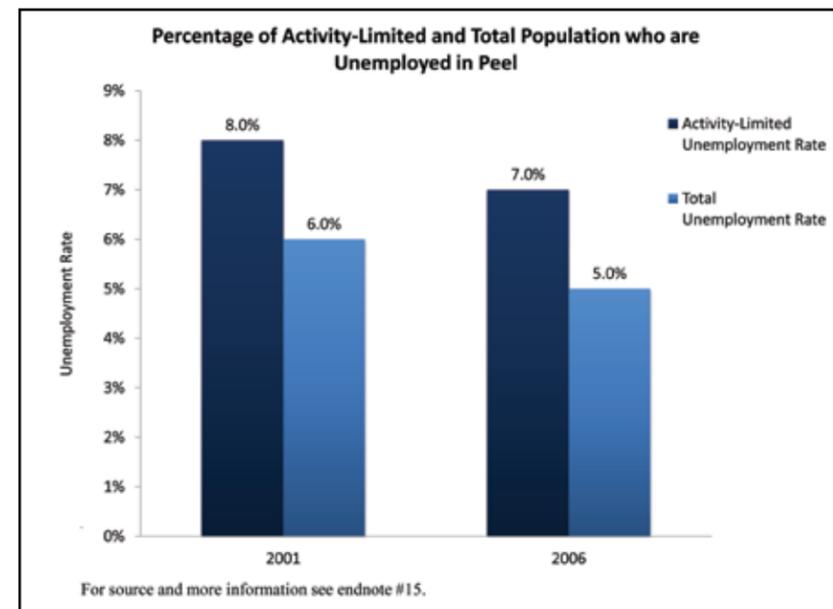
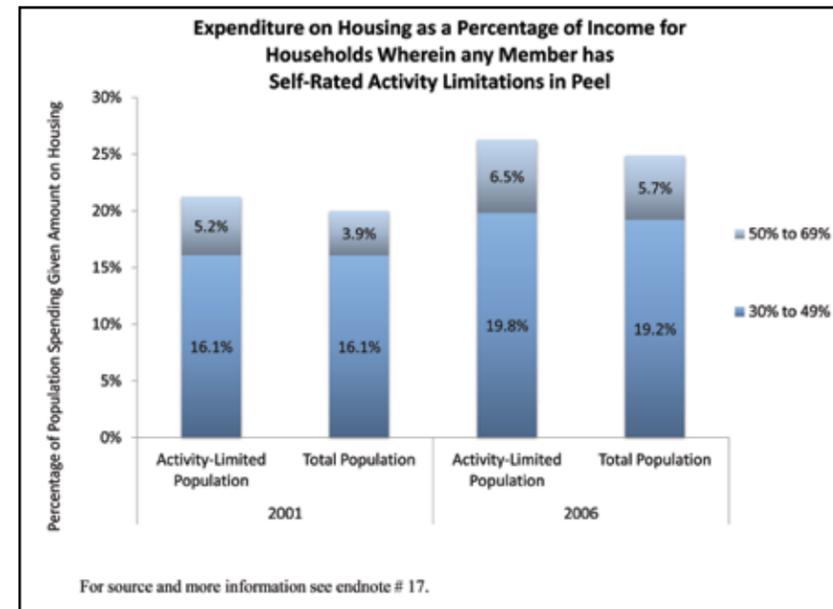
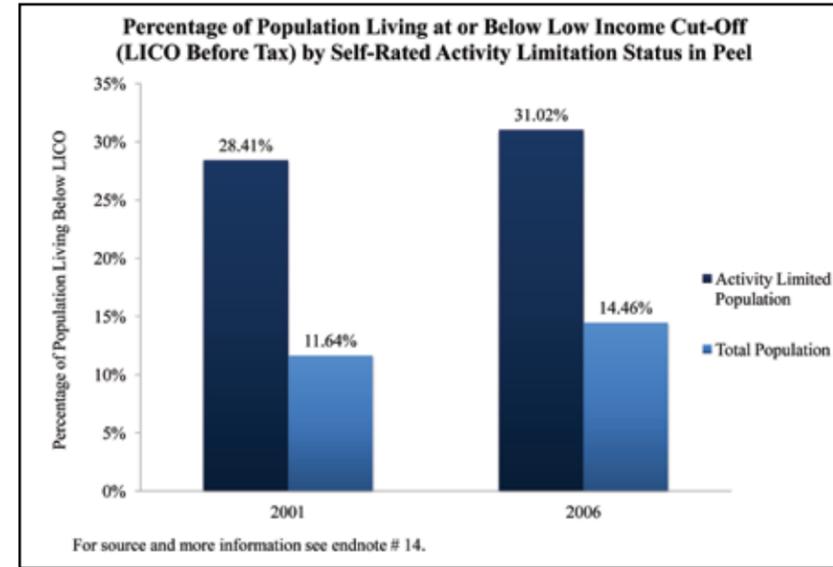
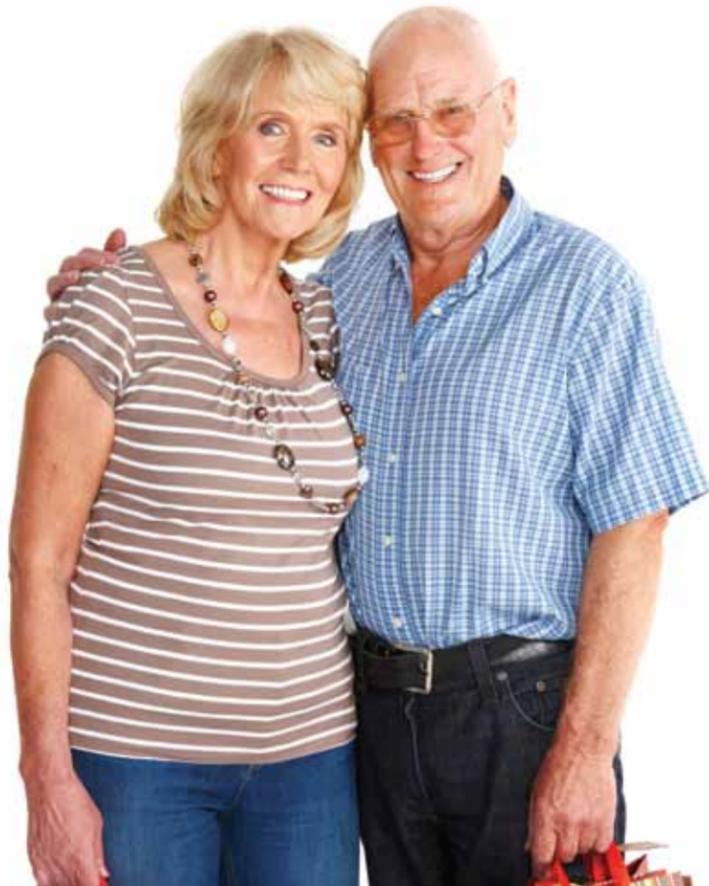
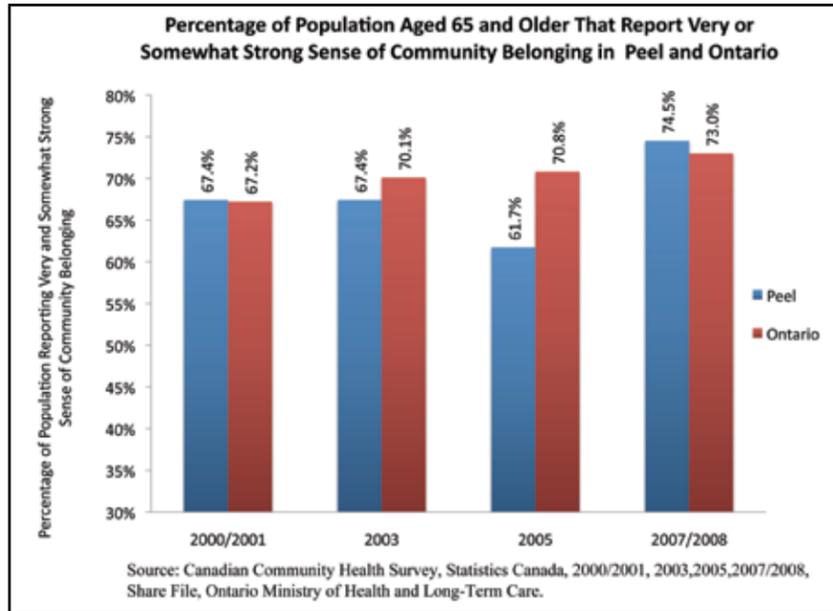
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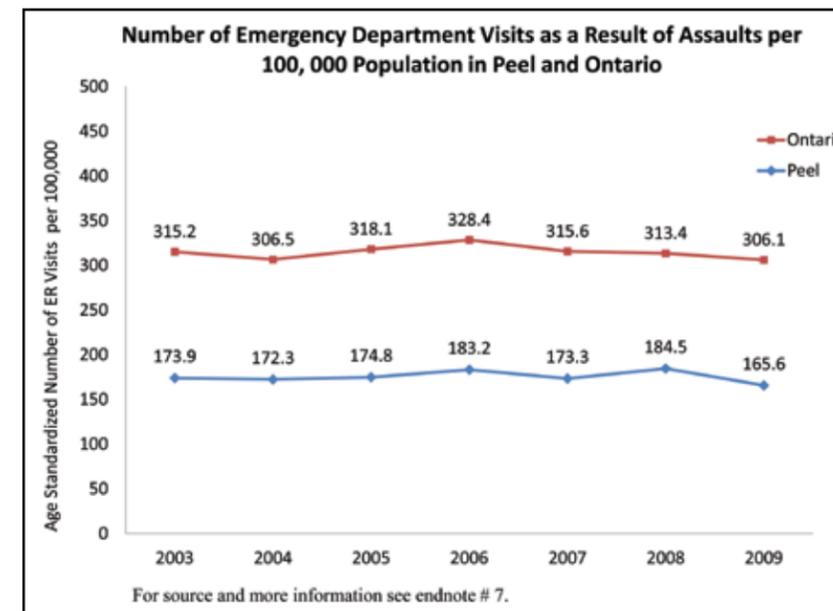
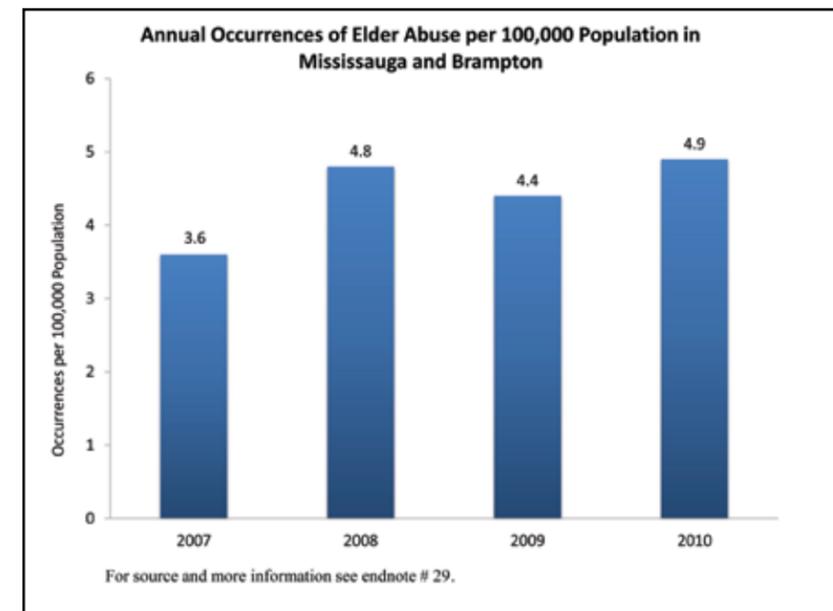
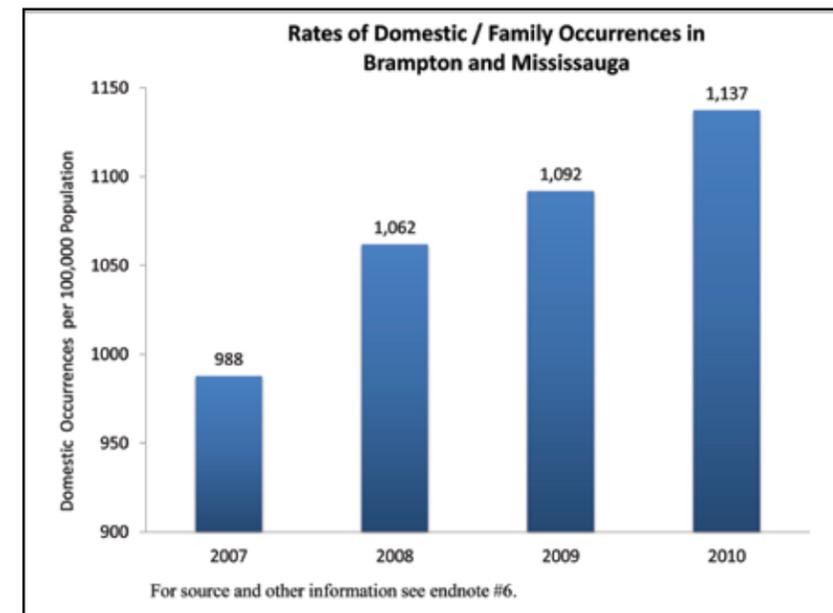
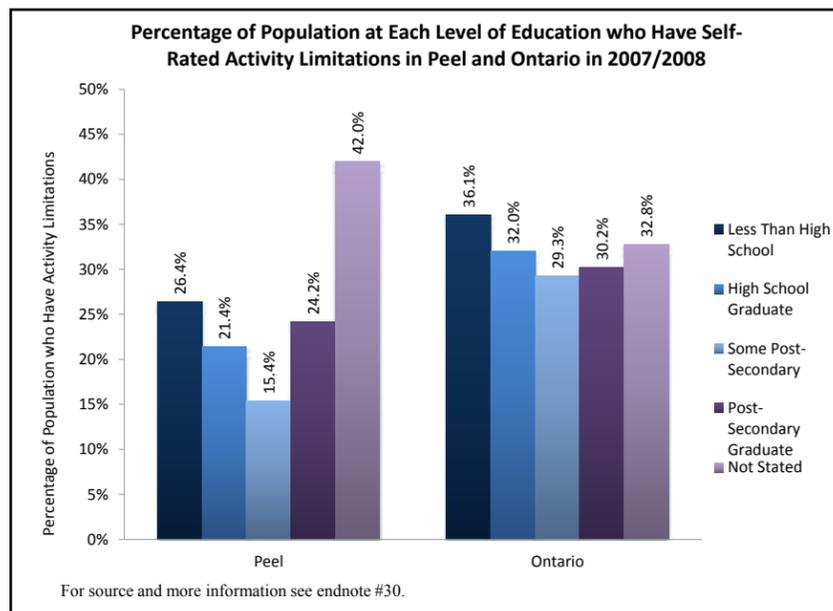
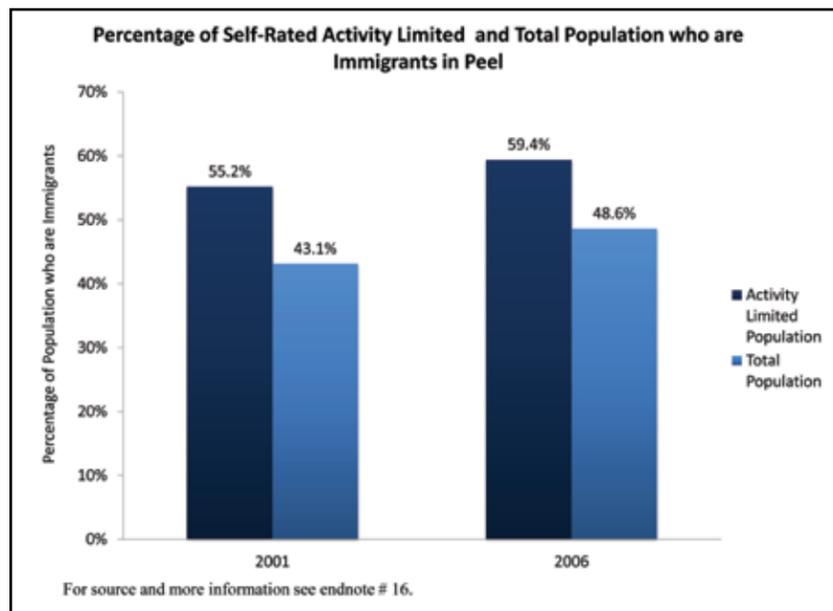
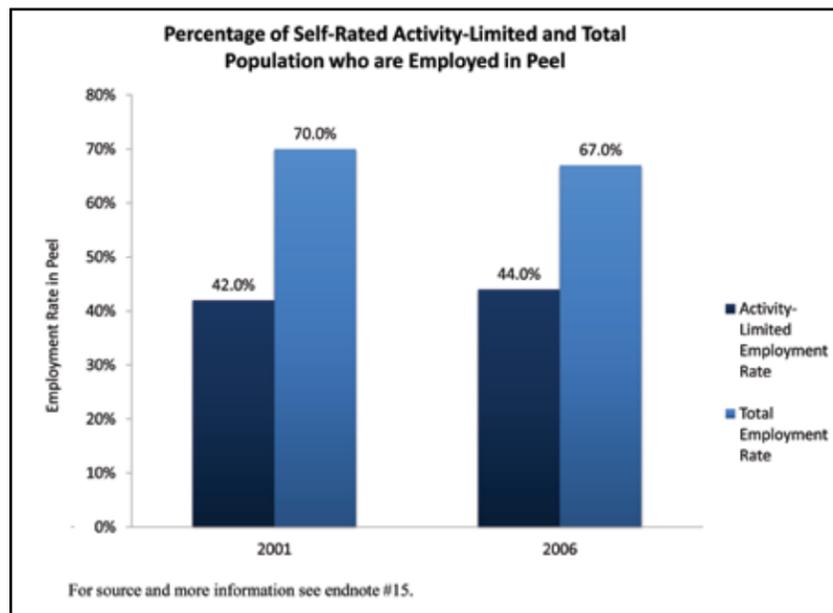
Create a data loving culture. Believe it or not, with enough cheerleading data collection, analysis and use to improve performance can be motivating and – dare I say it – fun!

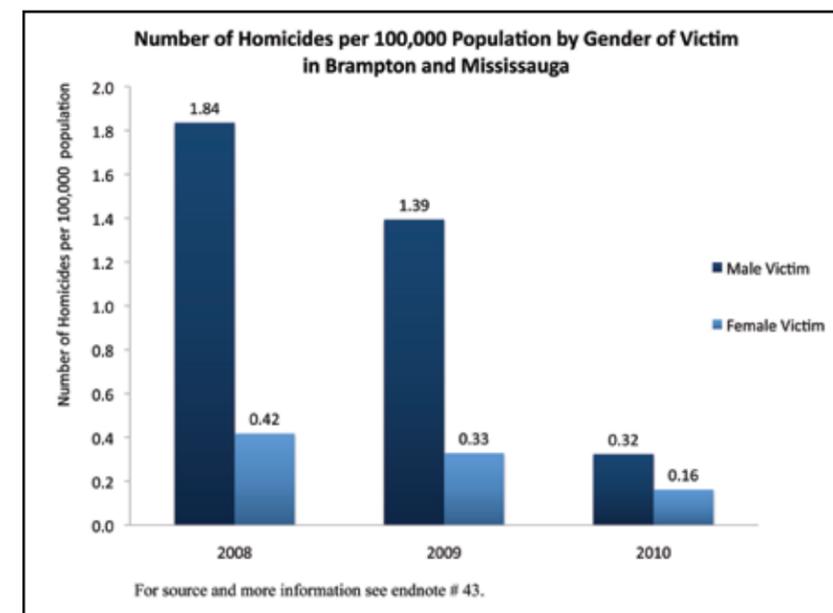
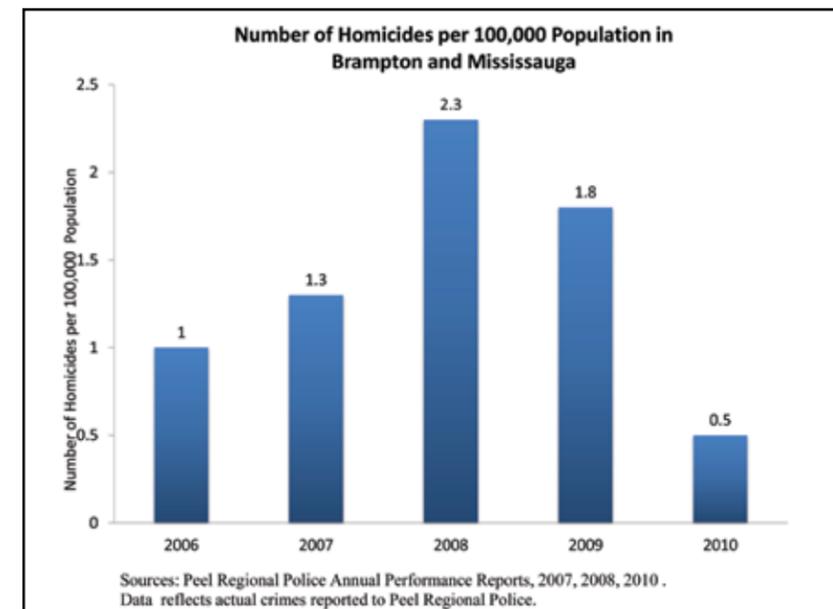
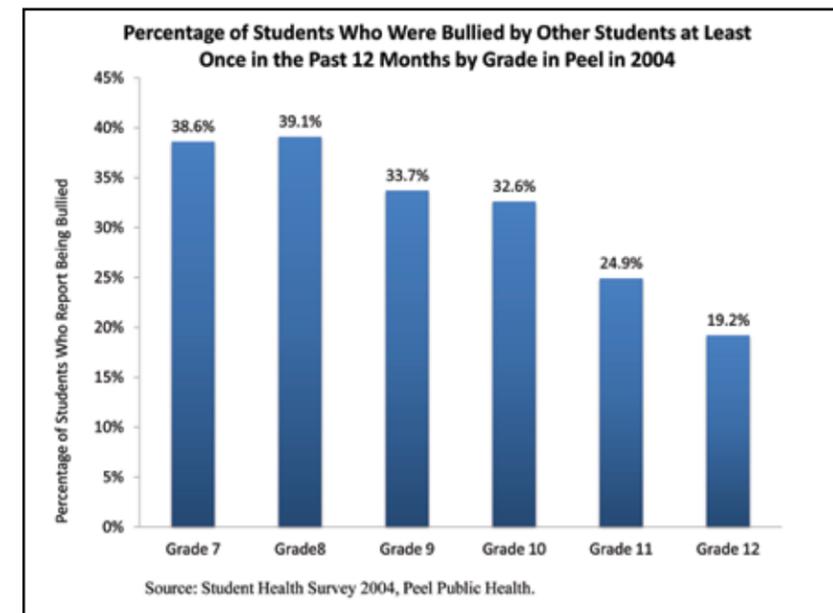
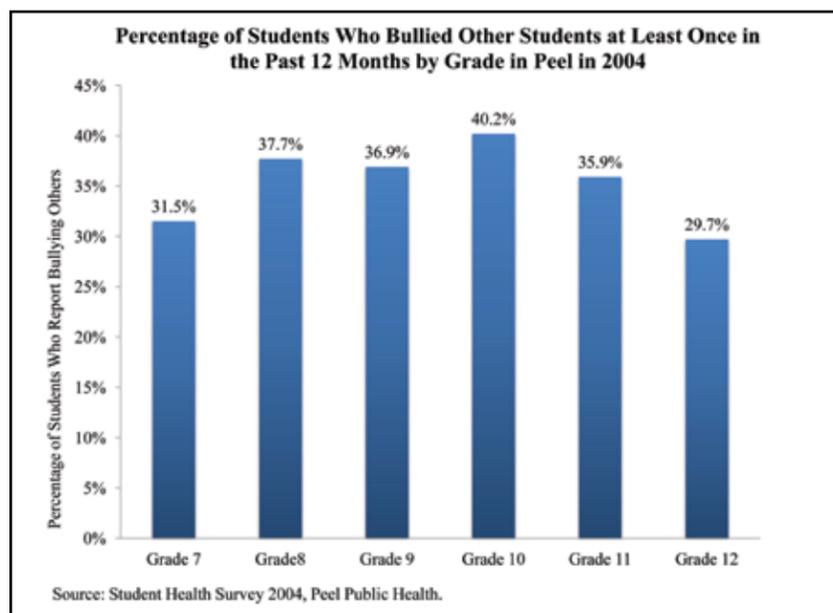
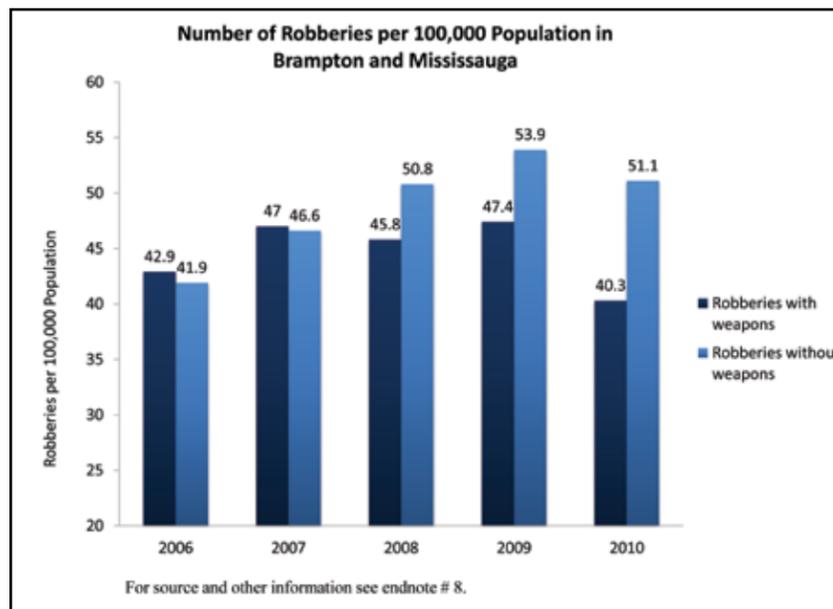
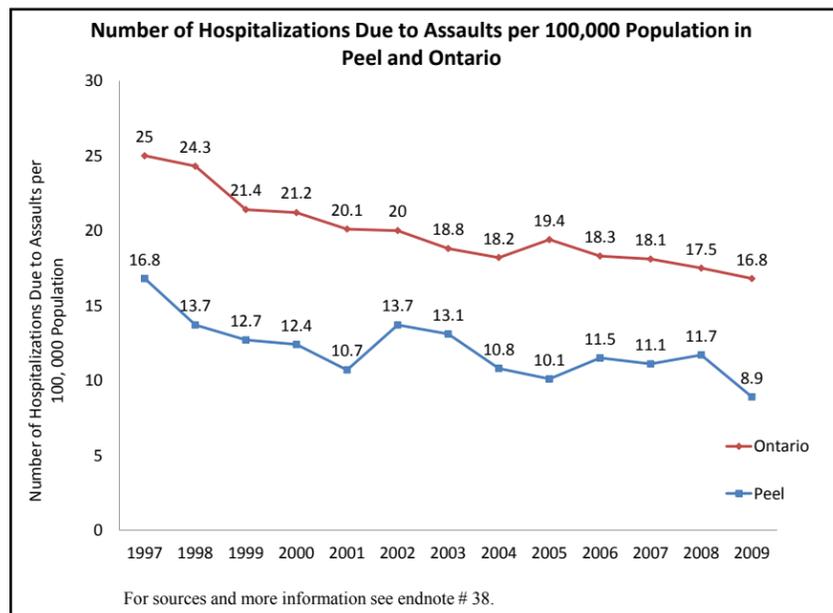
Iain De Jong
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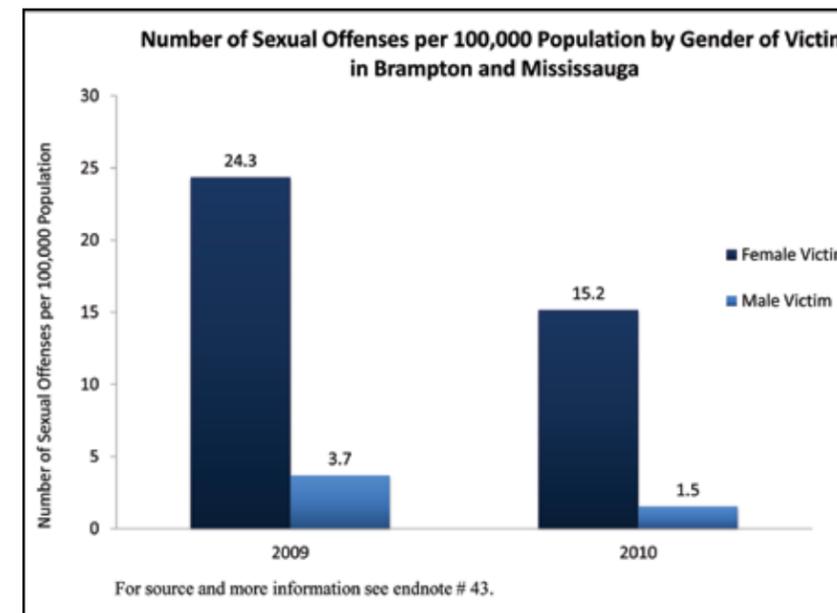
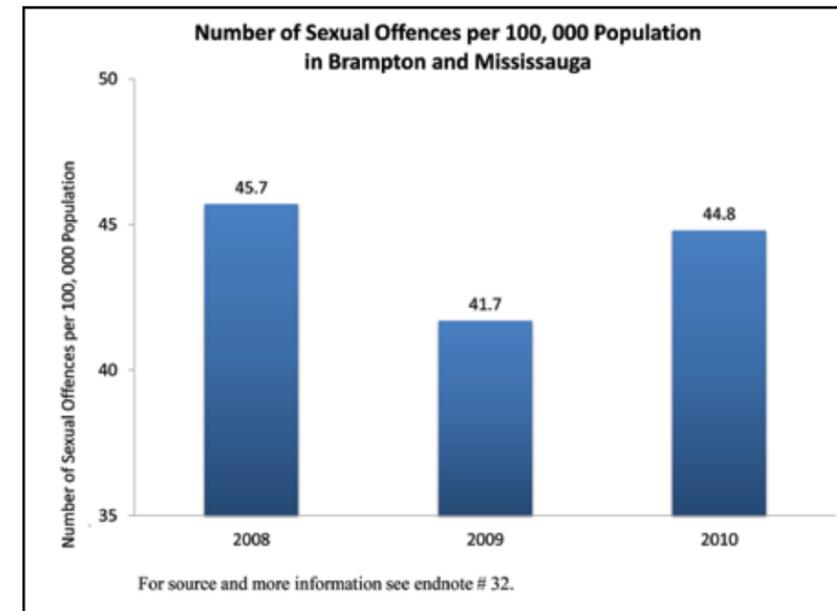
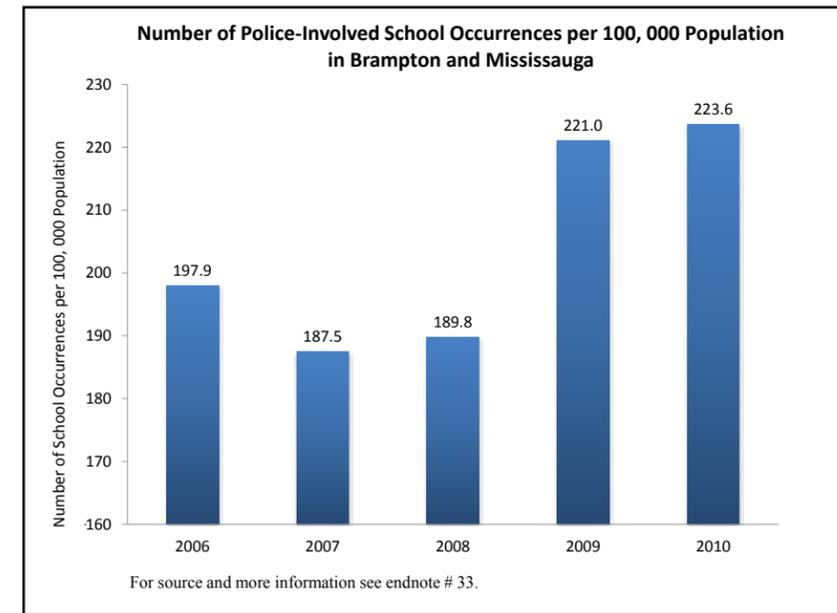
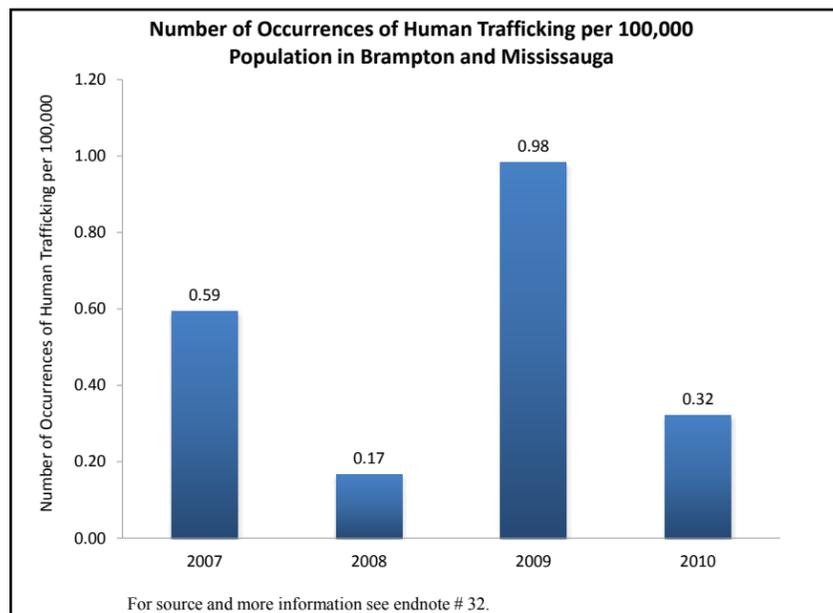
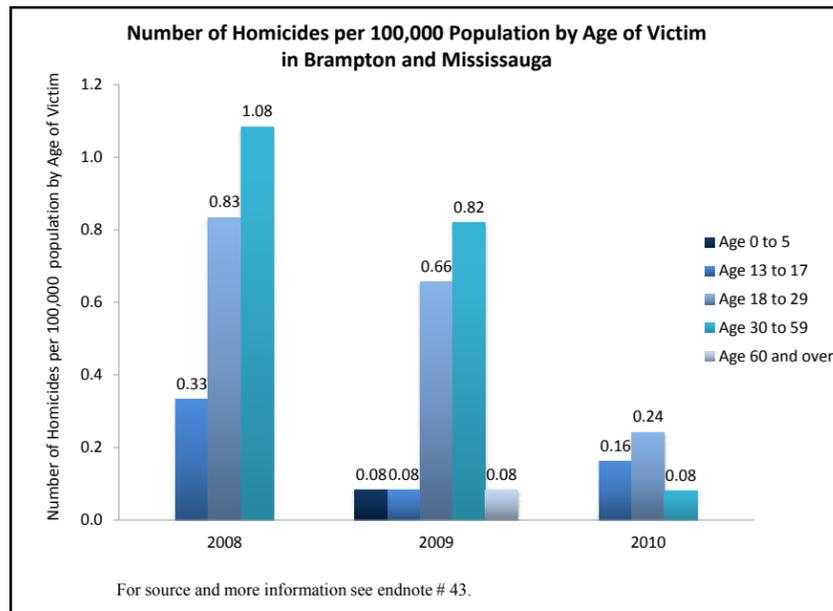
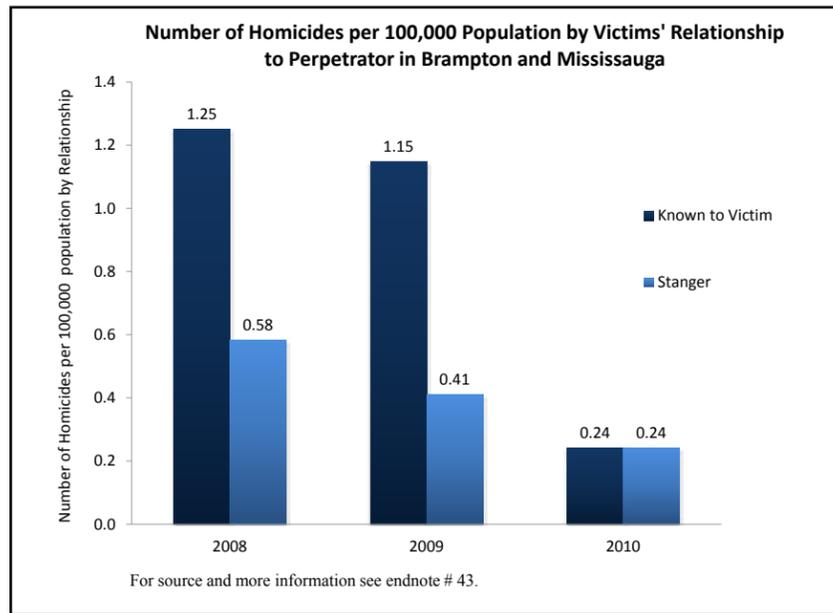


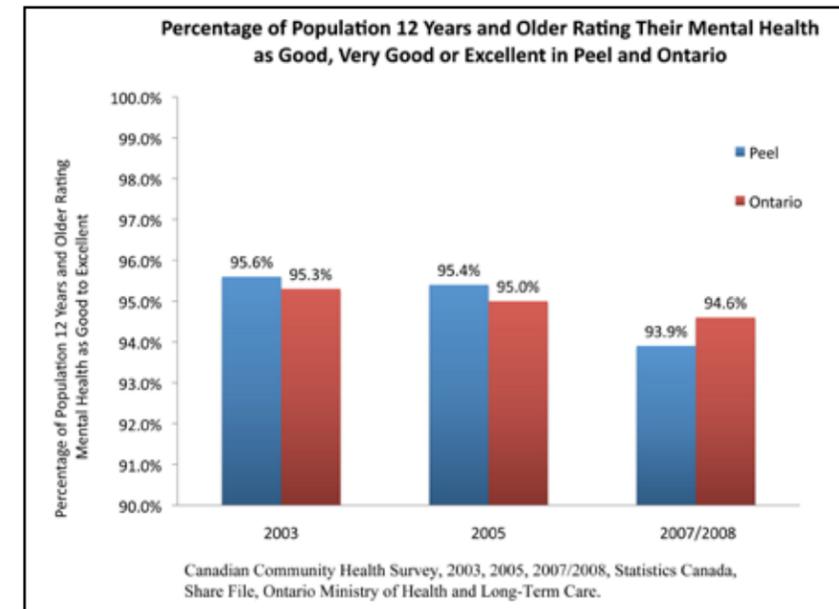
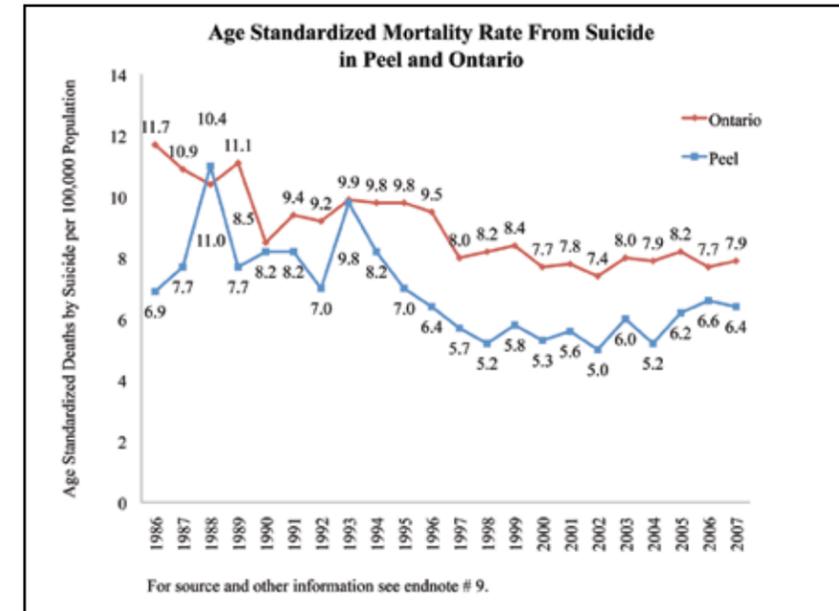
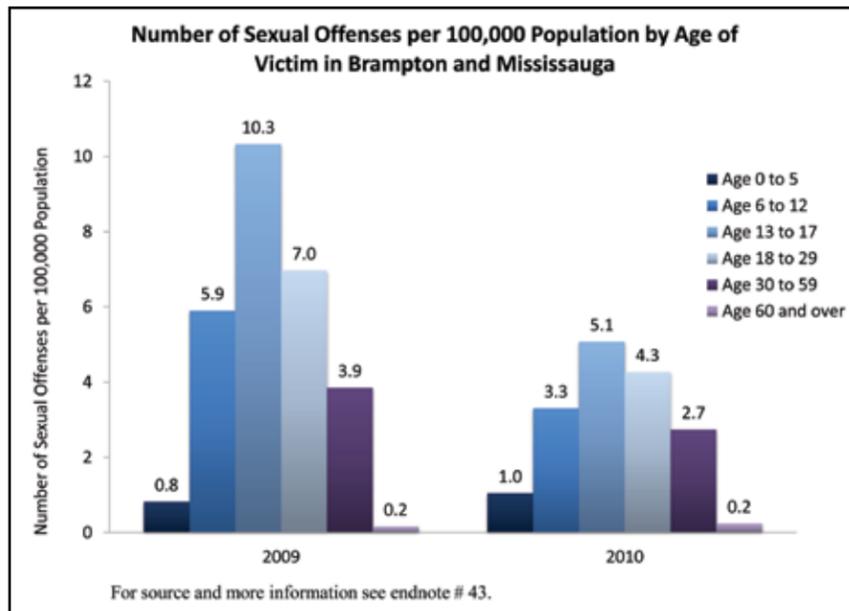
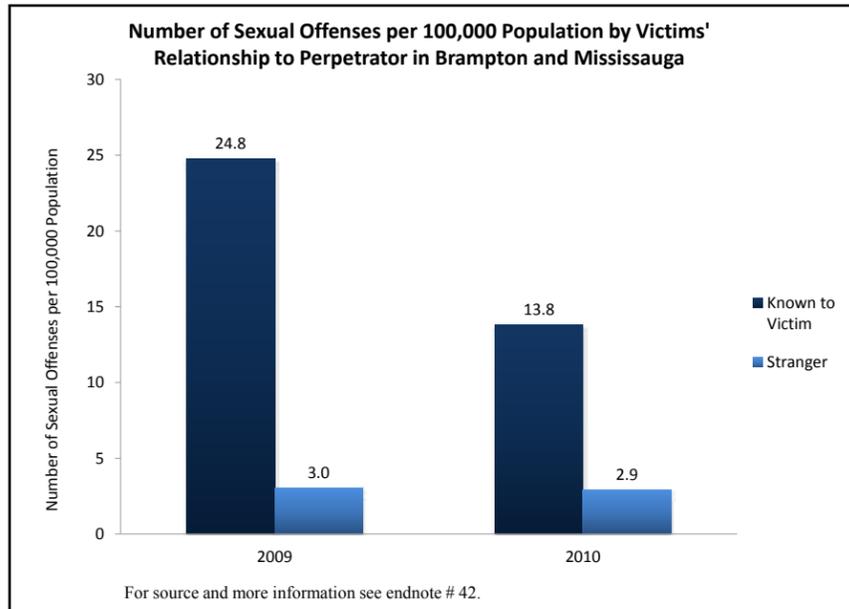


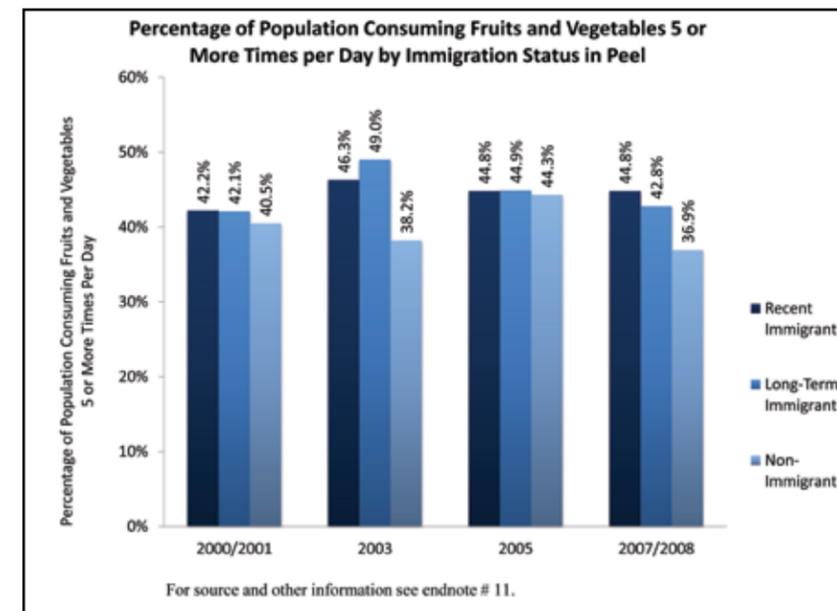
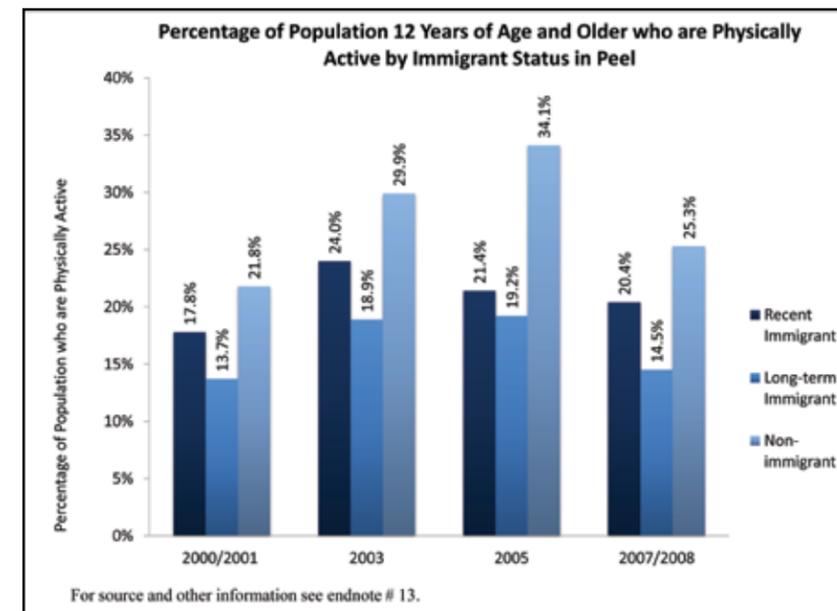
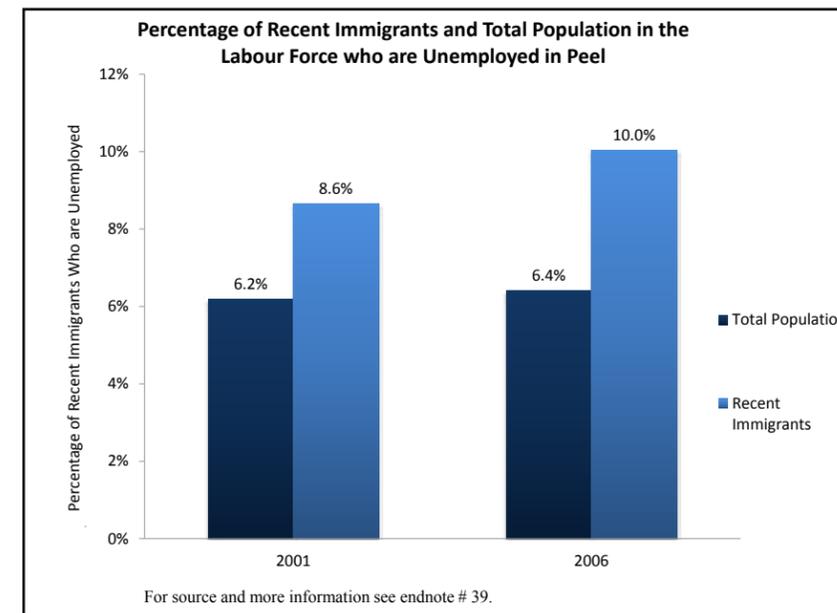
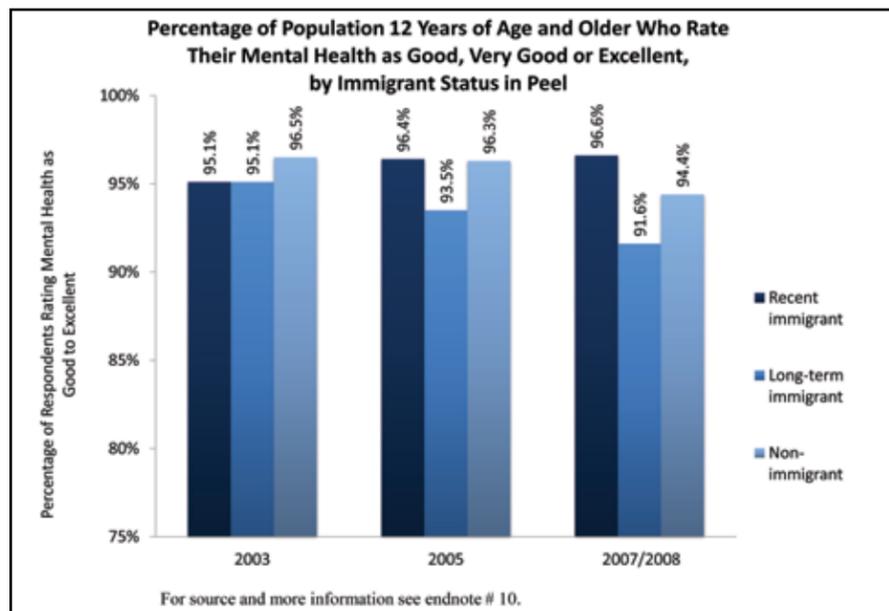
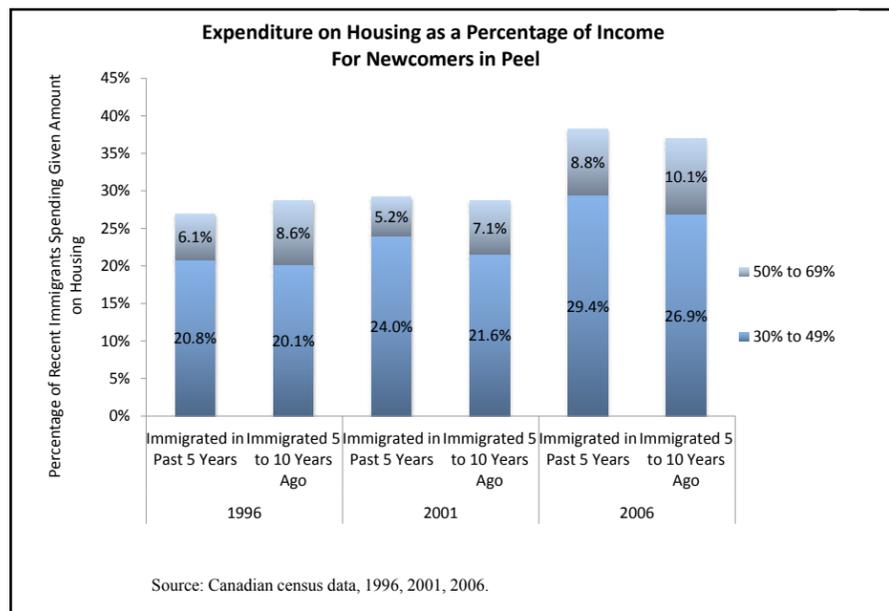
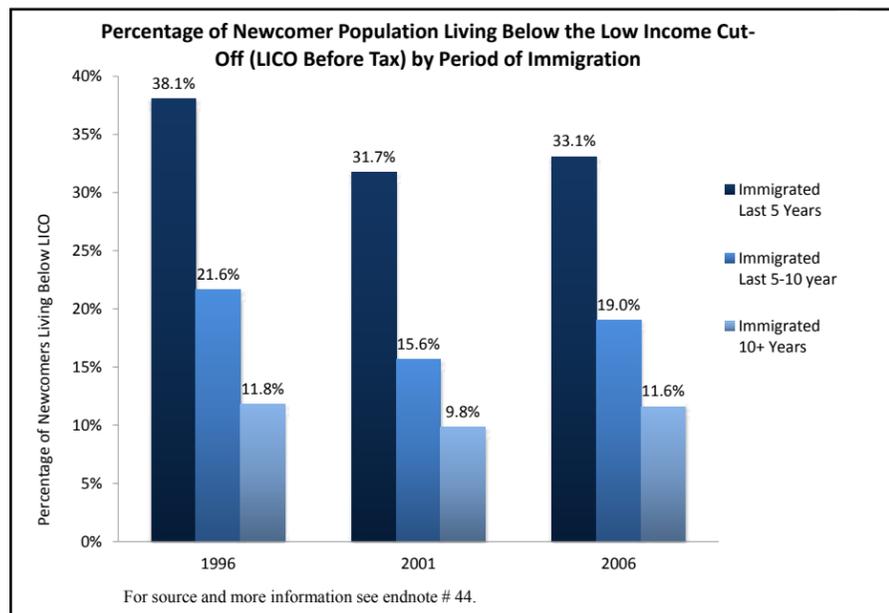


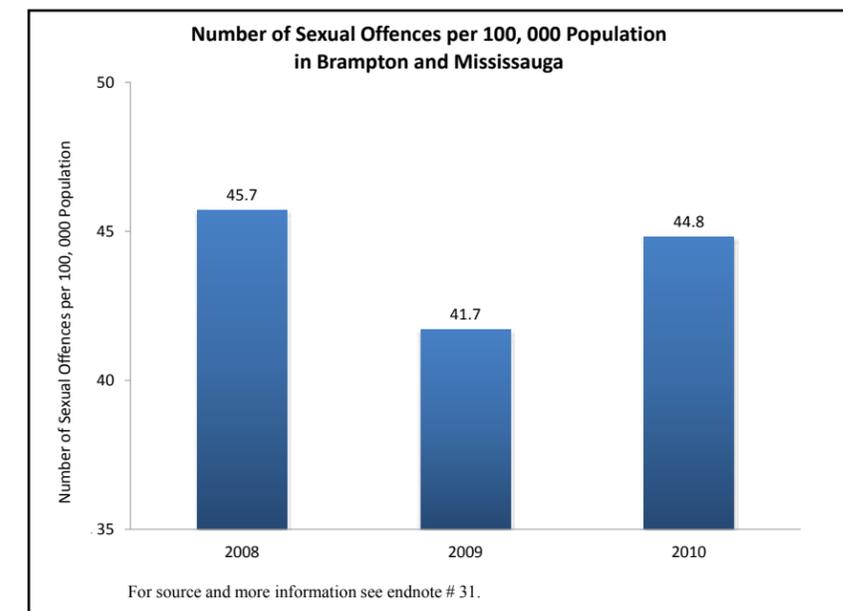
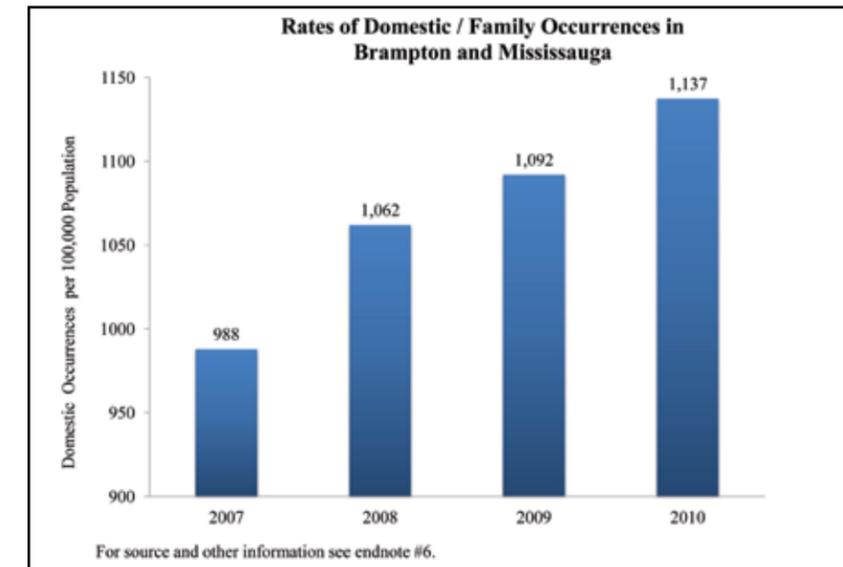
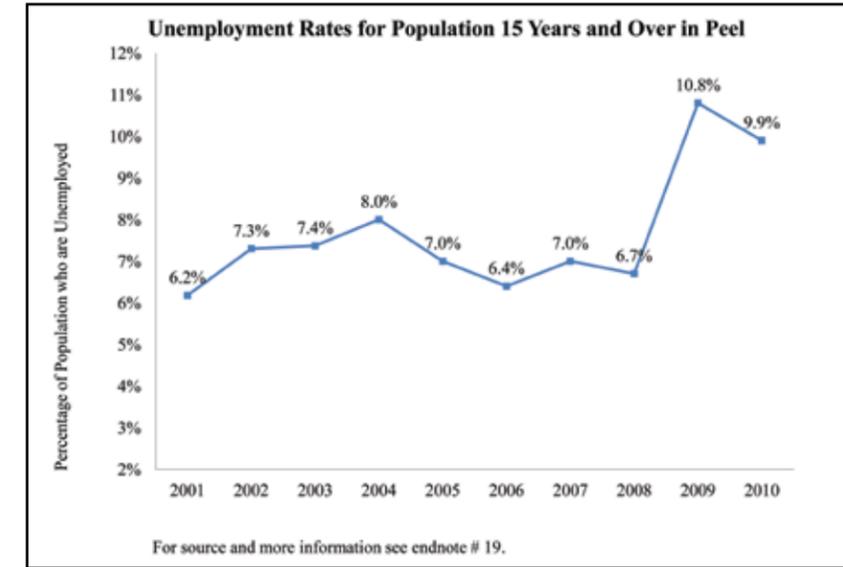
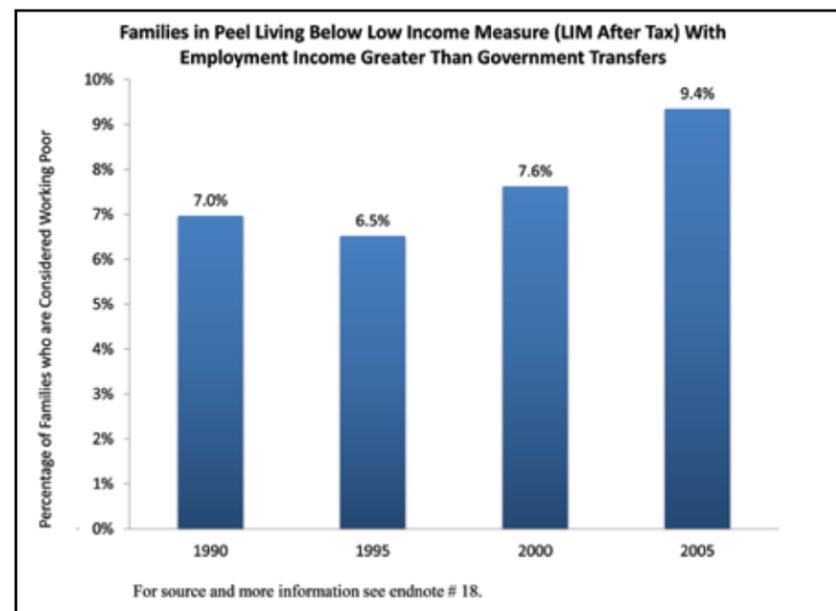
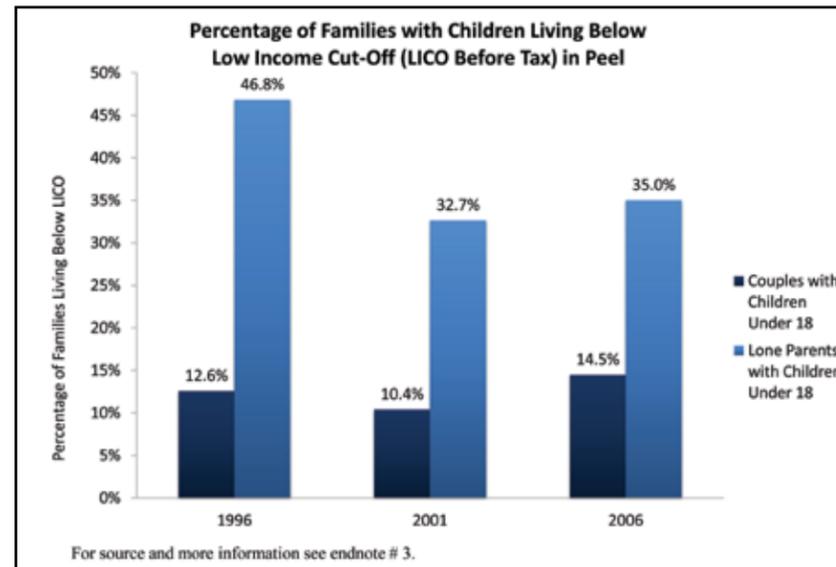
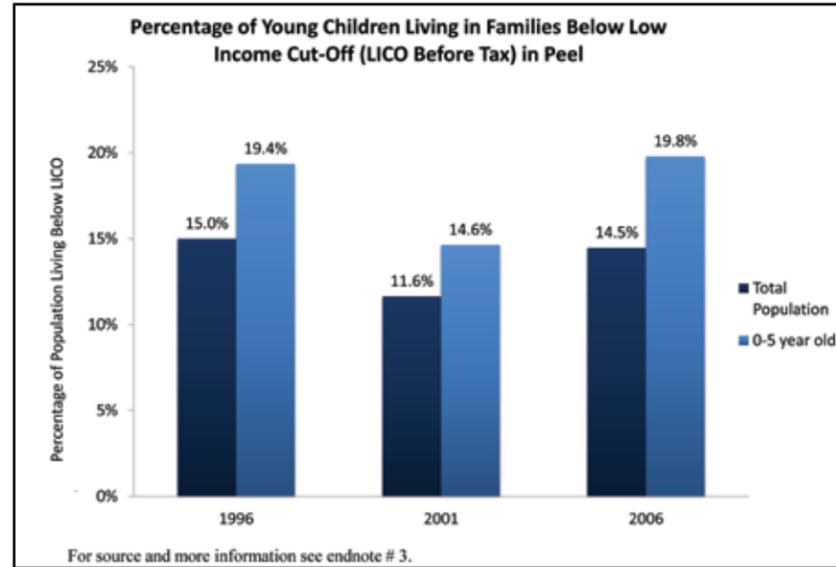


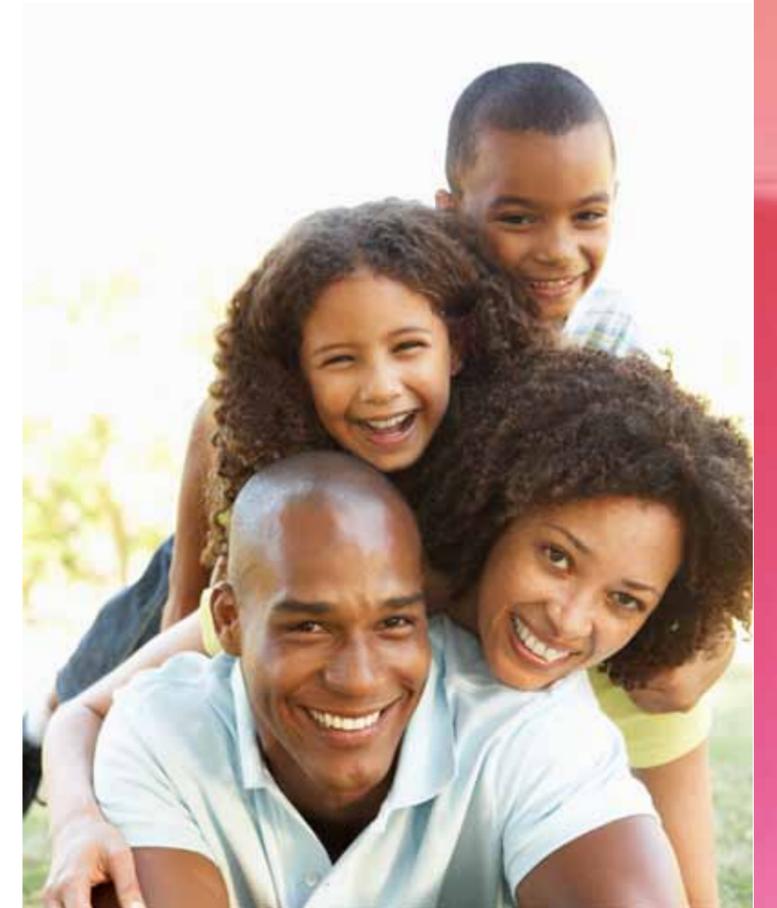
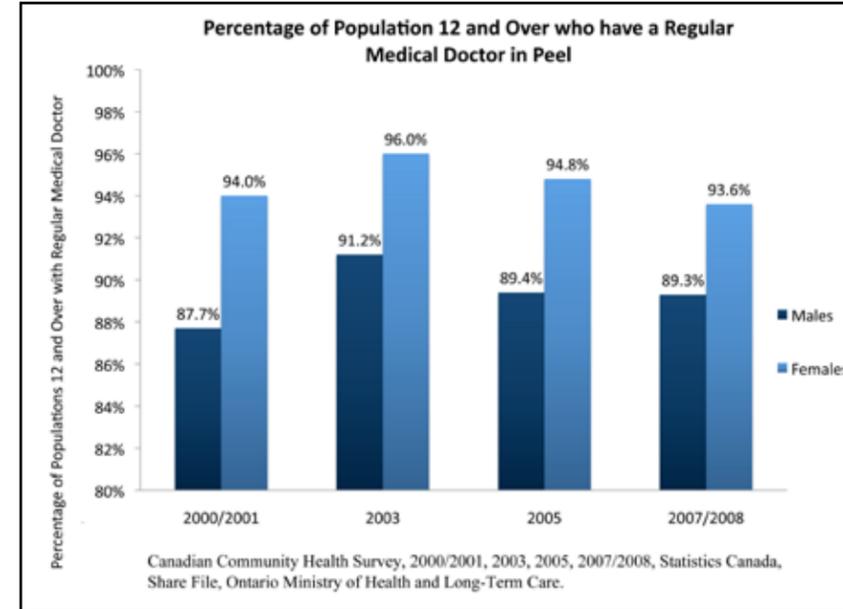
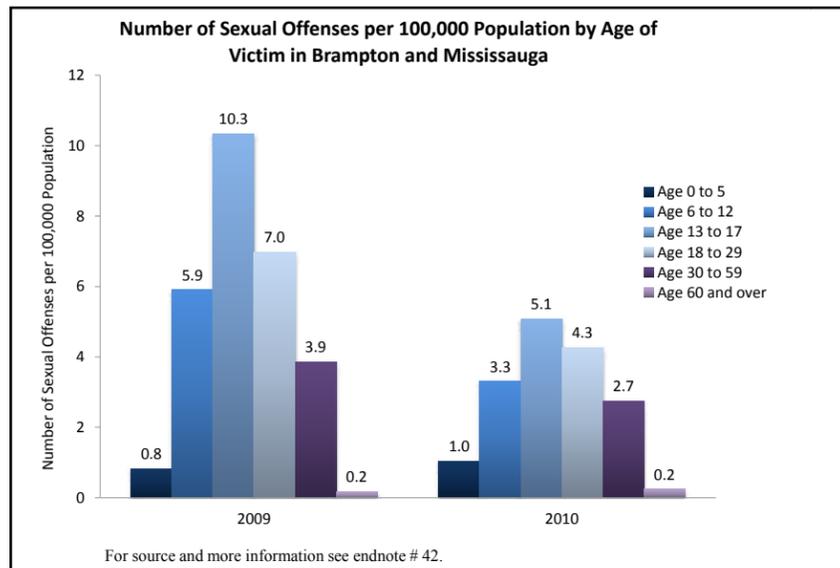
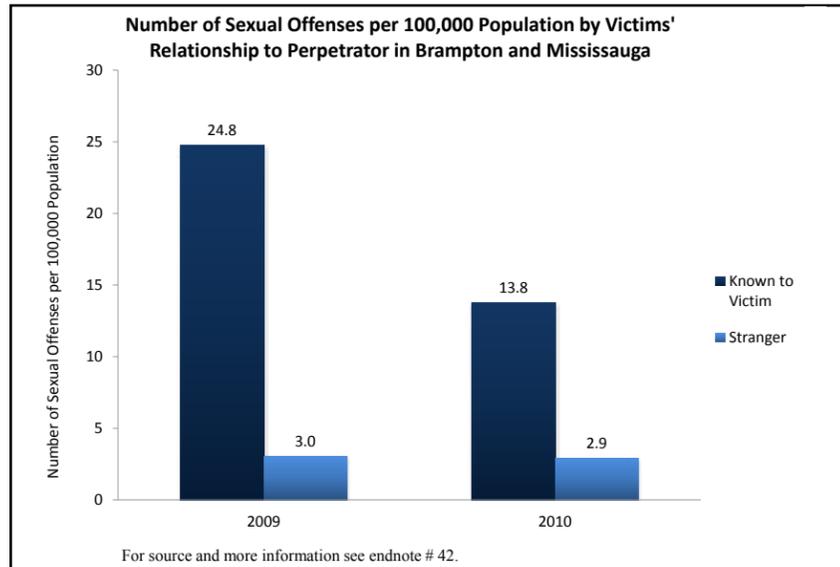
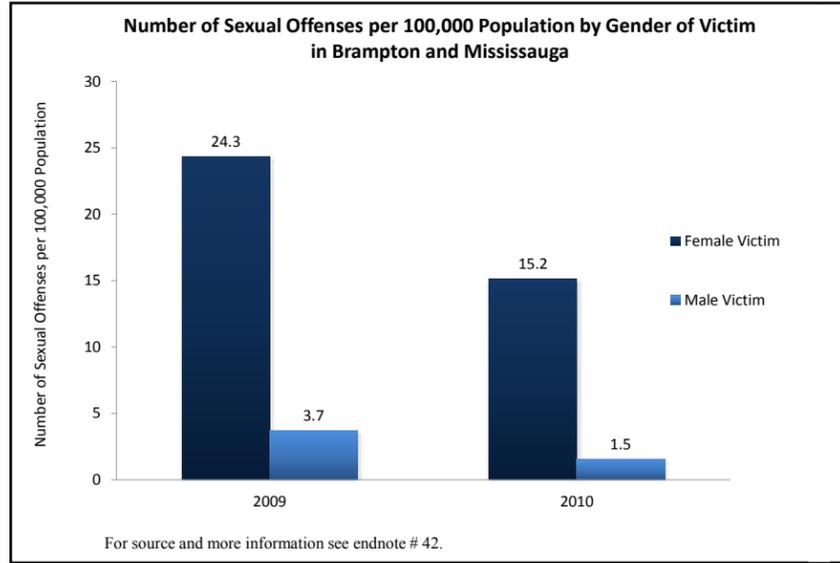


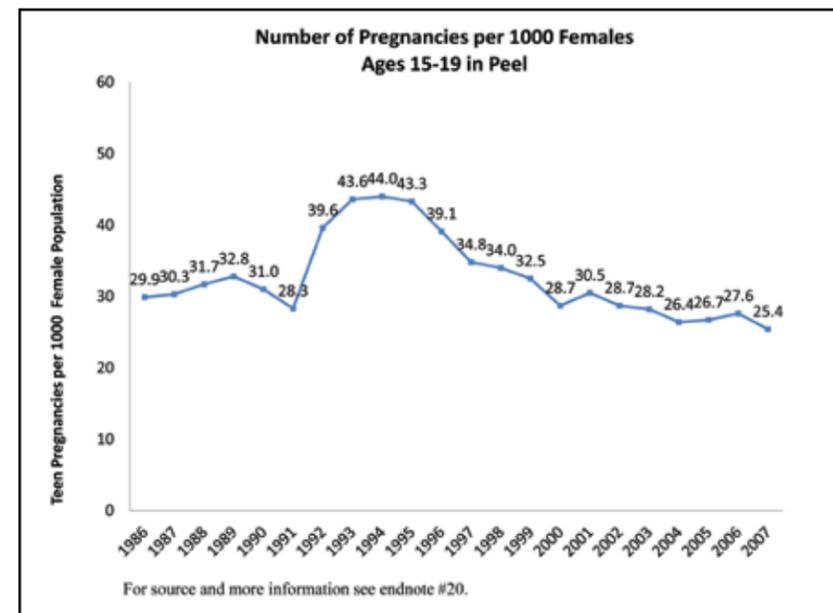
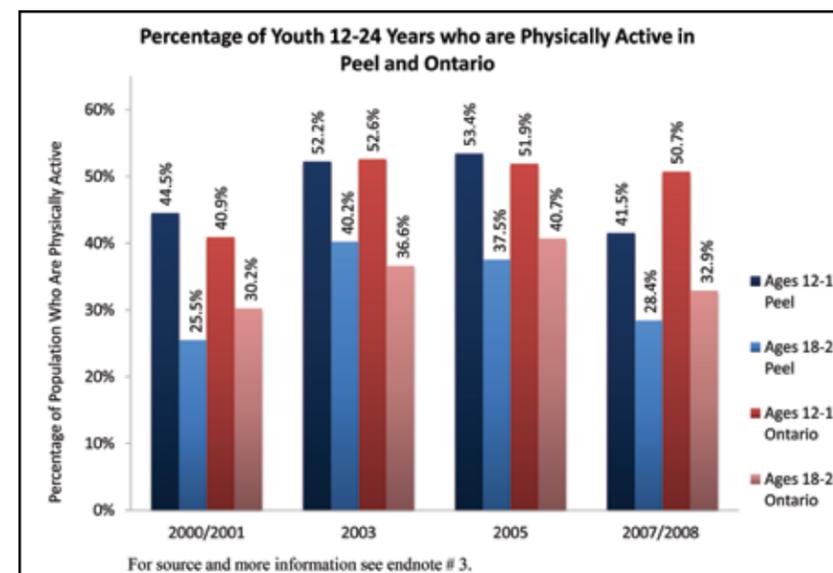
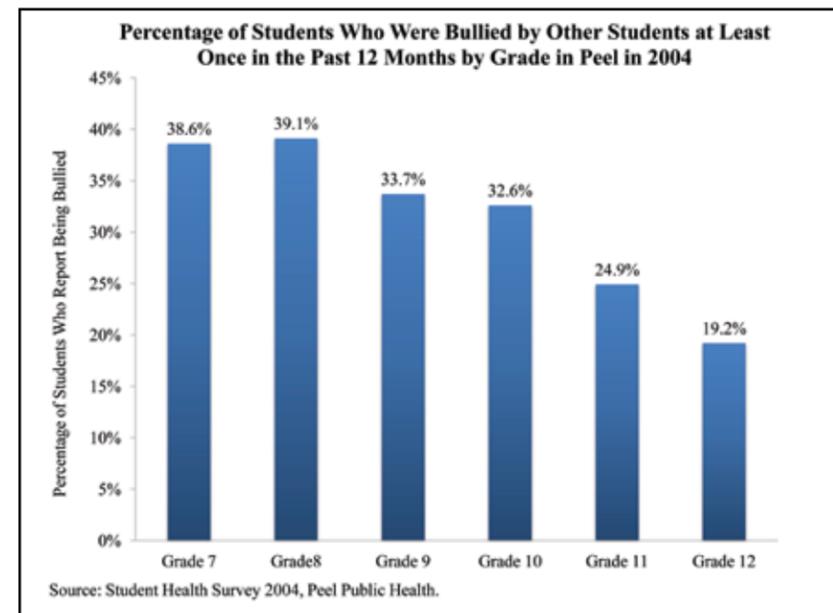
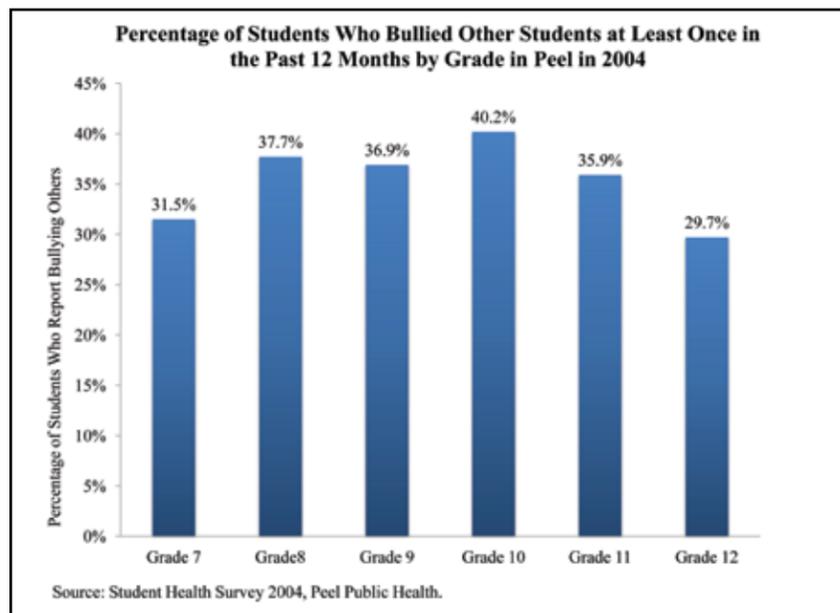
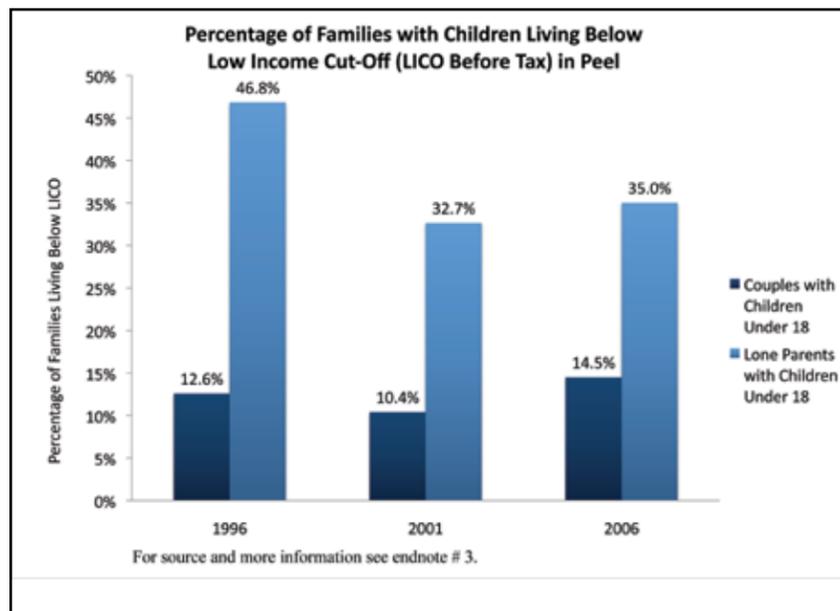
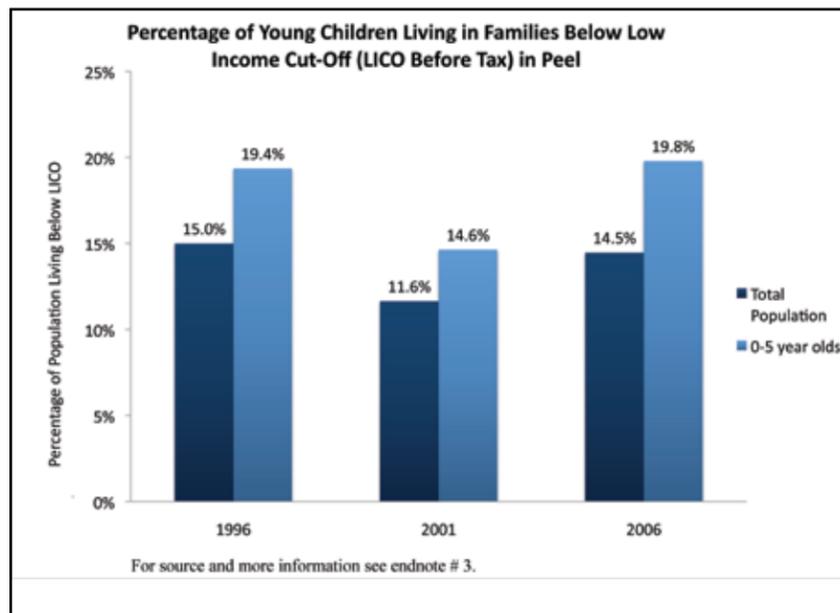


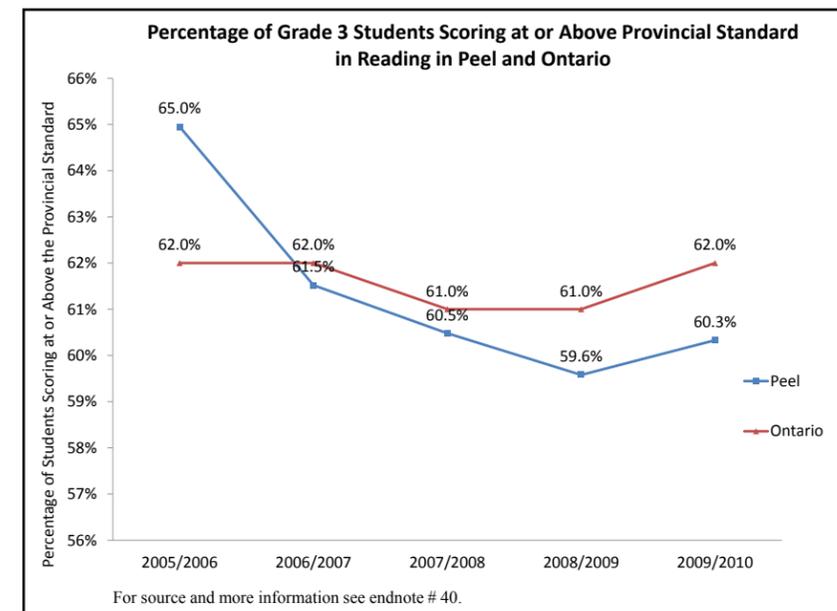
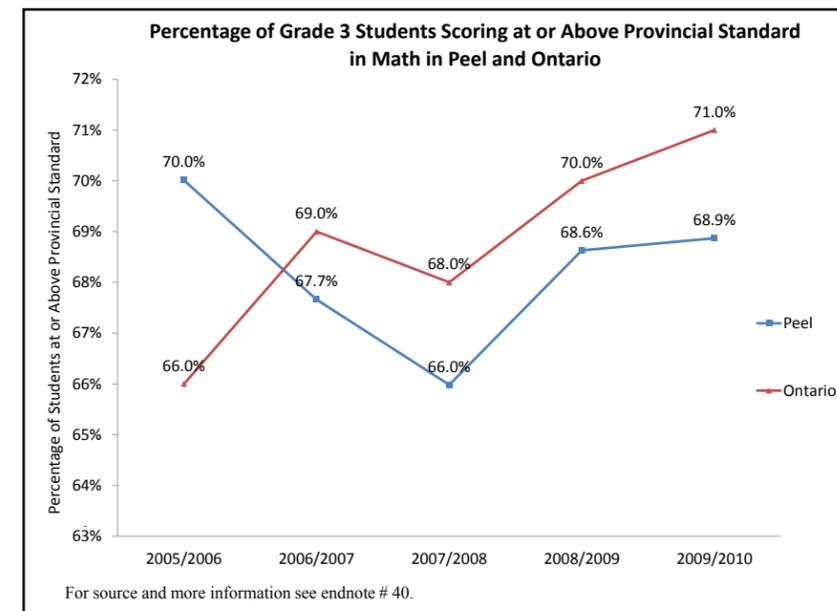
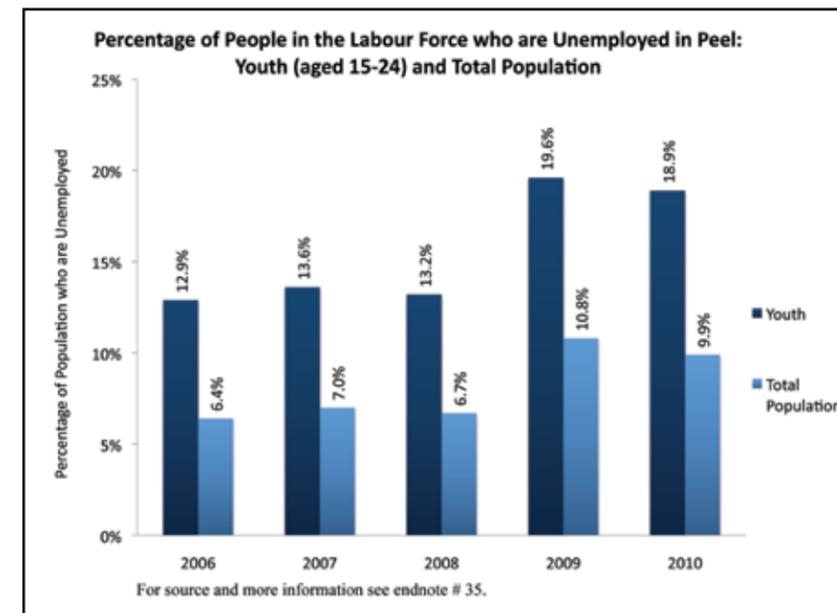
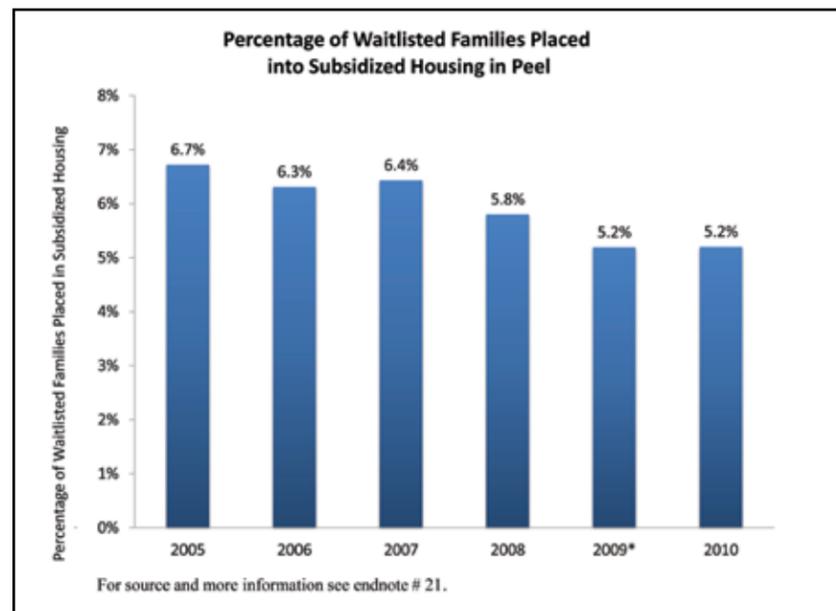
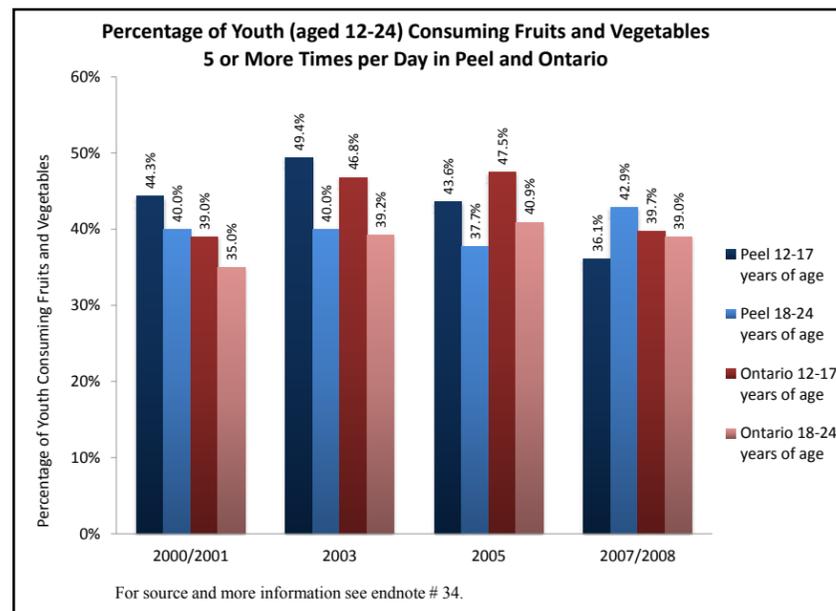
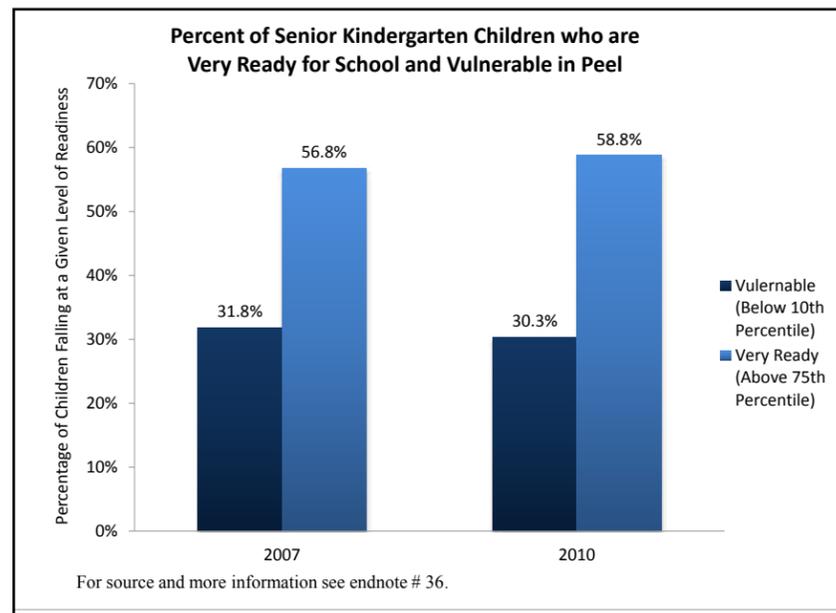


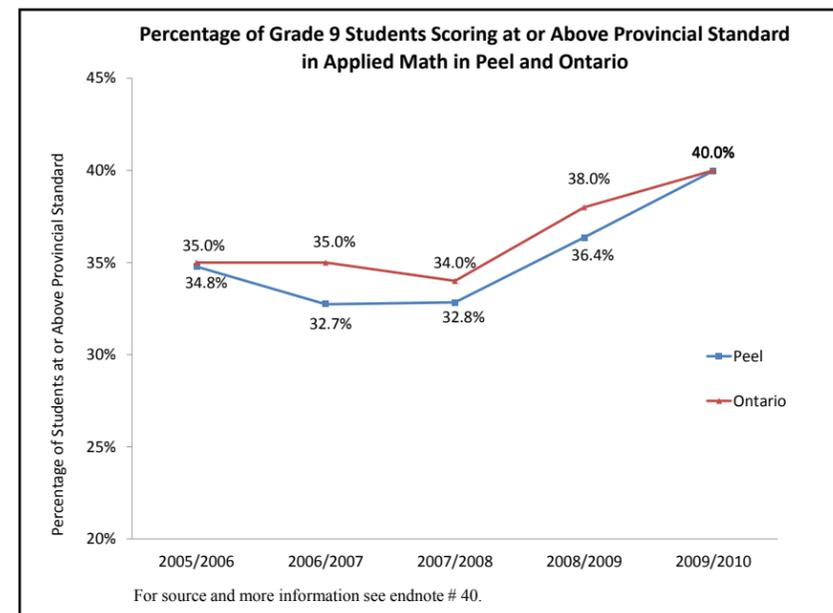
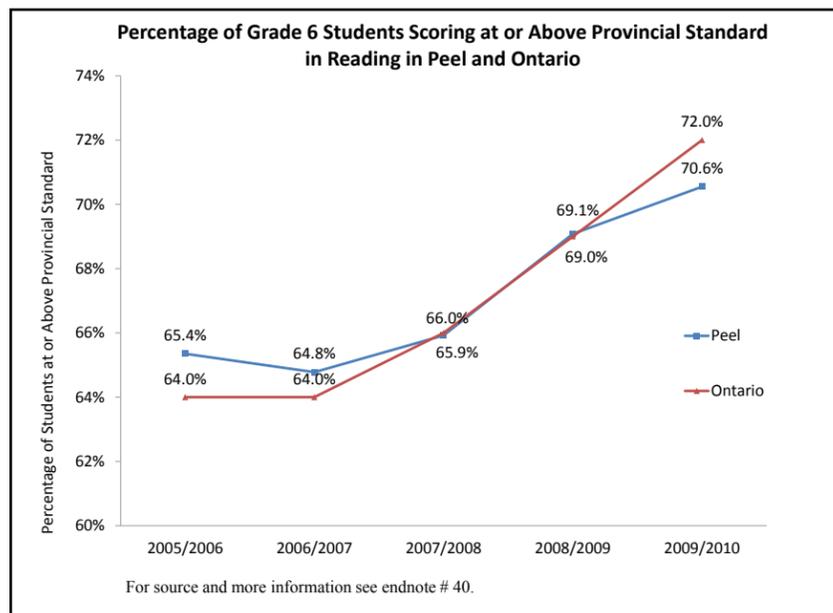
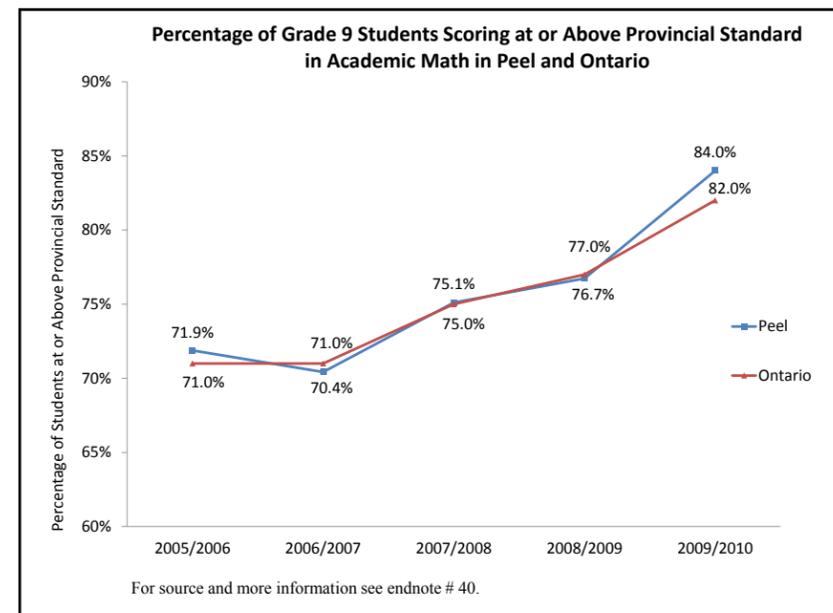
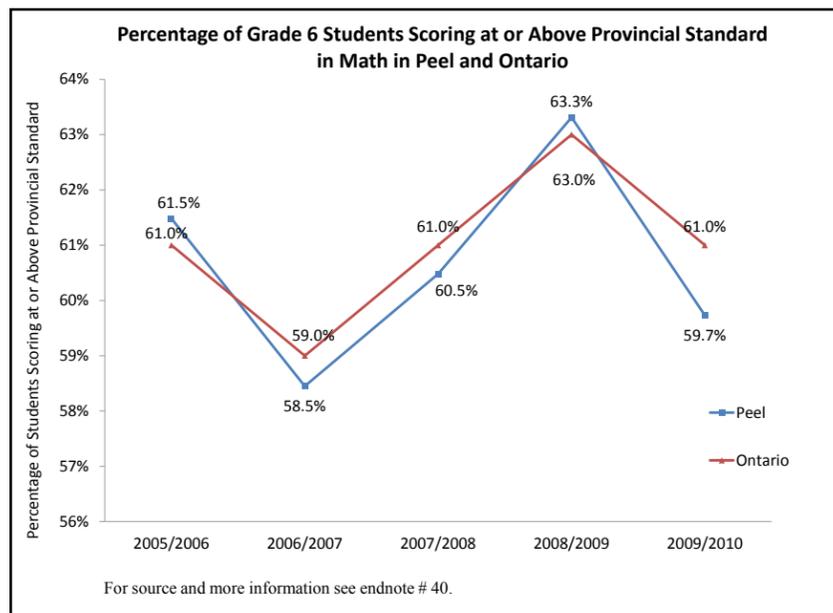
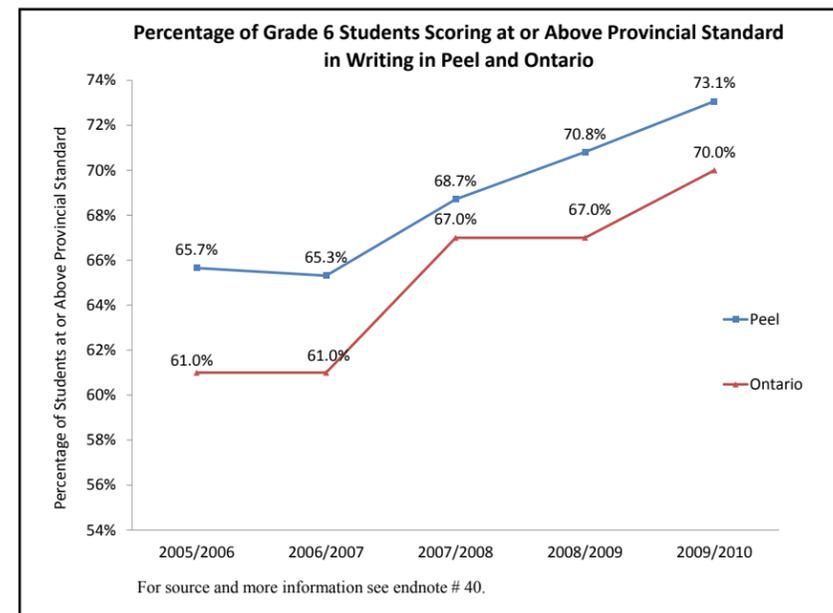
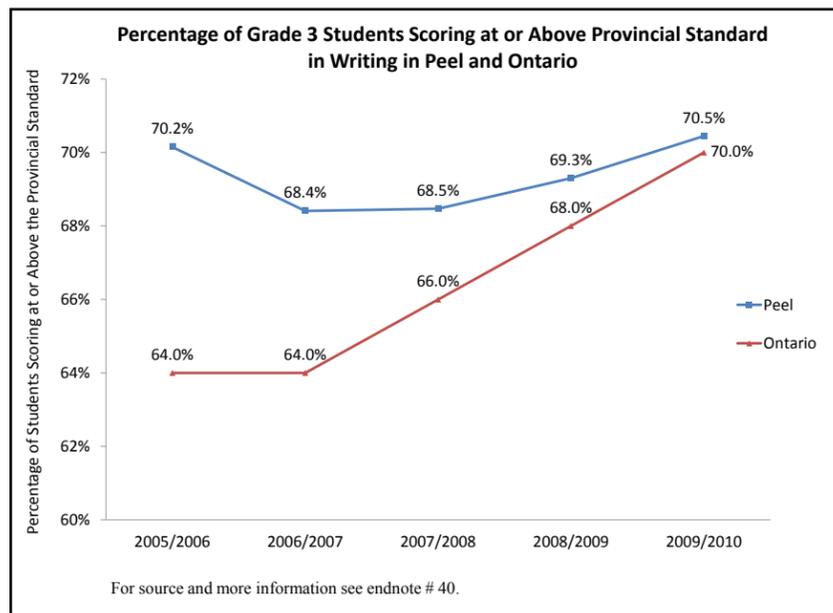


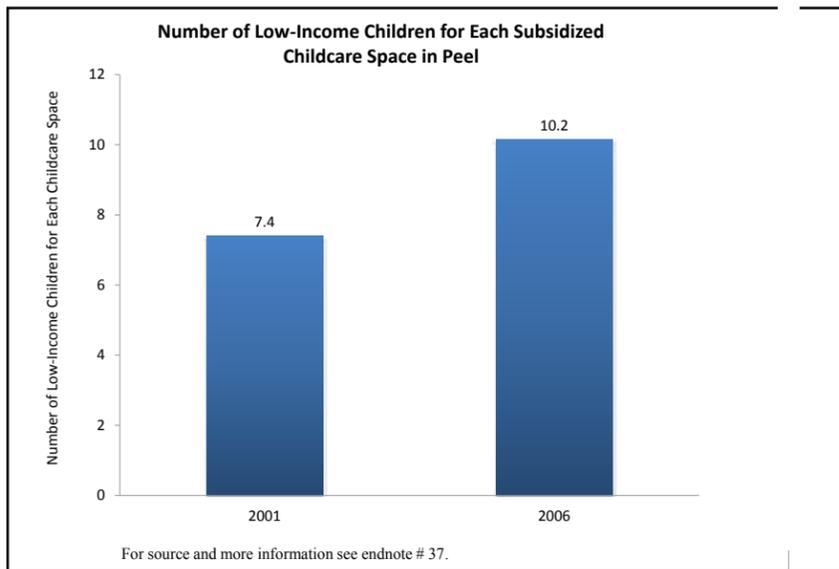
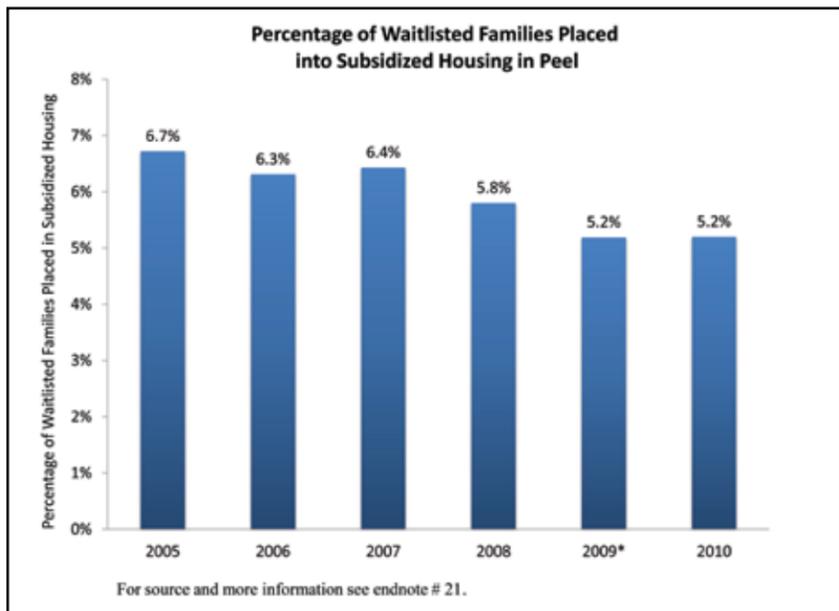
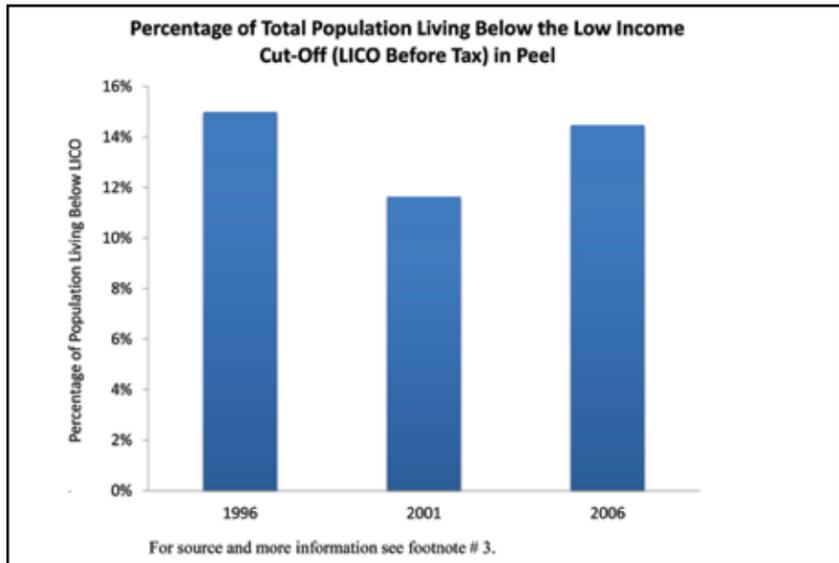
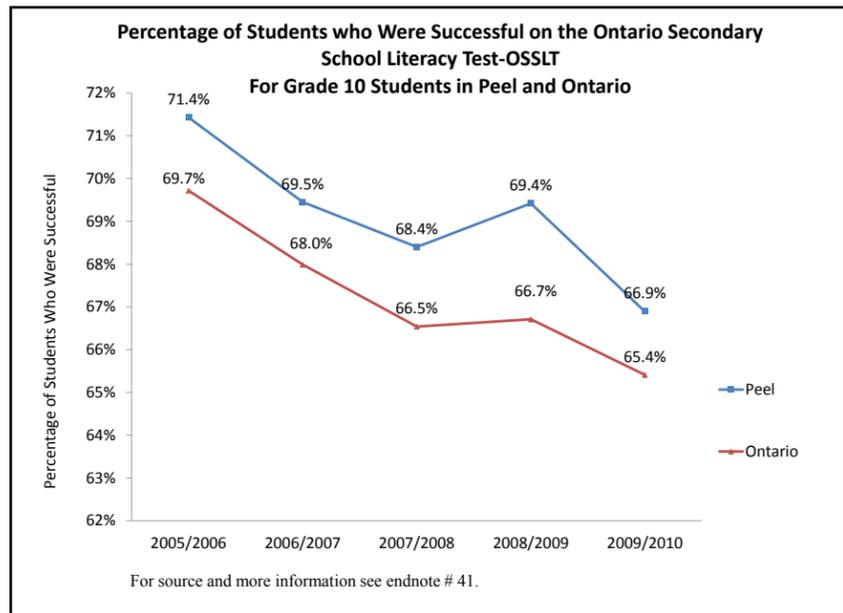


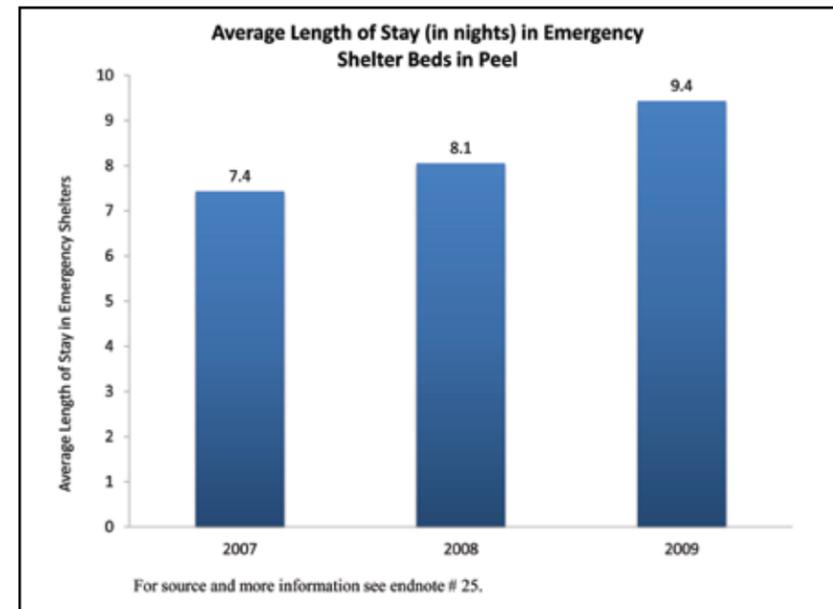
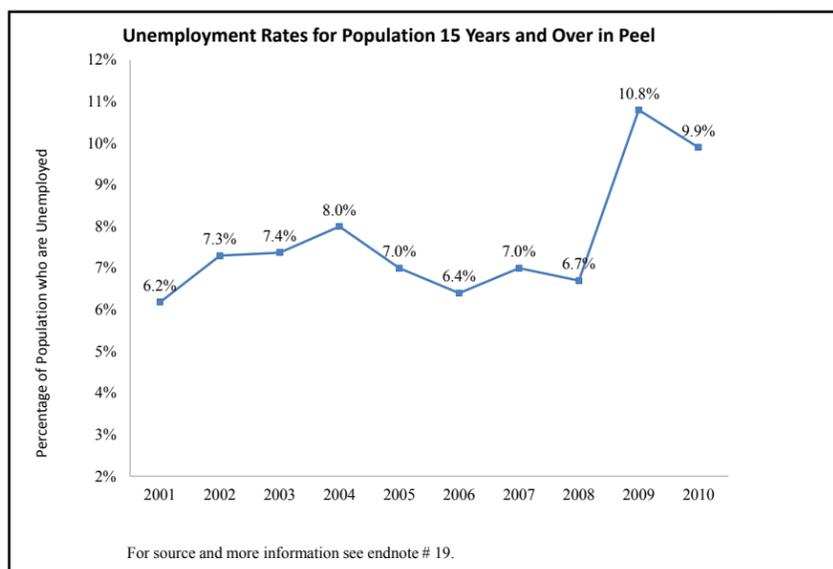
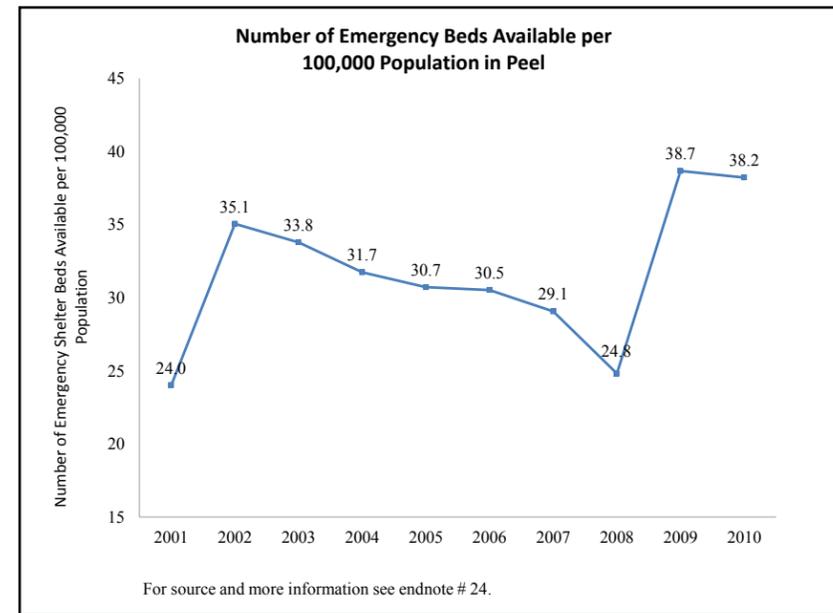
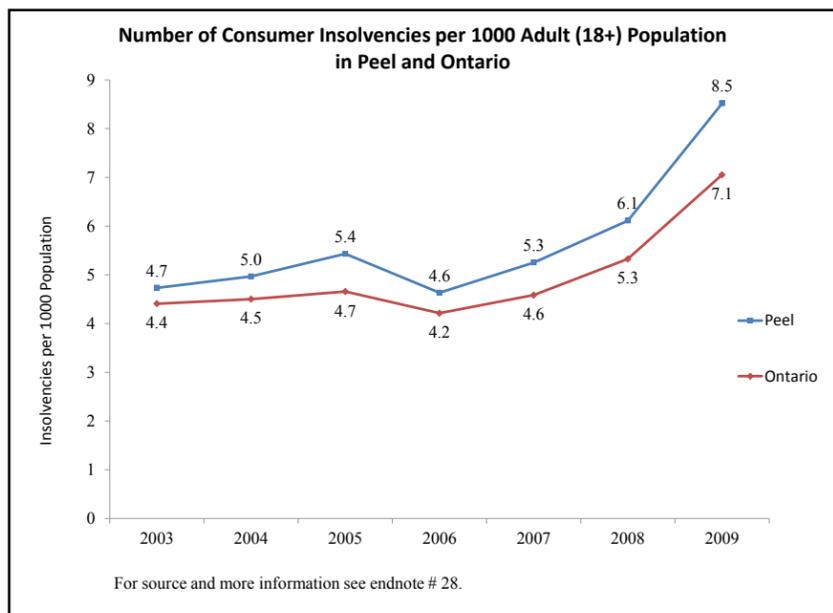
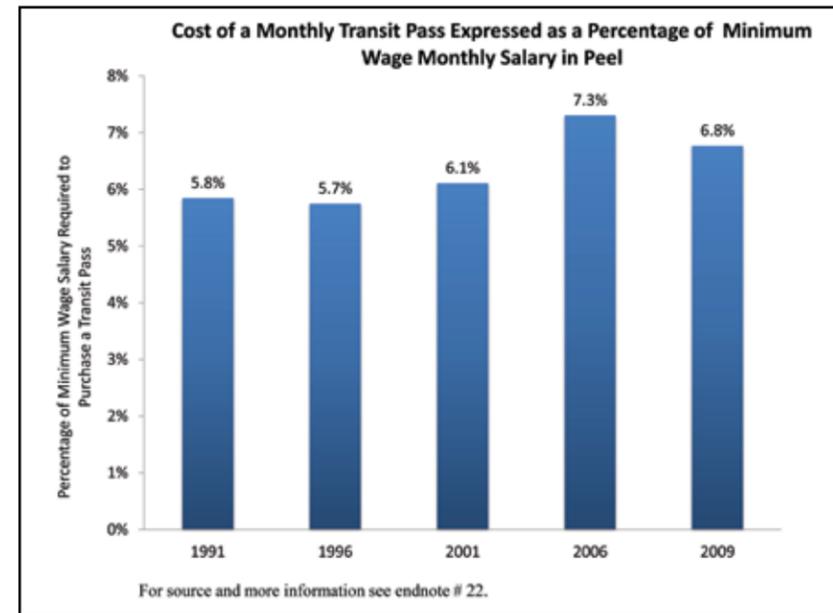
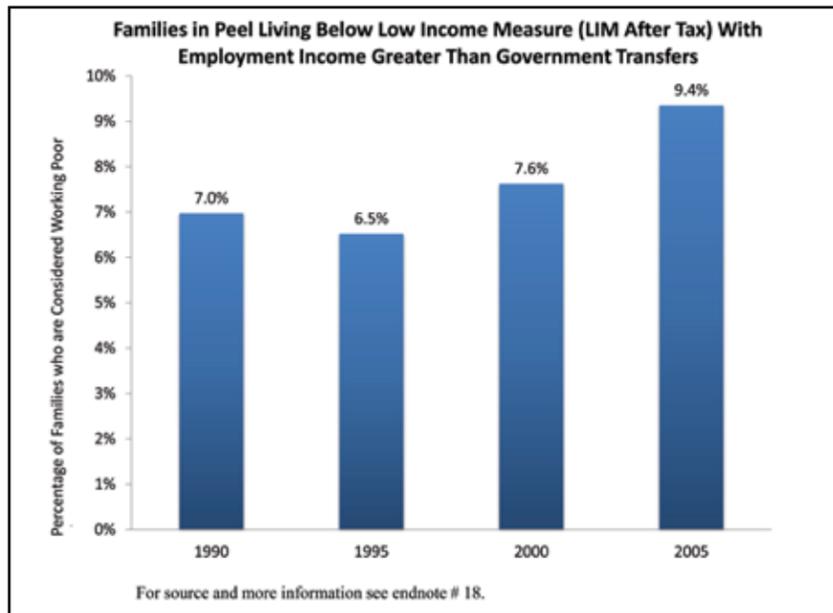


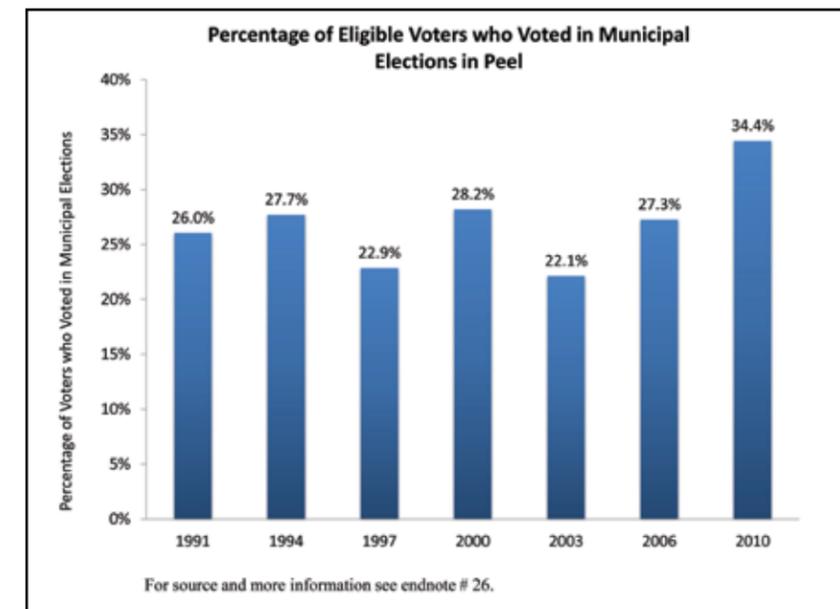
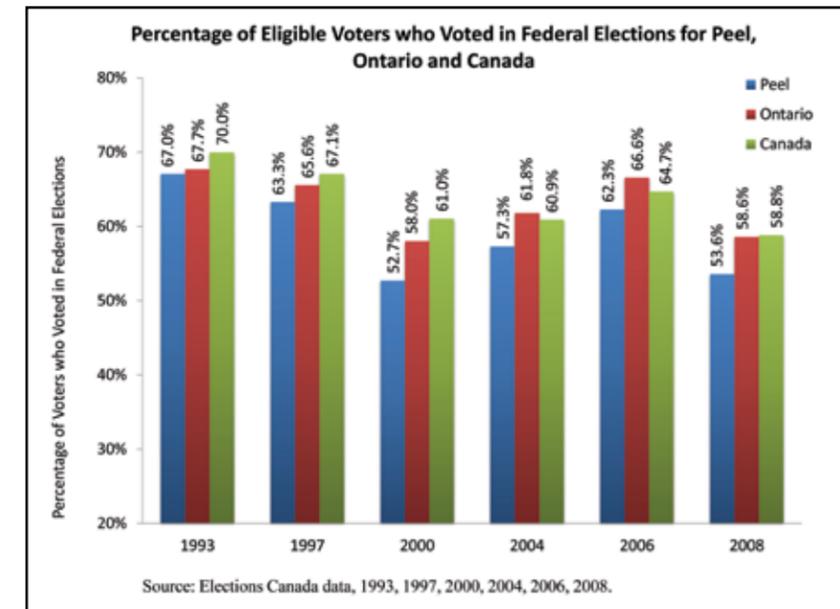
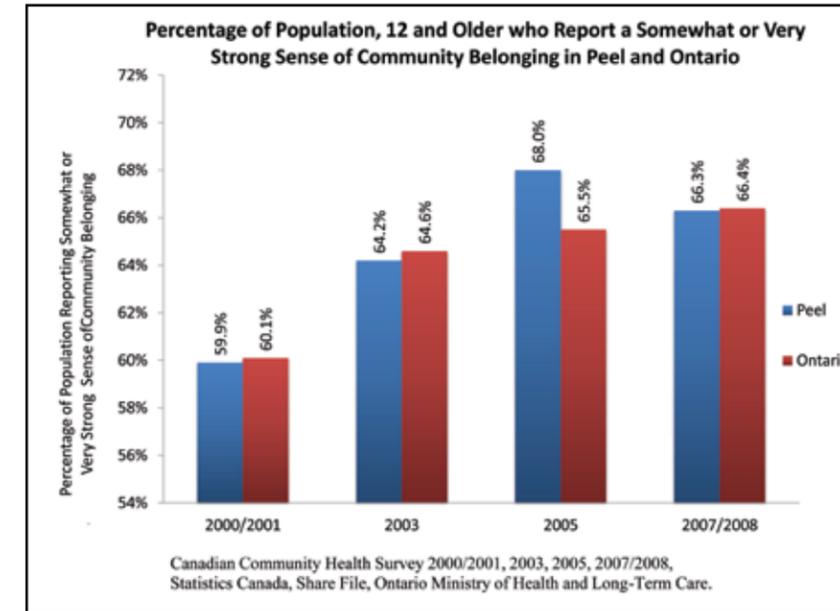
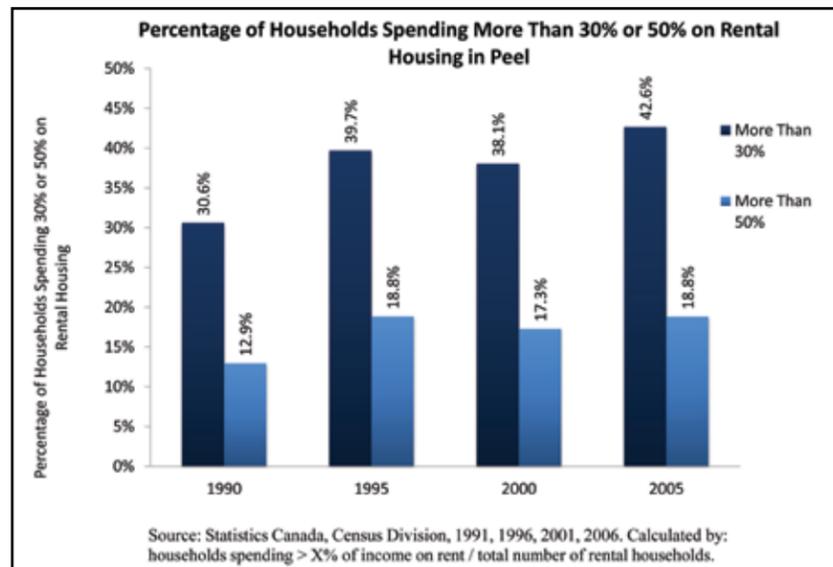
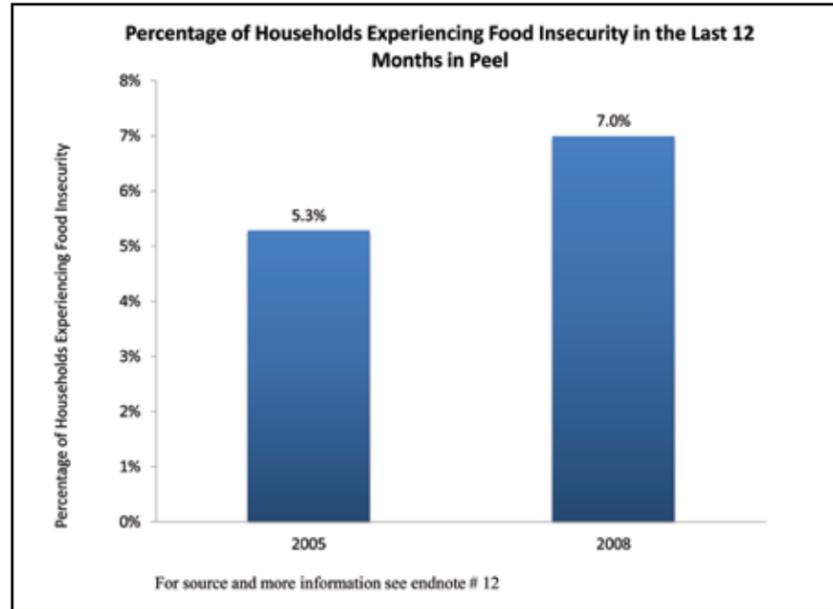


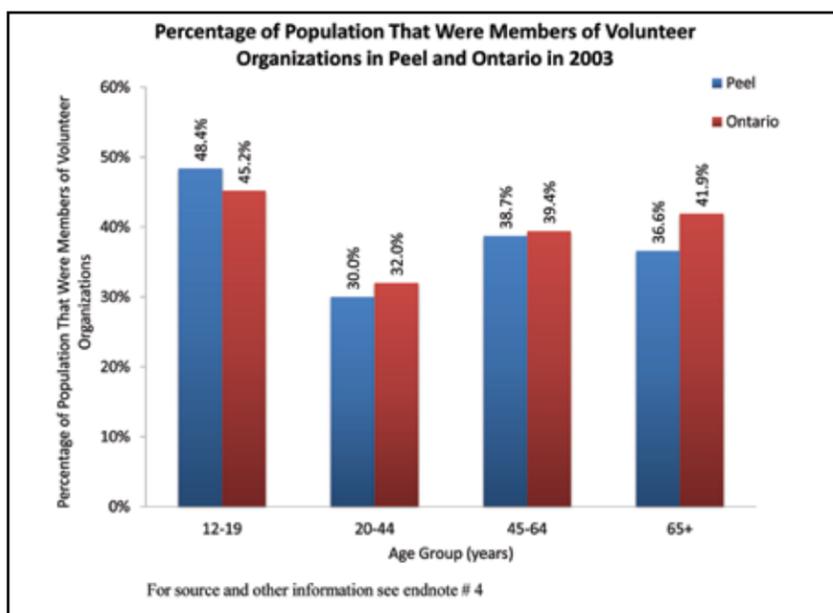
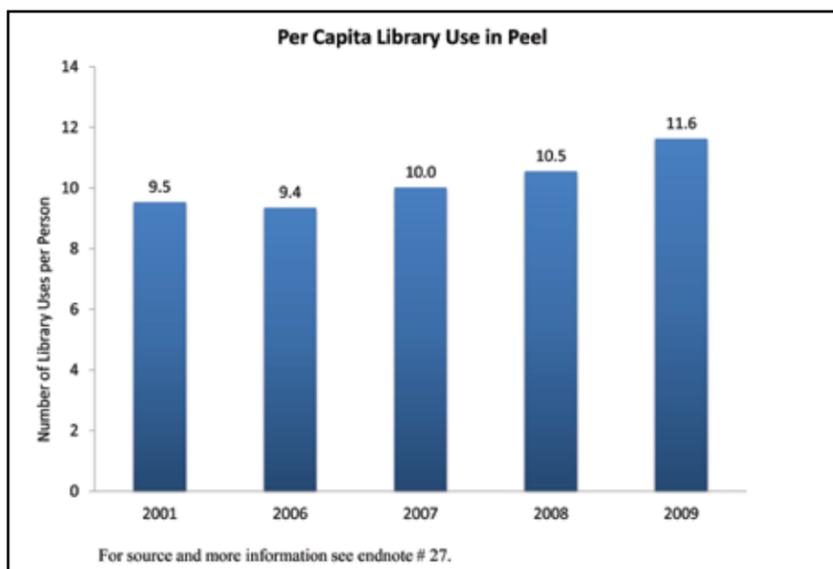
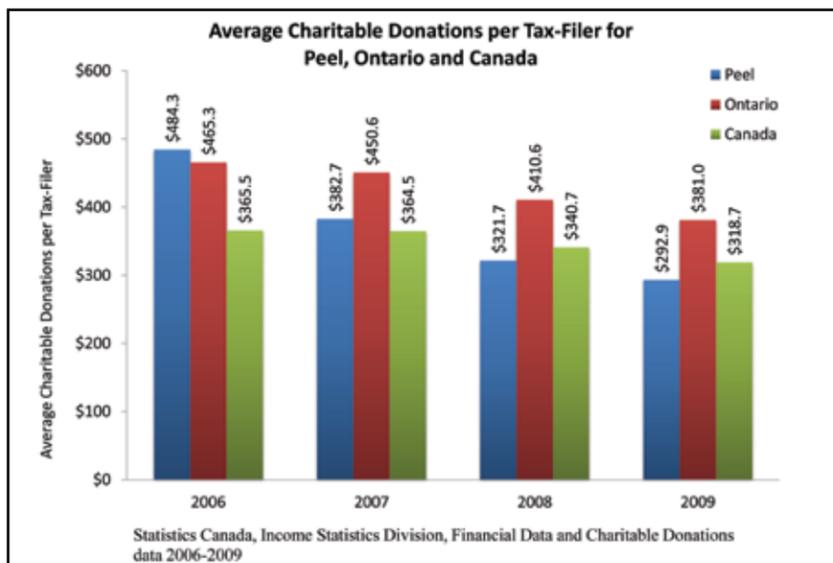












Endnotes

¹ Source: National Ambulatory Care Reporting System and Population Estimates, 2003-2009, Ontario Ministry of Health and Long-Term Care. Data has been corrected for age differences in the populations of Peel and Ontario using the 1991 Canadian population. To the extent that the current Canadian population differs from that of 1991, these data should be interpreted with some caution.

² Source: Canadian Community Health Survey 2003, 2005, 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care. Mental health status defined as Good, Very Good or Excellent.

³ Source: Canadian census data, 1996, 2001, 2006. Low Income Cut-Off (LICO, Before Tax) is defined by Statistics Canada as "an income threshold below which a family will likely devote a larger share (20% more) of its income on the necessities of food, shelter and clothing than the average family..." "persons in low income" should be interpreted as persons who are part of low income families, including persons living alone whose income is below the cut-off.

⁴ Source: Canadian Community Health Survey 2003, Statistics Canada, Share File, Ontario Ministry of Long-Term Care. Volunteering includes being a member of voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs.

⁵ Source: Canadian Community Health Survey, Statistics Canada, 2000/2001, 2003, 2005, 2007/2008. Respondents are categorized as "active" based on their total daily energy expenditure value (kcal/kg/day). Activity involves some form of aerobic exercise (e.g., most sports, walking, gardening etc.). Two data points in this chart are marked with an asterisk and should be interpreted with caution. The coefficient of variation for these particular data points indicates that they may not have a high degree of precision.

⁶ Source: Peel Regional Police Annual Performance Reports, 2007-2010. An Occurrence is defined as any time a police report is taken on an incident; includes verbal domestic occurrences wherein no criminal offense took place.

⁷ Source: National Ambulatory Care Reporting System and Population Estimates 2003-2009, Ontario Ministry of Health and Long-Term Care. Assault defined as: Injuries inflicted on another person with the intent to injure or kill, by any means (International Classification of Diseases, 10th Revision). Data has been corrected for age differences in the populations of Peel and Ontario using the 1991 Canadian population. To the extent that the current Canadian population differs from that of 1991, these data should be interpreted with some caution. Data are NOT taken from Peel Regional Police Annual Performance Report.

⁸ Source: Peel Regional Police Annual Performance Reports, 2007-2010. Robbery is defined as: any theft that occurs with violence or a threat of violence (e.g., does not include burglaries or thefts without associate violence or threats).

⁹ Sources: Ontario Mortality Database and population estimates, 1986-2007, Ontario Ministry of Health and Long-Term Care. Data has been corrected for age differences in the populations of Peel and Ontario using the 1991 Canadian population. To the extent that the current Canadian population differs from that of 1991, these data should be interpreted with some caution.

¹⁰ Source: Canadian Community Health Survey 2003, 2005, 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care. Percentage of population of immigrants and non-immigrants 12 years of age and older who rate their mental health as Excellent, Very Good or Good. "Recent immigrant" refers to landed immigrants who came to Canada up to ten years prior to the CCHS interview.

¹¹ Source: Canadian Community Health Survey, 2000/2001, 2003, 2005, 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care. This variable identifies respondents 12 years of age and older consuming fruits and vegetables five or more times per day. Note: This variable measures the frequency but not the quantity of consumption. "Recent immigrant" refers to landed immigrants who came to Canada up to ten years prior to the CCHS interview.

¹² Statistics Canada, Canadian Community Health Survey Cycles 1.1, 2.1, and 3.1. The Food Insecurity indicator is a variable which indicates if the respondent worried that they would not have enough money to buy food, actually did not have enough money to buy food or did not have enough money to have access to quality and/or a variety of food over the past 12 months. Calculated by: population reporting experiencing food insecurity / total population. Indicator takes into consideration population aged 12 and above.

¹³ Source: Canadian Community Health Survey, 2000/2001, 2003, 2005, 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care. "Recent immigrant" refers to landed immigrants who came to Canada up to ten years prior to the CCHS interview. A physical activity involves some form of aerobic exercise (e.g., most sports, walking, gardening etc.) Respondents are categorized as "active" based on their total daily energy expenditure value (kcal/kg/day) based on the activities in which they engage.

¹⁴ Source: Canadian census data, 2001, 2006. Population is individuals 15 years and older not in economic families. Low Income Cut-Off (LICO, Before Tax) is defined by Statistics Canada as an income threshold below which a family will likely devote a larger share (20% more) of its income on the necessities of food, shelter and clothing than the average family... "persons in low income" should be interpreted as persons who are part of low income families, including persons living alone whose income is below the cut-off. Activity Limitation refers to difficulties with daily activities and the reduction in the amount or kind of activities due to physical or mental conditions or health problems.

¹⁵ Source: Canadian census data, 2001, 2006. Population is 15 years and older. Activity Limitation refers to difficulties with daily activities and the reduction in the amount or kind of activities due to physical or mental conditions or health problems. Unemployment refers to only those people who are in the labour force calculated by: # of Unemployed / Total # in Labour Force.

¹⁶ Source: Statistics Canada census data, 2001, 2006. Immigrant population defined as persons born outside of Canada. Activity limited population defined as any household in which a person with an activity limitation lives. Activity Limitation refers to difficulties with daily activities and the reduction in the amount or kind of activities due to physical or mental conditions or health problems and is self-reported.

¹⁷ Source: Statistics Canada census data, 2001, 2006. Activity limited refers to having difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.

¹⁸ Source: Statistics Canada, Small Area and Administrative Data (SAAD) Division, 1990, 1995, 2000, 2005.

Working poor families are defined as economic families (couple families, lone-parent families and non-family persons) whose income is below the after-tax Low Income Measure and whose market/employment income is greater than their income from government transfers. LIM is defined by statistics Canada as: "a fixed percentage (50%) of median adjusted economic family income, where 'adjusted' indicates that family needs are taken into account. Adjustment for family sizes reflects the fact that a family's needs increase as the number of members increases. Most would agree that a family of five has greater needs than a family of two. Similarly, the LIM allows for the fact that it costs more to feed a family of five adults than a family of two adults and three children." Market/employment income includes: Wages, Salaries and Commissions, Self-Employment, Private Pensions, Investment, and RRSP Income. Government Transfers include: Employment Insurance, Old Age Security / Net Federal Supplements, Canada / Quebec Pension Plan, Canada Child Tax Benefit, Goods and Services Tax Credit / Harmonized Sales Tax Credit, Workers' Compensation, Social Assistance, and Provincial Refundable Tax Credits / Family Benefits.

¹⁹ Source: Statistics Canada Labour Force Survey data, 2001-2010. Unemployment rate refers to % of population 15 years and over unemployed relative to the total non-institutional population 15 years and over in the labour force in the week prior to Census Day.

²⁰ Sources: Ontario Live Birth and Stillbirth Databases 1986-2007, Ontario Ministry of Health and Long-Term Care, Abortion Data 1986-2000, Health Planning System (HELPS), Ministry of Health Promotion, Abortion Data 2001-2007, Ontario Ministry of Health and Long-Term Care, Population Estimates 1986-2007, Ontario Ministry of Health and Long-Term Care [extracted September 23, 2010]. Based on population of females ages 15-19. Pregnancies include live births, still births and therapeutic abortions. Live birth is defined as the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether the umbilical cord has been cut or the placenta is attached. A live birth is not necessarily a viable birth. Stillbirth is defined as a product of conception of 20 or more weeks gestation or fetal weight of 500 grams or more, which did not breathe or show other signs of life at delivery. Death may occur before or during delivery. Data quality concerns exist for stillbirth data for the years 1991 (numbers are low) and 1992 (numbers are high). The number of health-care settings included in the abortion data has changed over time: 1986-1991 hospital abortions only; 1992-2000 hospital and clinic abortions only; 2001 onward hospital, clinic and private office abortions.

²¹ Sources: Human Services, 2005-2010, Region of Peel data. Data gathered from Reports to Council on Centralized Waiting List & OMBI Data Warehouse. For 2009 the total waitlist was taken from March 2010 rather than December 2009.

²² Sources: 1991, 1996, 2001, 2006, 2009 Data from municipal transit provider websites and government of Canada database on minimum wage, <http://srv116.services.gc.ca/dimt-wid/sm-mw/menu.aspx?lang=eng>. Percentage is calculated by: cost of a monthly regular adult bus pass / monthly minimum wage salary (based on 37.5 hours per week).

²³ Source: Statistics Canada, Canadian Community Health Survey Cycles 1.1, 2.1, and 3.1. The Food Insecurity indicator is a variable which indicates if the respondent worried that they wouldn't have enough money to buy food, actually didn't have enough money to buy food or did not have enough money to have access to quality and/or variety of food over the past 12 months. Indicator takes into consideration population aged 12 and above.

²⁴ Source: Region of Peel, Community Programs Unit, 2001-2010. Data calculated by: emergency shelter beds in Peel that are owned/operated or in some way supported (Victims of Family Violence Shelter beds) by the Region of Peel, divided by (population/ 100,000). Population based on mid-year estimates (in non-census years).

²⁵ Source: Ontario Municipal Benchmarking Initiative (OMBI) Data Warehouse, 2007-2009. Average Length of stay is calculated by: # of bed nights billed /# of admissions of singles.

²⁶ Sources: Regional Municipality of Peel, City of Mississauga, City of Brampton and Town of Caledon. Calculated by: Total ballots cast / Total registered voters. 2010 Peel data calculated by adding the registered voters from each local municipality and by adding the numbers of votes cast from each municipality. The percentage was then calculated for Peel.

²⁷ Source: Canadian Library Statistics, City of Mississauga. A public library use is either a document borrowed, an interlibrary loan or an electronic database consultation in or outside the library. Thus per capita usage is an estimate. Calculated by: (Annual Circulation + Total # of Electronic Databases Uses) / Population.

²⁸ Sources: Statistics Canada Population estimates and Industry Canada Insolvencies data, 2003-2009. Calculated by: Total Insolvencies / (Total Population 18+ / 1000). Insolvency is defined by Industry Canada as "The condition of being unable to pay debts as they become due, or in the ordinary course of business, or having liabilities that exceed the total value of assets."

²⁹ Source: Peel Regional Police Annual Performance Reports, 2007-2010. Occurrence is defined as any time a police report is taken on an incident; includes verbal domestic occurrences wherein no criminal offense took place.

³⁰ Source: Canadian Community Health Survey, Statistics Canada, 2007/2008, Share File, Ontario Ministry of Health and Long-Term Care. Activity Limitation refers to difficulties with daily activities and the reduction in the amount or kind of activities due to physical or mental conditions or health problems.

³¹ Source: Peel Regional Police Annual Performance Reports, 2007-2010. Data based on actual crimes reported to Peel Regional Police. Sexual Offences include: Sexual assaults Levels 1, 2 (with weapon or causing bodily harm), and 3 (aggravated) as well as "Sexual Intercourse (Under 14); Sexual Intercourse (14-16); Sexual Intercourse; Invitation to Sexual Touching; Sexual Exploitation; Incest; Anal Intercourse; Bestiality; Buggery; Corrupting Morals of a Child; Internet Luring; and Voyeurism." (Peel Regional Police Annual Performance Report 2010, Glossary of terms)"

³² Source: Peel Regional Police data, 2008-2010. Human Trafficking defined as: Every person who recruits, transports, transfers, receives, holds, conceals or harbours a person, or exercises control, direction or influence over the movements of a person, for the purpose of exploiting them or facilitating their exploitation. Occurrence is defined as: any time a police report is taken on an incident; includes verbal domestic occurrences wherein no criminal offense took place. Rate per 100,000 = # of Occurrences / (Population/100,000).

³³ Source: Peel Regional Police Annual Performance Reports, 2007-2010. School Occurrences include: crimes of violence, crimes against property, other criminal code occurrences, non-criminal code occurrences. Occurrence is defined as: any time a police report is taken on an incident; includes verbal domestic occurrences wherein no criminal offense took place. Rate per 100,000 = # of Occurrences / (Population/100,000). All occurrences between 7am and 7pm, Monday to Friday, excluding July and August.

³⁴ Source: Canadian Community Health Survey, 2000/2001, 2003, 2005, 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care. This variable identifies respondents 12 years of age and older consuming fruits and vegetables five or more times per day. Note: This variable measures the frequency but not the quantity of consumption.

³⁵ Source: Statistics Canada Labour Force Survey data 2006-2010. Youth defined as population 15-24 years of age. Total population defined as 15 years of age and older. Unemployment rate (%) calculated by: Total # of Unemployed / Total # in the Labour Force (i.e., working or actively seeking work)

³⁶ Source: Early Development Instrument, Peel Region, as reported in Region of Peel Public Health Report, 2011 Health in Peel: Determinants and Disparities. Scores on the EDI (Early Development Instrument) are measured in Senior Kindergarten. The EDI is an assessment tool that measures the extent to which senior kindergarten children are ready for school. Domains assessed by teachers are: physical health and well-being; social competence; emotional maturity; language and cognitive development and communication skills, and general knowledge. Vulnerable: Children scoring below the 10th percentile on one or more domains and are likely to be limited in their ability to meet the challenges of elementary school. Very Ready: Children scoring above the 75th percentile on one or more domains and are expected to have few difficulties with elementary school. All Ontario communities that completed the EDI in 2007, 2008 and 2009 were included in the calculation of the Ontario cycle two cut-points which are used to determine the cut-off scores for the 10 percentile and the 75th percentile. This cut-point has been applied to the Peel 2007 and 2010 EDI data to allow for comparison across both years of EDI implementation. Due to changes made to the EDI questionnaire in 2005, the Peel 2004 data are not included in this report.

³⁷ Sources: Municipal Data Collection Tool and Statistics Canada Census Division, 2001, 2006 Children are 0-12 years of age. Low-income defined as falling below Low Income Cut-Off (LICO Before Tax). Low Income Cut-Off (LICO, Before Tax) is defined by Statistics Canada as "an income threshold below which a family will likely devote a larger share (20% more) of its income on the necessities of food, shelter and clothing than the average family..." "persons in low income" should be interpreted as persons who are part of low income families, including persons living alone whose income is below the cut-off. (Statistics Canada Income Research Paper Series, Low income cut-offs for 2008 and low income measures for 2007, June, 2009: <http://www.statcan.gc.ca/pub/75f0002m/75f0002m2009002-eng.pdf>)

³⁸ Sources: Hospital In-Patient Discharges Data, Ontario Ministry of Health and Long-Term Care Population Estimates, 1997-2009. Based on hospital discharges/separations. Data has been corrected for age differences in the populations of Peel and Ontario using the 1991 Canadian population. To the extent that the current Canadian population differs from that of 1991, these data should be interpreted with some caution.

³⁹ Source: Statistics Canada Census 2001, 2006, Labour Force Survey. Unemployment rate refers to % of population 15 years and over unemployed relative to the total non-institutional population 15 years and over in the labour force in the week prior to Census Day. Recent immigrants are those who have arrived in Canada within the last 10 years.

⁴⁰ Source: Education Quality and Accountability Office (EQAO) data, 2005-2010. Data for peel region include all students in Peel District, Dufferin-Peel Catholic, and the French Catholic and public schools in Peel Region.

⁴¹ Source: Education Quality and Accountability Office (EQAO) data, 2005-2010. Data for peel region include all students in Peel District, Dufferin-Peel Catholic, and the French Catholic and public schools in Peel Region. OSSLT is the Ontario Secondary School Literacy Test.

⁴² Source: Peel Regional Police data, 2009-2010 Data based on actual crimes reported to Peel Regional Police. Sexual Offenses include :Sexual assaults Levels 1, 2 (with weapon or causing bodily harm) and 3 (aggravated) as well as "Sexual Intercourse (Under 14); Sexual Intercourse (14-16); Sexual Interference; Invitation to Sexual Touching; Sexual Exploitation; Incest; Anal Intercourse; Bestiality; Buggery; Corrupting Morals of a Child; Internet Luring; and Voyeurism."(Peel Regional Police Annual Performance Report 2010, Glossary of terms) Rate per 100,000 = # of Occurrences / (Population/100,000). "Known to Victim" refers to: boyfriend or girlfriend, ex-boyfriend or ex-girlfriend, extended family, friend, other immediate family, parent, separated or divorced spouse, step-parent, authority figure, business relationship, casual acquaintance, neighbor.

⁴³ Source: Peel Regional Police data, 2008-2010 Data based on actual crimes reported to Peel Regional Police. Rate per 100,000 = # of Occurrences / (Population/100,000). "Known to Victim" refers to: associate, acquaintance, boyfriend or girlfriend, spouse, extended family, friend, parent, "Stranger" refers to persons unknown to the victim.

⁴⁴ Source: Canadian census data, 1996, 2001, 2006. Population is individuals 15 years and older. Low Income Cut-Off (LICO, Before Tax) is defined by Statistics Canada as "an income threshold below which a family will likely devote a larger share (20% more) of its income on the necessities of food, shelter and clothing than the average family..." "persons in low income" should be interpreted as persons who are part of low income families, including persons living alone whose income is below the cut-off. (Statistics Canada Income Research Paper Series, Low income cut-offs for 2008 and low income measures for 2007, June, 2009: <http://www.statcan.gc.ca/pub/75f0002m/75f0002m2009002-eng.pdf>. Immigrants are defined as people not born in Canada.

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