November 27, 2023 Collaborative Learning Forum for Newcomer Youth Mental Wellness in Peel

Evaluation

Family Services of Peel – Peel Institute of Research and Training

January 2024

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Introduction

On Monday, November 27, 2023, a community learning event took place in Mississauga, Ontario, called a *Collaborative Learning Forum for Newcomer Youth Mental Wellness in Peel*. It was held from 9:00 a.m. to 4:00 p.m. at the Mississauga Grand Banquet and Event Centre. It brought together agencies that serve newcomers, healthcare organizations, child and youth mental health providers, school board members, and post-secondary institutions.

The purpose was to identify cross-sectoral connections to help build a network of mental health and wellness supports for newcomer youth, young adults, and international students (ages 16-29).

The objectives were as follows: (1) to build connections among providers across sectors in Peel; (2) to learn about cultural competency and areas of interest for future training; and (3) to explore current areas of capacity and points of service referral.

The collaborative learning forum was a starting point for a one-year project that aims to advance services, support, and initiatives to improve the mental wellness of newcomer youth and international students in Peel. It is part of the larger Community Safety and Well-Being (CSWB) initiative in Peel.

This report details the forum's evaluation, conducted by the Peel Institute of Research and Training (PIRT). The evaluation involved (a) a pre- and post-survey; and (b) an analysis of key themes from the day. These findings are intended to guide the CSWB project team in the next stages of their research.

Methodology

Demographics

In the pre-survey, attendees were asked a brief set of demographic questions. They included sector of employment, age, gender, education level, number of years working in an agency serving clients directly, and number of years working with newcomer youth and/or international students.

Surveys

Pre- and post-surveys were conducted to collect information on knowledge and expectations before the forum (pre-survey) and learning and desires for pathways forward after attending the forum (post-survey). Questions were posed to assess learning from the event. They included: (1) the level of cross-sectoral connections of attendees; (2) the level of awareness of services within their own sector; (3) the level of awareness of services among other sectors for the population of focus; (4) knowledge on cultural responsivity/competency; and (5) the level of knowledge of the impact of the Social Determinants of Health on the population of focus. In the post-survey, attendees were asked to specify areas of priority for future cross-sectoral collaboration in 2024. As well, they were asked questions to assess the benefits of the forum. The survey questions can be found in Appendix A.

Survey responses were collected via Qualtrics. Attendees were provided with a QR code at the forum to complete the survey. For those unable to access the survey online, paper copies were made available. Survey responses were analyzed descriptively, with pre- and post-survey responses compared where relevant. The pre-survey was completed by 96 attendees, and the post-survey was completed by 94 attendees. The percentages provided in this report are based on the respective number of respondents for each survey.

Thematic Analysis

The Director of PIRT and a research assistant administered the surveys and took notes at the event on the discussion, key ideas, and responses from attendees. The notes were analyzed thematically and generated six main themes.

Demographics

This section outlines the demographics of the attendees, based on pre-survey responses. These may not be representative of all the attendees, as some may have left early or arrived later in the day, or not responded to the survey. Given the high response rate, the results provide a general sense of who attended.

## Sectors in Attendance

Table 1:

Sectors in Attendance

Sector	Amount	Percentage
Settlement	25	26%
Education	8	9%
Post-Secondary Institutions	5	5%
Healthcare	10	10%
Mental Healthcare	27	29%
Funders and Researchers	5	5%
Other (Shelter, Family service agency, Adult developmental services)	16	16%
Total	96	100%

Note: based on pre-survey responses

Attendees of the forum represented several sectors, including settlement (26%), education (9%), post-secondary institutions (5%), mental health (29%), healthcare (10%), funders and researchers 5%), as well as those from other sectors (16%), such as shelter services and disability services (see Table 1). The settlement (25 attendees) and mental health (27 attendees) sectors were the most prevalent in attendance, collectively representing 55% of audience attendance based on survey responses. Given that the forum's focus was on newcomer mental wellness, it aligns that the settlement and mental health sectors were the most prevalent. As 45% of attendees represented other sectors, the forum was shown to be successful in bringing together several sectors for cross-sectoral engagement.

Age

Figure 1:

Age of Respondents
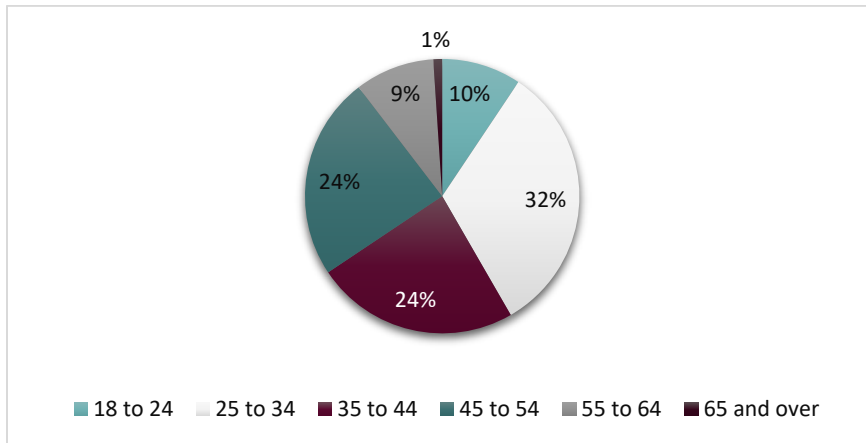
Note: based on pre-survey responses (96)

Figure 1 illustrates the age ranges of the forum's attendees. The majority were aged 25 to 34 (32%), followed by attendees aged 35 to 44 (24%) and 45 to 54 (24%). Attendees aged 18 to 24 (10%), aged 55 to 64 (9%), and aged 65 and over (1%) were the lowest in attendance.

Gender

Figure 2:

Gender Identity of Respondents
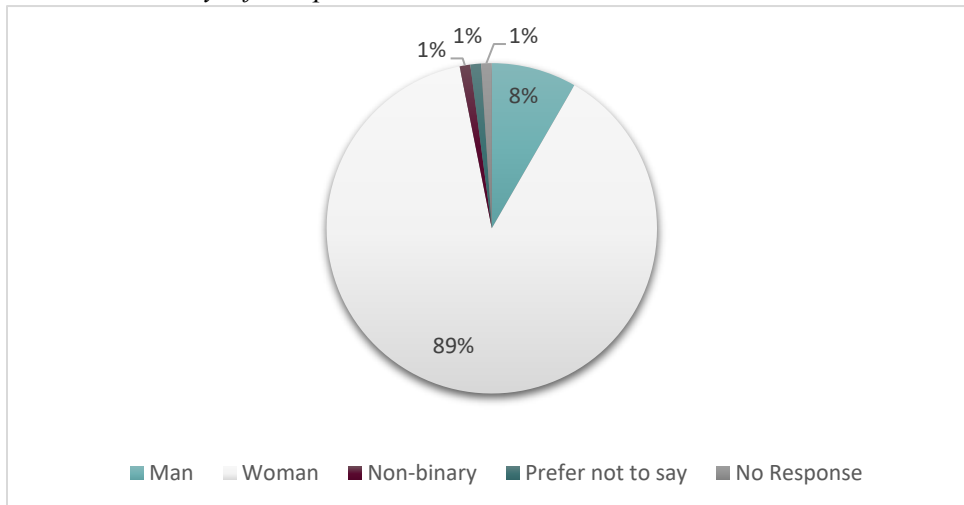
Note: based on pre-survey responses (96)

Figure 2 illustrates the gender identity of respondents. Results show that the vast majority of attendees identified as women (89%).

Education

Figure 3:

Education level of Respondents

Note: based on pre-survey responses (96)

Figure 3 illustrates that the majority of respondents in attendance held a bachelor's degree (39 respondents or 41%) or a university certificate, diploma, or degree above a bachelor's (39 respondents or 41%). Eight respondents specified in the 'other' category as holding a master's degree, and two respondents specified holding a PhD.

Length of Time Working in an Agency Serving Clients Directly
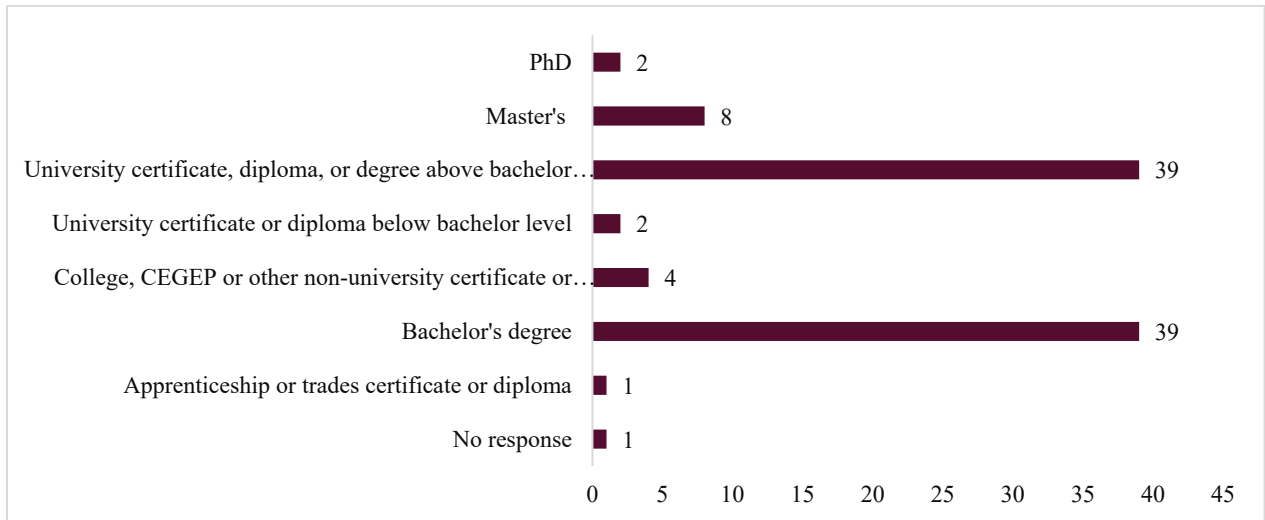
Figure 4:

Length of Time Working in an Agency Directly Serving Clients
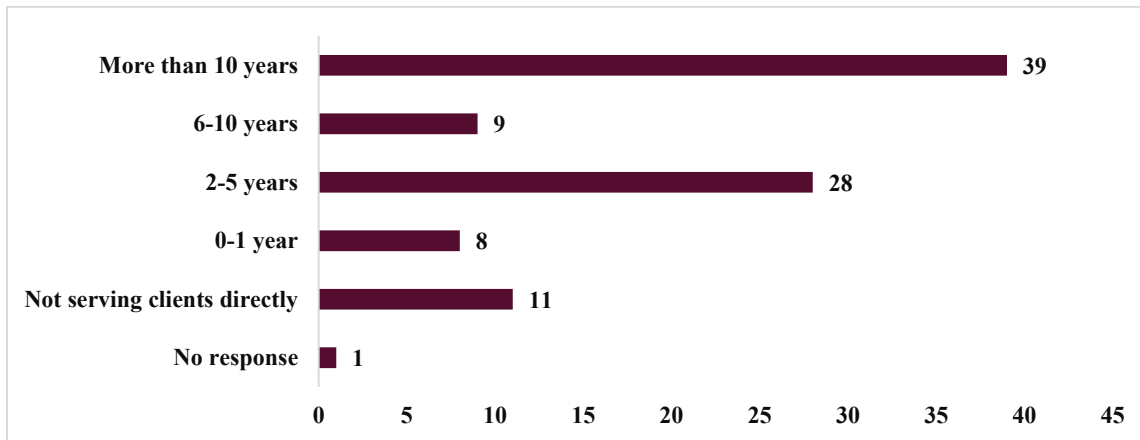
Note: based on pre-survey responses (96)

Figure 4 illustrates that 39 (41%) respondents had experience working in an agency that directly serves clients, nine (9%) had experience working in an agency directly serving clients for six to ten years, 28 (29%) respondents had two to five years of experience of working in an agency directly serving clients, eight (8%) respondents had zero or one year of experience, and 11 (12%)

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respondents shared having no experience working in agencies directly serving clients. The latter number included mainly funders and researchers.

Length of Time Working Directly with Newcomer Youth and International Students

Figure 5:

Length of Time Working Directly with Newcomer Youth/Young Adults and/or International Students

A horizontal bar chart titled with categories showing:
- More than 10 years: 16
- 6-10 years: 12
- 2-5 years: 37
- 0-1 year: 21
- Never: 9
- No response: 1

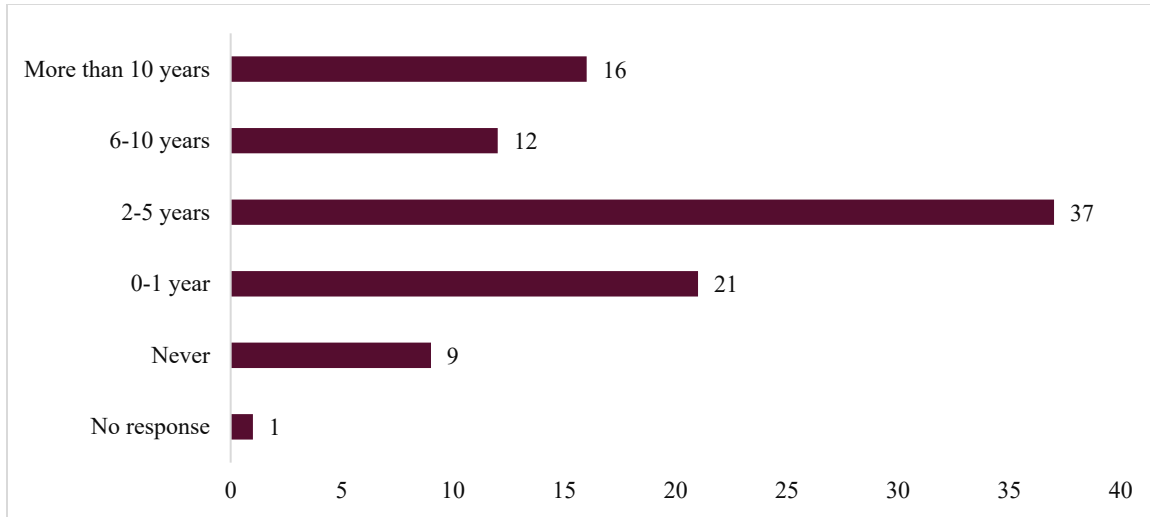*Note:* based on pre-survey responses (96)

Figure 5 illustrates that most respondents had two to five years of experience working directly with newcomer youth and international students (27 respondents or 38%), followed by 21 (22%) respondents with one year of experience or less working directly with the population. Totals of 12 (12%) and 16 (17%) respondents highlighted having six to ten and more than 10 years of experience, respectively. Nine (9%) respondents shared having no experience working directly with the population. Those who have never worked with newcomer youth and/or international students included respondents from funder and researcher, mental health, settlement, post-secondary, and other sectors. Respondents' experience was not sector-dependent, with various levels of experience evident across sectors present at the forum.

Survey Evaluation

Level of Connections

Figure 6 illustrates the pre- and post-survey responses in relation to respondents' perceived level of connections with different sectors before and after the forum. Before the forum, six (6%) respondents perceived a poor level of connection with different sectors, which decreased to one (1%) respondent after the forum. Similarly, before the forum, 27 respondents (28%) perceived a fair level of connection with different sectors. This decreased to six respondents (6%) after the forum. After the forum, 87 (93%) respondents (up from 63 [66%] before the forum) rated their perceived level of connection with other sectors as 'good' or higher, with 39 (41%) respondents rating their level of connection as 'good', 37 (39%) as 'very good', and 11 (12%) as 'excellent'. This is an increase from before the forum, where 35 (36%) rated their level of connection as

'good', 21 (22%) as 'very good', and seven (7%) as 'excellent'. Overall, these results show that compared to before the forum, respondents perceived an increased level of connection with different sectors after the forum.

Figure 6:
Levels of Connections with Different Sectors
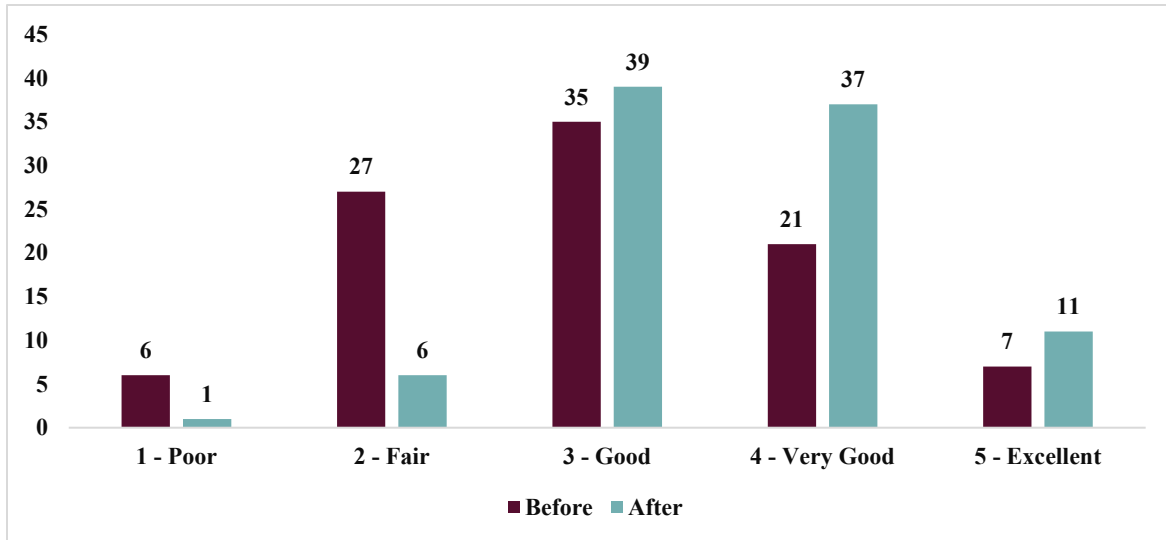
Note: Number of respondents – Pre – 96 responses and Post – 94 responses)

Level of Awareness of Services Within Your Sector

Figure 7:
Respondents' Level of Awareness of Services Provided for Newcomer Youth and/or International Students for this Population Within Their Oen Sector
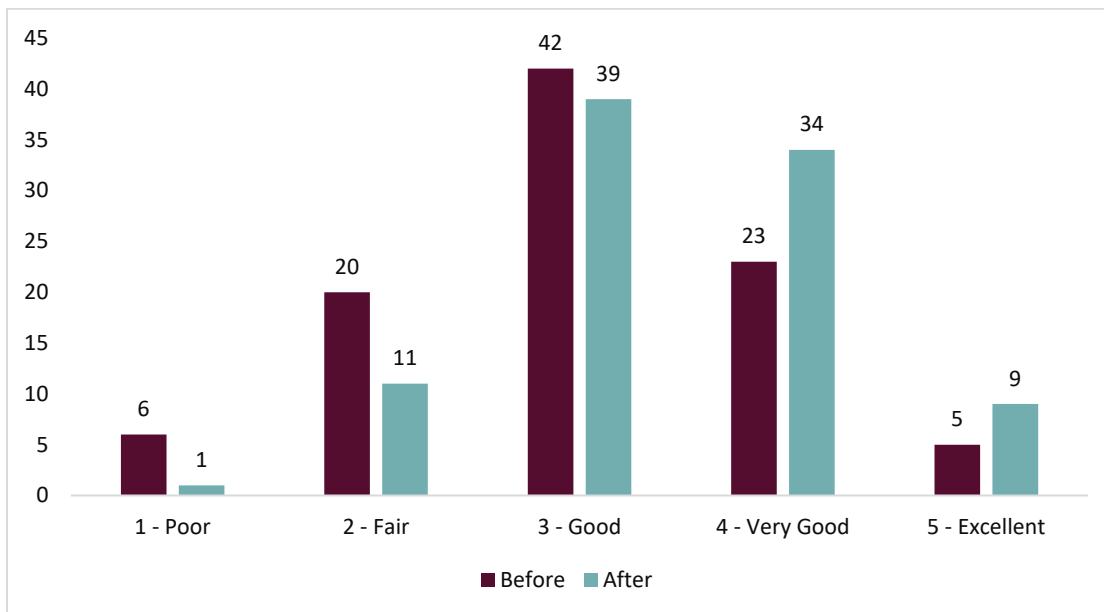
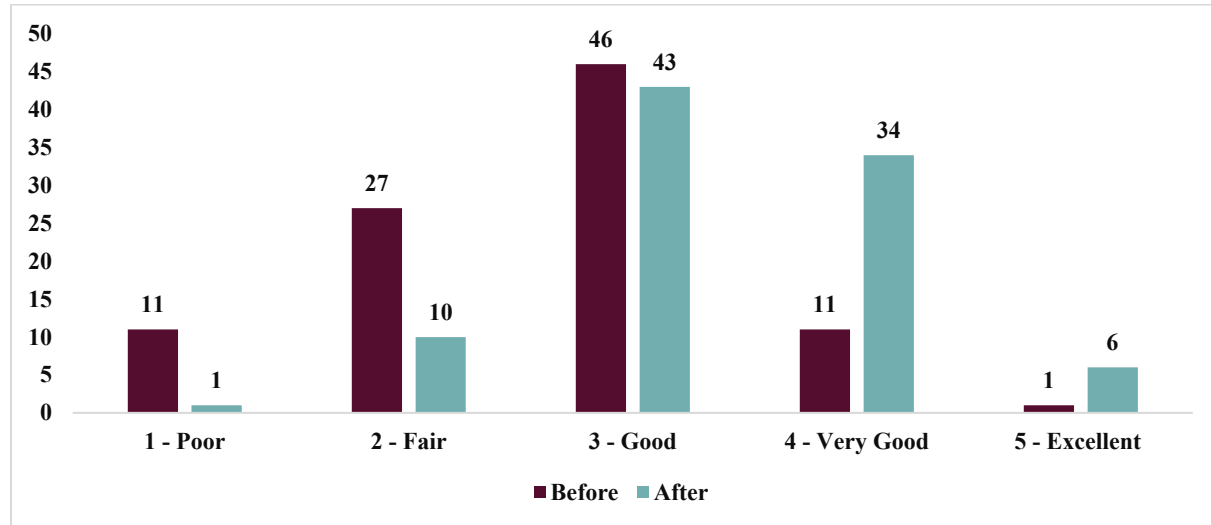*Note:* Number of respondents (Pre – 96 responses and Post – 94 responses)

Figure 7 shows the changes from before and after the forum regarding respondents' level of awareness of the services available to newcomer youth and international students within their own sectors. These results illustrate a general increase in respondents' awareness of services in their sector, as 'poor' and 'fair' ratings decreased from pre-forum to post-forum. Before the forum, six (6%) respondents rated their level of awareness as 'poor' and after the forum, this was reduced to 1 (1%). Similarly, before the forum 20 (21%) respondents rated their level of awareness of services in their own sector as 'fair', and after the forum, this was reduced to 11 (12%).

On the other hand, ratings of 'good' or higher, increased overall from 70 (73%) before the forum to 84 (88%) after the forum. While ratings of 'good' decreased from 42 (43%) to 39 (41%) after the forum, ratings of 'very good' and 'excellent' increased from 23 (24%) to 34 (36%) and 5 (5%) to 9 (10%), respectively regarding the level of awareness of services provided in respondents' own sectors. Overall, the changes in the level of awareness of services provided in respondents' sectors were minimal, given the overall high levels of awareness before the forum, but changes in awareness were still evident.

Level of Awareness of Services Among Other Sectors
Figure 8:
Respondents' Level of Awareness of Services Provided for Newcomer Youth and/or International Students Among Other Sectors

Note: Number of respondents (Pre – 96 responses and Post – 94 responses)

Figure 8 shows an overall increase in respondents' awareness of services available for newcomer youth and/or international students in sectors other than their own following the forum. Compared to before the forum, ratings of 'good' or higher increased from 58 (60.4%) to 83 (88%) after the forum. While ratings of 'good' for level of awareness decreased slightly from 46 (47%) to 43 (46%) after the forum, ratings of 'very good' increased greatly from 11 (11%) to 34 (36%), and ratings of 'excellent' increased from 1 (1%) to 6 (6%), Similarly, ratings of 'poor'

and 'fair' decreased from 11 (11.4%) to one (1%) and from 27 (28.2%) to 10 (11%), respectively. Such results indicate that the forum helped to increase respondents' level of awareness of services available to newcomer youth and/or international students across the other sectors present.

Level of Knowledge of Cultural Responsiveness

Figure 9:

Respondents' Level of Knowledge on Cultural Responsiveness
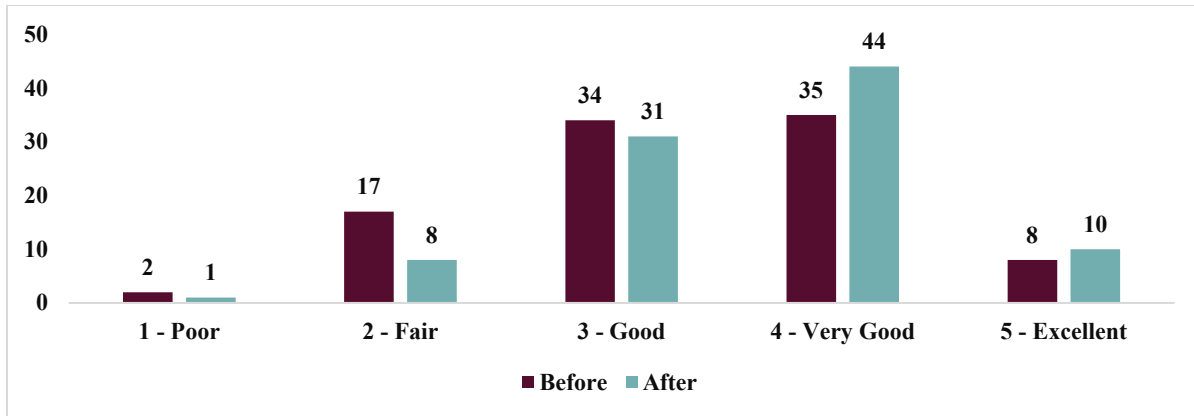
Note: Number of respondents (Pre – 96 responses and Post – 94 responses)

Figure 9 illustrates a slight increase in respondents' level of knowledge on cultural responsiveness or cultural competency. Given the sectors and the population in which respondents work, it is likely that many attendees received training in this area, providing them with an overall knowledge base. However, a small increase was still evident, with 85 (90%) respondents rating their level of knowledge on cultural responsiveness as 'good' or higher after the forum, in comparison to 77 (80%) with such ratings before the forum. In the thematic analysis of this evaluation, specific details regarding discussion on this topic are provided.

Level of Knowledge of the Social Determinants of Health

Figure 10:

Respondents' Knowledge of the Social Determinants of Health that Impact the Mental Health of Newcomer Youth and/or International Students
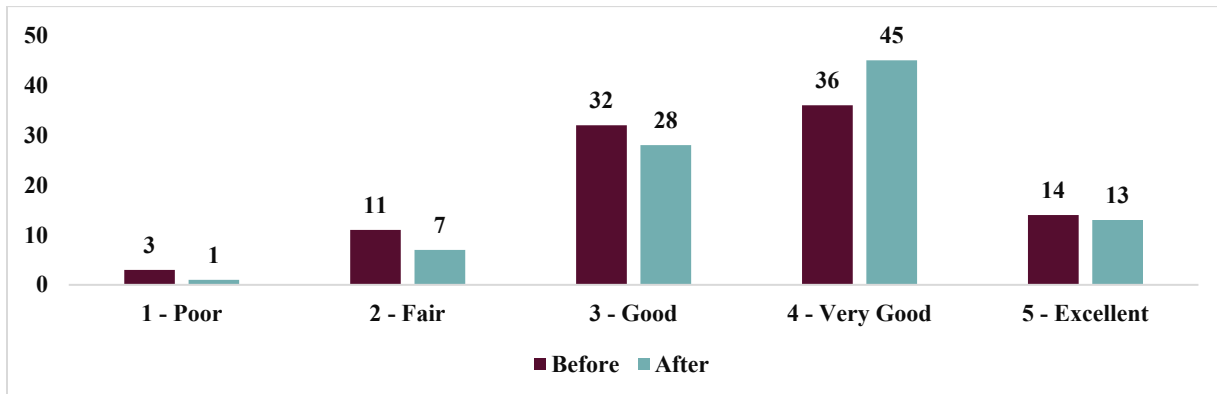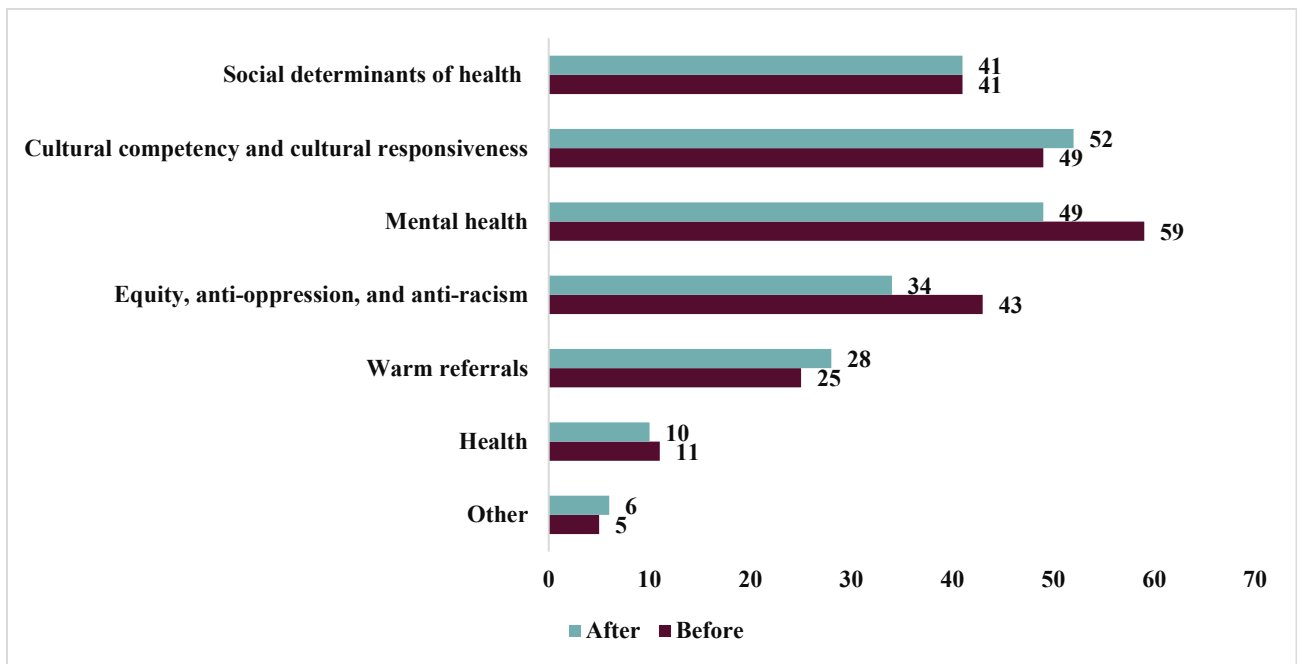

Note: Number of respondents (Pre – 96 responses and Post – 94 responses)

The change from before and after the forum regarding respondents' knowledge of the Social Determinants of Health influencing the mental health and well-being of newcomer youth and/or international students, revealed a minimal increase (Figure 10). Before the forum, 82 (85%) respondents rated their knowledge level as 'good' or higher. After the forum, this only increased to 86 (91%), with only four more respondents rating their knowledge as 'good' or higher. These results suggest that the respondents already held a significant level of knowledge of the social determinants of health influencing mental health before the forum, as well as this topic not being the main focus of the event.

Areas of Priority for Cross-Sectoral Collaboration in 2024
Figure 11:
Areas of Priority for Cross-Sectoral Collaboration in 2024

Note: Respondents were asked to select multiple options (Pre – 96 responses and Post – 94 responses)

Figure 11 displays respondents' perceived priorities for cross-sectoral collaboration in 2024 to improve services and support for newcomer youth and/or international students' mental well-being both before and after the forum. Respondents were asked to select their top priority areas. Before the forum, the top four areas of priority were listed as follows: 1) mental health (59 responses); 2) cultural responsiveness/competency (49 responses); 3) equity, anti-oppression, and anti-racism (43 responses); and 4) the Social Determinants of Health (41 responses). After the forum, the top four areas of priority for cross-sectoral collaboration remained the same, but the order and number of responses changed. The post-survey top priorities were listed as follows: 1) cultural responsiveness/competency (52 responses); 2) mental health (49 responses); 3) the Social Determinants of Health (41 responses); and 4) equity, anti-oppression, and anti-racism (34 responses).

Was the Forum an Effective Mode to Learn and Connect?
Figure 12:

Respondents' Perception of the Effectiveness of the Forum for Learning and Connection
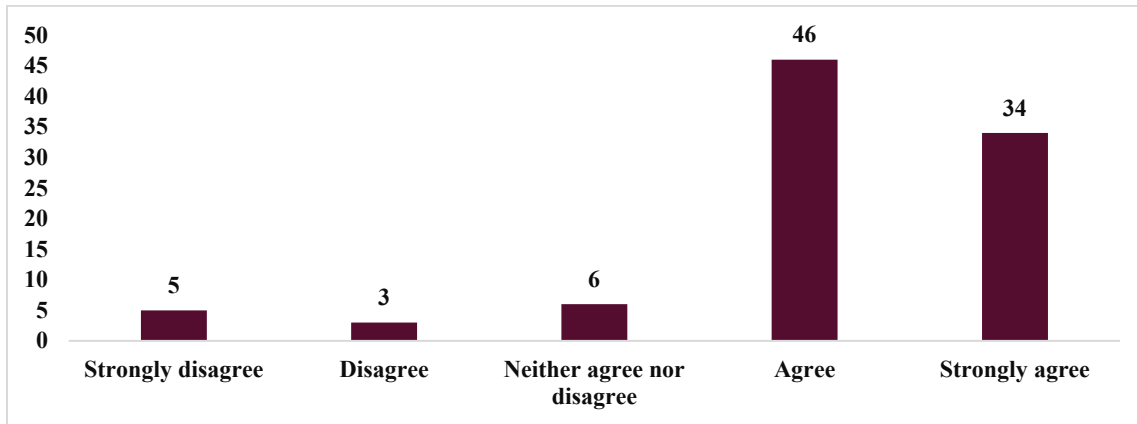
Note: Based on post-survey responses (96)

Figure 12 displays the results regarding respondents' perception of the effectiveness of the forum as a mode for learning and connection. The vast majority of respondents agreed (49%) and strongly agreed (36%) that the forum was an effective mode to learn and connect. Six (6%) of respondents neither agreed nor disagreed, while five (5%) strongly disagreed, and three (3%) disagreed that the forum was effective for connection and learning.

Best Mode for Collaboration and Engagement
Figure 13:

Respondents' Perception of the Best Mode for Collaboration and Engagement Between Sectors
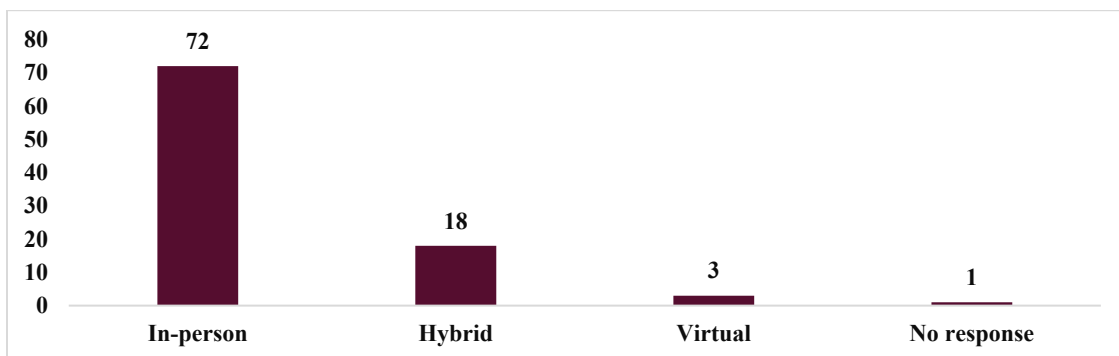
Note: Based on post-survey responses (96)

Figure 13 illustrates respondents' perception of the best mode for collaboration and engagement between agencies from different sectors. A total of 72 (75%) respondents shared that an in-person event such as the forum was the best mode to connect. A total of 18 (19%) respondents shared that hybrid models were best, and three (3%) respondents said that virtual models were most effective.

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Additional comments

Several respondents shared significant comments to consider for future events of a similar nature. One of the main pieces of feedback from respondents was a desire for more opportunities for networking and cross-sectoral connection during the event. One respondent suggested assigning a mix of sectors to each table or the inclusion of more interactive activities between tables. Another suggested having agencies share what they offer ahead of the event. This would serve to provide attendees with a list of services on the day of the event and would be an effective way of enhancing connection.

Another major concern highlighted by a respondent was that none of the 13 case scenarios spoke to the Black population. The respondent expressed disappointment with this oversight and urged greater acknowledgment of the Black population, by speaking to frontline workers engaged with this population.

An additional theme in the comments related to the forum's duration and breaks. A couple of respondents recommended more stretch breaks or switching the order of the mindfulness and exercise activities during the day to be more conducive to the duration of the event.

Additional comments gave thanks to the hosts for putting together and running the forum. They saw it as a great start for collaboration, conversation, and strategy to address the mental health of newcomer youth and international students in Peel.

Themes of the Day

Figure 14:
Forum Themes

Enhanced coordination and collaboration

One of the main themes of the day was the call for enhanced coordination and collaboration across various sectors that directly and indirectly support newcomer youth and international students. As the core purpose of the forum was to identify and advance cross-sectoral connections, it is unsurprising that those in attendance highlighted this as an imperative need moving forward. During the morning main table discussions, the case study discussion, and the times when they were asked what would make things better, attendees continuously noted the need for sectors to be integrated and coordinated. This was due to the needs of newcomer youth and international students being variable and complex, and frequently crossing sector boundaries. Of special note was the need for food, health, housing, employment, mental health, settlement, and school sectors to be coordinated and having a system that enables people working together to support the well-being of the client. A mental health counselor from a college shared how their work goes beyond direct mental health services, often requiring responding to a range of needs related to housing, food security, income, etc. This is well beyond the standard role of a mental health counselor, and yet, these needs are deeply related to mental wellness.

Attendees drew attention to the intersectional quality of newcomer youth's and international students' lives, demonstrating how various Social Determinants of Health intersect in complex ways to influence well-being and mental health. The discussion highlighted that the siloed and fragmented service system that currently exists remains ineffective. Service fragmentation often results in clients falling between the cracks of services and not having the whole of their needs met. Related to this is the need for advanced referral pathways which was highlighted in the afternoon's discussions. Again, due to siloed services, referral pathways are a maze to navigate, preventing a holistic response. Ultimately, attendees desired more service coordination, consistent and holistic service and referral pathways, and a dismantling of siloed services, to be better able to provide effective support to newcomer youth and international students in Peel Region.

A critical need for more supports

Throughout the forum, attendees repeatedly drew attention to the lack of support available for newcomer youth and international students. This was an especially pressing issue for the population of international students, as they do not qualify for many services offered through the settlement sector. They are often unable to access support for housing, employment, income, etc., leaving them in extremely vulnerable situations. Several attendees shared how food banks will turn international students away, resulting in precarious food access. With a significant lack of access to support services, international students are at risk for reduced mental health, engaging in human sex trafficking, housing insecurity, and more. For providers who serve this population, this is a major issue that infringes upon their humanity and requires action.

Attendees also alluded to the need for improved pre-arrival services and support. Attendees shared how many newcomers, especially international students, lack appropriate and accurate information on what to expect when they arrive in Canada. Many students at private colleges are given inaccurate information regarding education, housing, food, income, etc. Attendees noted

that more needs to be done to ensure that newcomers and international students are provided with the most appropriate and accurate information about what life in Canada will look like and entail. Pre-arrival services, funded by Immigration, Refugee, and Citizenship Canada (IRCC) through the Settlement and Resettlement programs, are unavailable to international students, leaving a major gap in their preparedness for arrival.

Related to the call for improved services, is the recognition of the role of research. While not a major focus of conversation, it was raised by an attendee from a post-secondary institution and is an important factor to involve in service development. Research can support agencies in understanding who they are serving, what the needs of the population are, what is the size of the population to be served, and the context in which needs are arising. While it is well-established and understood that the immigrant population of Peel is large, full details surrounding needs, risks, gaps, and other factors for this population are not well known. To be able to effectively serve newcomer youth and international students, there is a need to understand more about them.

Language Matters: Culture Differences in Understanding Mental Health

With mental health and wellness being the day's focus, a main theme of discussion was that understanding mental health, the language used to discuss it, and the beliefs surrounding the topic, are complex and vary across cultures, groups, and individuals. During the main table and panel discussion, attendees expressed how the way in which providers talk about mental health matters. Oftentimes, the language and terminology of mental health, mental wellness, and mental illness that is used in the Western context does not apply or is unknown to newcomers and international students who have migrated from countries outside of the West and have been immersed in different cultural contexts. When language and terminology do not align, it can lead to misunderstanding, lack of disclosure, and a lack of understanding the struggles of newcomers.

A counselor from a college shared during the main table discussions how the current mental health assessment used often sees international students rating their mental health disproportionately better than domestic students. This leads to the question of why this is happening. Are the right questions being asked? Are the correct language and terminology being used? Is there a fear of what disclosure of struggle might entail? The same counselor elaborated how many newcomer youth and international students fear disclosure, for risk of it impacting their status in Canada. Further, they shared that these students hold a belief that everything should be 'fine' and must be so, because their families have put everything they had into their education.

The comments shared around culture, language, and mental health illustrate that service providers across sectors providing mental health services need to offer more culturally relevant and safe explanations about mental health. They must develop an awareness that certain Western terminology does not translate simplistically, that stigma exists in many cultures regarding mental health and mental illness, and that context matters. As such, it will be beneficial to explain before asking about mental health to provide more context and understanding of what this entails, what it looks like, how it may be affecting them, and try to reduce stigma and shame in disclosure of struggle. Providers highlighted the importance of the need to speak in a way that enables understanding and makes newcomers feel safe. Dr. Farooq's presentation highlighted

further the role that culture plays in mental health and its treatment, supporting the importance of adapting approaches to be aware of and sensitive to cultural considerations that influence symptoms, disclosure, and a sense of safety.

Beyond Cultural Competency

Throughout the day, a prominent focus was on culture and the need for cultural considerations. This was evident during the main table discussions and the panelists' presentations. Dr. Farooq Naeem discussed culturally adapted cognitive behavioural therapy (CA-CBT). Alyssa Keel discussed cultural considerations in suicide screening, and Kanwalpreet Kaur discussed Punjabi Community Health Services' cultural competency training.

Relatedly, cultural competency arose in several areas as a path forward to working with clients of various cultural belongings. However, several attendees questioned why there is such a strong use of the term 'cultural competency'. Specifically, one attendee explained that as providers, they cannot be competent in another culture at all. They shared that it is possible to be culturally sensitive or culturally aware, but it is impossible to be considered competent in other cultures of which one is not a member. Such a belief was carried by several other attendees, highlighting the use of other terminology that points to a continuous need to learn, be reflexive, and question one's own biases when working with clients from diverse backgrounds and cultures. Other terms that may be more appropriate are cultural sensitivity, cultural responsiveness, or cultural safety. Elaborating on cultural safety as an approach, an attendee shared how this term, which comes from Indigenous ways of knowing, may reduce stigma and discrimination, and promote inclusion. Cultural competency is not going to reduce racism or disparities, as the conversation highlighted, but through the lens of cultural sensitivity or cultural safety, there is an acknowledgment of inherent bias and a possibility for learning to respect differences.

Taking the conversation of culture further, during the panel discussion, an attendee brought up the need to acknowledge the culture of the dominant group. That is, when we speak of culture, it cannot just be about the 'other', as this 'other' is always being compared to and placed in opposition to the dominant culture. To be able to holistically recognize culture and be aware of cultural differences and needs, requires that we recognize how the dominant culture plays a role in the approaches taken by providers.

The conversation expanded when an attendee highlighted that the focus cannot be culture alone, and that attention must be placed on the Social Determinants of Health, particularly race and gender, the role of trauma, and a more holistic view of health. Culture is only one dimension of a newcomer's intersectional identity, and thus, to provide equitable and holistic services, a broader intersectional lens is needed.

Systemic and structural barriers

Throughout the forum, the discussions highlighted the role of systemic and structural barriers and the need to address these to improve service delivery and capacity. An attendee highlighted how these conversations cannot be had without recognition and acknowledgment of the system. They discussed how systems are in place at the macro level that govern the work that can be done at the meso and micro levels. As such, providers and agencies are restricted. For example,

during the main table discussion, attendees shared that while many organizations and providers have a desire to support newcomer youth and their families, their capacity to do so is limited. This is related to structural factors of funding, regulations, and systems that place restrictions on who can be served and the actions that providers can take.

These funding structures and limited capacity impact service navigation. An attendee highlighted that services are a maze to navigate due to bureaucratic structures and regulations that impede service integration and coordination. The pathway into and through services is often not seamless. Newcomers are required to repeatedly share their stories with new providers due to limitations around information sharing, the lack of coordination, and broken referral pathways. As one attendee discussed, there is ultimately a tension between what services are meant to do (i.e., support settlement, health, and well-being) and the reality of how the system works (i.e., a maze without seamless coordination). This is a challenge for service providers to navigate and explain to service users.

It is these systems that restrict many providers who are funded through certain streams, such as IRCC, from providing services to international students and other newcomers who may not meet the program eligibility criteria. As such, international students are left with access to minimal resources and providers with minimal capacity and ability to support them. As one attendee shared, the systems and structures are set up in ways that some people succeed (particularly those with resources such as financial capacity) and others are forced to make choices between one basic necessity or another. This is not something that providers can address at the micro level. Rather, change is needed at the macro level, which will then trickle down to meso and micro levels.

An attendee opened a discussion on recognizing exploitation in the system. It was mentioned how many of the frontline workers supporting newcomers and international students in settlement, housing, employment, etc., are some of the lowest-paid workers, working in some of the most precarious types of jobs. This highlights the need for change in service providers' job security that must stem from the macro level and funding structures of programs. Most programming, in which providers work, is funded on a project basis or on an annual or bi-annual basis. This funding structure, and in turn, job structure, is related to government funding streams and regulations that limit how much can be allocated to salaries and benefits for workers, and so, in struggling to provide critical services for newcomer youth and families, the service providers are also struggling to provide for themselves and their own families.

The Needs of Providers

A key theme from the forum was the need for providers to be able to effectively work with newcomer youth and international students. The needs providers identified were (1) training in self-care; (2) affordable and accessible training in cultural sensitivity/responsiveness and unconscious bias training; (3) access to information on resources in the community; and (4) trauma-informed approaches. The needs of service providers are critical to recognize and address to ensure that they have the knowledge, skills, and capacity to support newcomer youth and international students within the system as effectively as possible given structural limitations.

Improving the System and Services

Ideas Shared for Improving the System and Services to Support the Mental Well-being of Newcomer Youth and International Students.
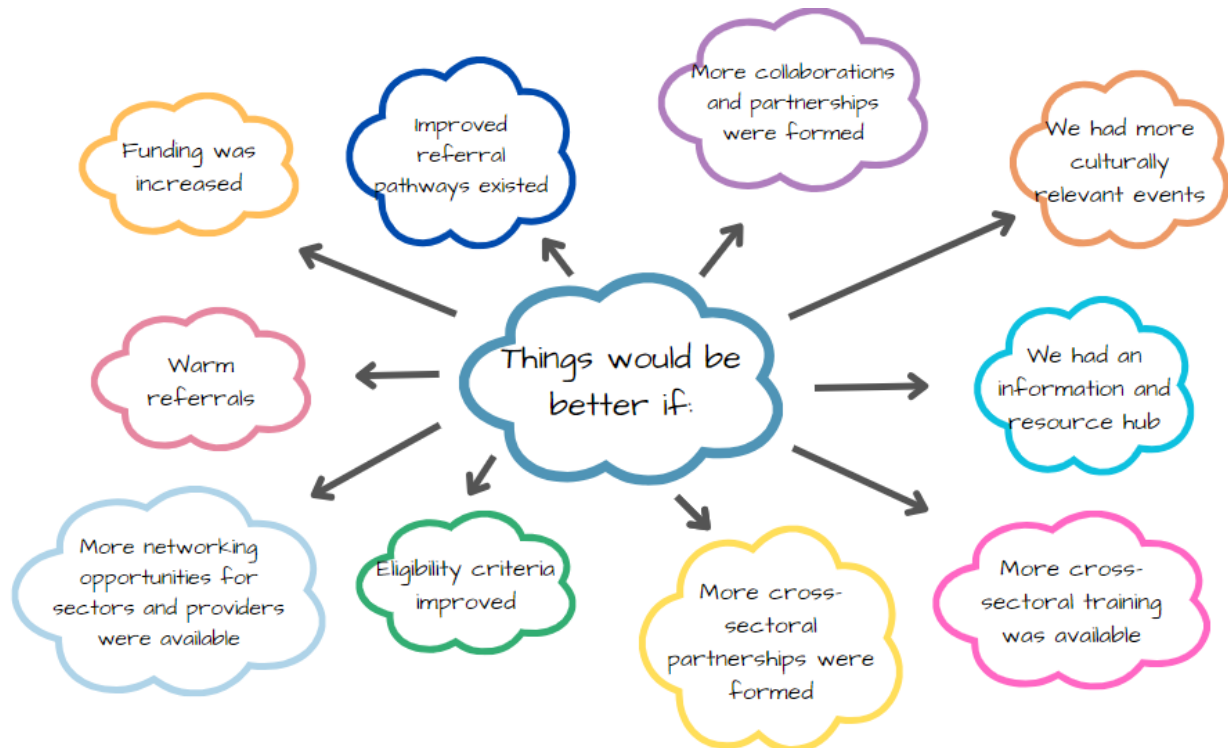
During the forum, attendees were asked to respond to the following prompt: "Things would be better for service providers, the system, and newcomer and international student clients if…" Drawing on their experience as frontline workers, conversations with colleagues, and discussions from the forum, providers shared numerous ideas on how to make things better for service providers and users in Peel. Some of the most common ideas shared can be seen in Figure 15. Attendees shared desires for improved funding, improved referral pathways, improved service eligibility criteria, more cross-sectoral training and partnerships, more networking opportunities, and better access to shared resources and information.

Conclusions

Overall, the results show that the forum was successful. It has opened avenues forward for further collaboration and strategizing, which will improve services and pathways for support for newcomer youth and international students in Peel. The purpose of the forum was to identify cross-sectoral connections to build a network of mental health and wellness supports for newcomer youth, young adults, and international students (ages 16-29). The findings from this evaluation demonstrate that cross-sectoral connections are crucial to supporting the mental health of this population. The results also indicate an interest from providers to engage, evidenced in the high attendance rate, the survey completion rate, and the fruitful conversation held throughout the day.

The first objective, to build connections among providers across sectors in Peel, was met. The results showed an increase in connections across sectors and providers, as well as an increased awareness in services available for newcomer youth and international students. However, several respondents indicated a desire for increased networking and connection-building activities. This may help to improve referral pathways and increase knowledge of services available.

The second objective, learning about cultural competency and areas of interest for future training, was also met. However, while cultural competency was a primary element of discussion, several providers highlighted issues surrounding the terminology of cultural competency and pointed to the need to use different language, such as cultural responsiveness, cultural awareness, and cultural safety. Regarding interest for future training, several avenues for both training and collaboration were proposed, such as cultural safety/responsiveness training, trauma training, unconscious bias training, and others.

The third objective, to explore current areas of capacity and points of service referral, was not explicitly met, but was a critical topic of discussion throughout the forum's main themes. Concerning the exploration of current areas of capacity, service providers discussed many of the limitations surrounding what they can do, due to the siloed nature of sectors, funding structures, and other systems-level barriers. Their discussions highlighted that improving capacity requires enhanced coordination, more support, and addressing systemic and structural barriers. The second part of this objective regarding points of service referral was not a specific focus, other than discussion surrounding barriers to referral and the need to improve system fragmentation and eligibility criteria to improve referrals. Specific points of referral were not a specific element of discussion but were something recommended for further exploration. Rather, the maze of services that clients are forced to navigate took precedence, given the siloed nature of the service system. As such, points of referral are multiple and often do not seamlessly flow together, creating pathways where clients are at risk for falling between cracks.

Appendix A: Surveys
Pre-Survey

Collaborative Learning for Newcomer Youth Mental Wellness in Peel Forum
Community Safety and Well-Being (CSWB) Youth/Young Adult Mental Wellness
Training Evaluation
Pre-Test

Trainee ID: _____

Today's Date (mm/dd/yy): _____/_____/_____

In order to work with and support newcomer youth/young adults and international students' mental health and well-being, please rate your current situation about....

	Poor	**Fair**	**Good**	**Very Good**	**Excellent**
1. Your level of connections with different sectors	1	2	3	4	5
2. Your level of awareness of services provided for this population **within your** sector	1	2	3	4	5
3. Your level of awareness of services provided for this population **among other** sectors	1	2	3	4	5
4. Your level of knowledge on cultural responsivity and/or cultural competency	1	2	3	4	5
5. Your level of knowledge of the types of social determinants of health that impact the mental health and well-being of newcomer youth/young adults and international students	1	2	3	4	5

6. Please list the main social determinants of health you are aware of that impact newcomer youth/young adults and international students.

_____

7. Please indicate the top two areas that you believe are a priority for cross-sectoral collaboration in 2024 to facilitate improved support for newcomer youth/young adults and international students.
   - ❏ Social determinants of health
   - ❏ Cultural competency and cultural responsiveness
   - ❏ Warm referrals
   - ❏ Mental health
   - ❏ Health
   - ❏ Equity, anti-oppression, and anti-racism
   - ❏ Other (please specify): _____

8. Please share any additional comments:

_____

_____

_____

_____

Descriptive Information

9. I work in an agency serving clients directly:
    - ❐ 0-1 year
    - ❐ 2-5 years
    - ❐ 6-10 years
    - ❐ More than 10 years
    - ❐ Not serving clients directly

10. I have been in my current job for about:
    - ❐ 0-1 year
    - ❐ 2-5 years
    - ❐ 6-10 years
    - ❐ More than 10 years

11. I have worked directly with newcomer youth/young adults and international students:
    - ❐ Never
    - ❐ 0-1 year
    - ❐ 2-5 years
    - ❐ 6-10 years
    - ❐ More than 10 years

12. My highest level of education is:
    - ❐ High school diploma or equivalent
    - ❐ Apprenticeship or trades certificate or diploma national
    - ❐ College, CEGEP or other non-university certificate or diploma
    - ❐ University certificate or diploma below bachelor level
    - ❐ Bachelor's degree
    - ❐ University certificate, diploma or degree above bachelor level
    - ❐ Other (specify): _____

13. Please indicate your age group:
    - ❐ 18 to 24
    - ❐ 25 to 34
    - ❐ 35 to 44
    - ❐ 45 to 54
    - ❐ 55 to 64
    - ❐ 65 and over

14. Please indicate your gender identity:
- ❐ Woman
- ❐ Man
- ❐ Non-binary
- ❐ Prefer not to say
- ❐ Other: _____

Thank you for your response.

Post-Survey

Collaborative Learning for Newcomer Youth Mental Wellness in Peel Forum
Community Safety and Well-Being (CSWB) Youth/Young Adult Mental Wellness
Training Evaluation
Post-Test

Trainee ID: _____

Today's Date (mm/dd/yy):   _____/_____/_____

After attending today's Community Learning Forum, how would you rate the following questions in relation to working with and/or supporting newcomer youth/young adults and international students' mental health and well-being...

	Poor	**Fair**	**Good**	**Very Good**	**Excellent**
15. Your level of connections with different sectors	1	2	3	4	5
16. Your level of awareness of services provided for this population **within your** sector	1	2	3	4	5
17. Your level of awareness of services provided for this population **among other** sectors	1	2	3	4	5
18. Your level of knowledge on cultural responsivity and cultural competency	1	2	3	4	5
19. Your level of knowledge of the types of social determinants of health that impact the mental health and well-being of newcomer youth/young adults and international students	1	2	3	4	5

20. Please list the main social determinants of health you are aware are impacting newcomer youth/young adults and international students.

_____

_____

21. After today's Forum, please indicate the top two areas that you believe are a priority for cross-sectoral collaboration in 2024 to facilitate improved support for newcomer youth/young adults and international students.
- ❐ Social determinants of health

❏ Cultural competency and cultural responsiveness
❏ Warm referrals
❏ Mental health
❏ Health
❏ Equity, anti-oppression, and anti-racism
❏ Other (please specify): _____

22. Overall, the Forum was an effective mode to learn and connect.
❏ Strongly agree
❏ Agree
❏ Neither agree nor disagree
❏ Disagree
❏ Strongly disagree

23. Please indicate the mode you perceive to be best for collaboration and engagement among agencies from different sectors.
❏ Virtual
❏ In-person
❏ Hybrid
❏ Other (Please specify):

24. Please share any additional comments:
_____
_____
_____
_____

Thank you for your response.