

Peel Institute on Violence Prevention

June 2014 Report

This report provides an in-depth overview of the Peel Institute on Violence Prevention; from its creation up until the launching of the Institute at Family Services of Peel's Forty-Third Annual General Meeting on June 6, 2014. It includes (but is not limited to) the Institute's history, development, three-year workplan, accomplishments, and the Institute's next steps.

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Introduction

Peel Institute on Violence Prevention is an interdisciplinary and intersectorial collaborative initiative among agencies in the Region of Peel working toward the eradication of all forms of violence. Operating within an equity lens and an anti-oppressive, anti-racist framework, the Institute is a focal point for data-driven, evidence-informed practice, which will improve the organization of services, combining the perspectives of the diverse population served, academia, and community service providers. Through funding by the Ontario Trillium Foundation and administered by Family Services of Peel, the work of the Institute was initiated in June 2013.

The Institute is bringing under one roof survivors of violence, service providers, policy makers, and substantial scientific evidence to transform the culture of how services and programs for survivors of violence are thought, provided, and evaluated in Peel. The robust evidence that we are collecting and analyzing will benefit decision-making at the community, policy, and service levels in Peel.

The research on violence prevention by the Institute focuses on all types of violence for the following at risk groups: youth, seniors, women, aboriginal population, people with disabilities, and male victims of violence. The data collected by the Institute will enable agencies to: (a) be more effective in their evaluation of the impact and effectiveness of their services; (b) support the re-structuring and adapting of their services and programs to be more focused on survivors' needs; and (c) enable agencies to provide a more seamless and person-centered response.

Objectives:

- Establish a permanent institute for the eradication of all forms of violence in the Region of Peel that will be a focal point for accessible research dissemination, facilitating knowledge translation to a wider audience.
- Engage in policy analysis and participatory action research on current responses to violence and conduct studies on best-practices for the treatment and prevention of violence.
- Achieve equity in services for survivors of violence in the Region of Peel through human resources development, innovative programs and services, participatory community development, policy analysis and evaluation methodologies.
- Enhance the capacities of community-based agencies by developing program evaluation tools to ensure that survivors of violence have access to seamless, interdisciplinary services and support.

We will achieve this by:

- Close collaboration between service providers and individuals with lived experience of violence
- Developing participatory action research initiatives
- Gathering evidence-based practices on violence prevention
- Mobilizing regional resources and sectors with expertise in the areas of policy making, program and services, development and implementation, community advocacy, and development and evaluation.
- Establishing leadership focused on violence prevention

- Utilizing human resources development, innovative programs and services, participatory community development, policy analysis, and evaluation methodologies, with the objectives of minimizing the disparity across population sub-groups, ensuring fairness and accessibility to services and programs, and reducing violence
- Evaluating existing data-collection method and establishing a data collection system for the region and developing evaluation methodologies

Development

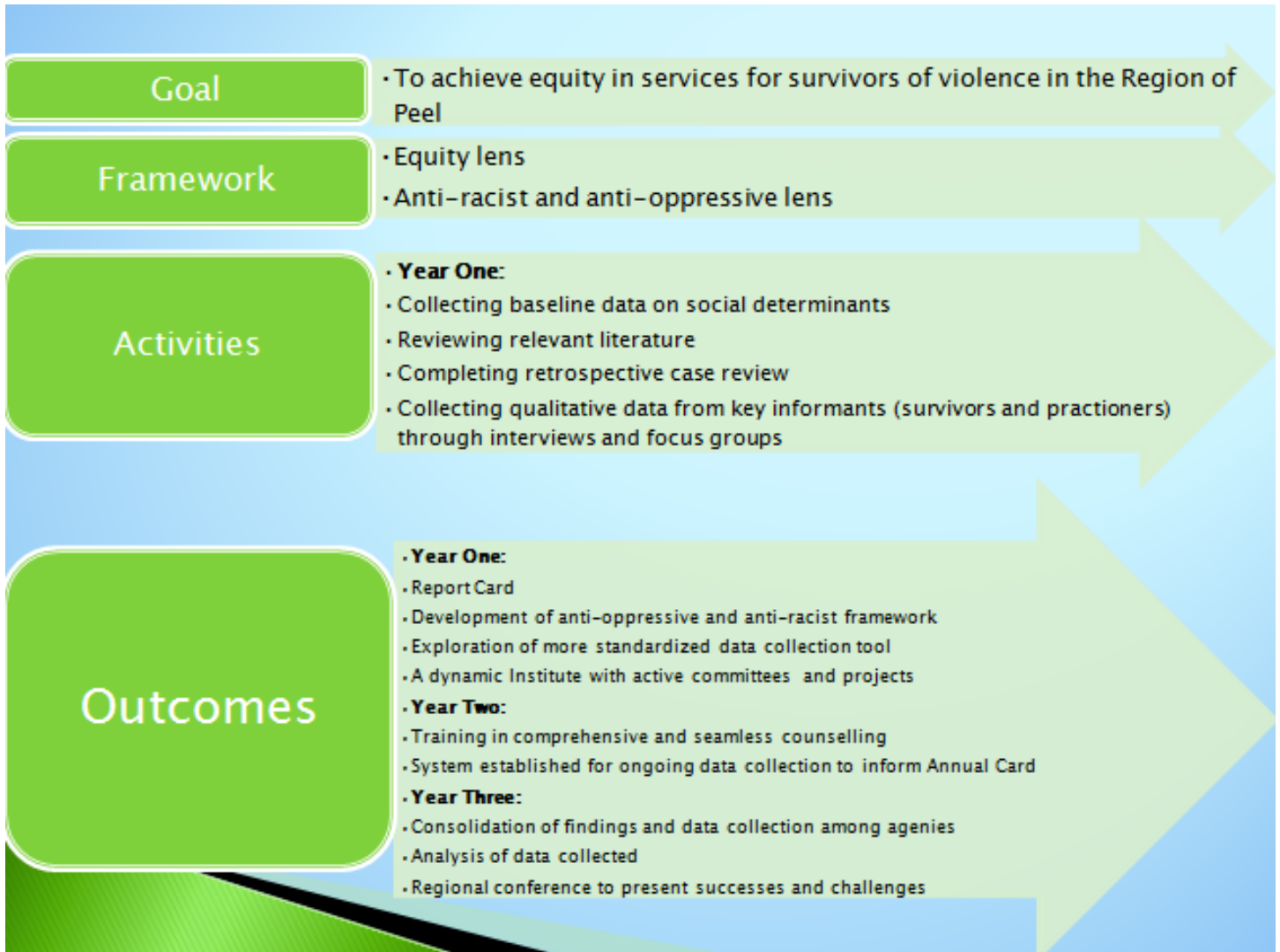
In March 2013, Peel Committee on Sexual Assault (PCSA), through funding from the Canadian Institutes of Health Research (CIHR), hosted ‘Café Scientifique: A Open Discussion of the Experiences of Immigrant and Racialized Women Survivors of Sexual Assault in Accessing Primary Health Care Services.’ This event was an informal discussion about the barriers to access of primary health care services for immigrant and racialized women survivors of sexual assault. A group of empowering panelists, with expertise in the area of sexual assault, openly discussed their own personal experiences as immigrant and racialized women, as service providers and educators, and as survivors of violence. They provided attendees with the opportunity to connect with them and each other on this crucial topic in an informal setting.

Café Scientifique 2013 marked the beginning of the Institute, as it exemplified a gathering where academics, service providers, and survivors came together to discuss the current services, identify issues of concern, and share ideas about moving forward in a more seamless way. The discussion about how regional primary health care services were responding to women survivors of violence and how violence was impacting their health resulted in attendees stressing the need for increased services, greater access, and improved coordination between services for regional survivors of sexual assault. Following the Café, a proposal to establish the Peel Institute on Violence Prevention was put together focussing on increasing access to and coordination of services for survivors of violence, as well as equity in services in a long term and sustainable fashion. This proposal was approved for funding by Ontario Trillium Foundation. The administration of the Institute is under Family Services of Peel.

Family Services of Peel is a recognized leader and innovator in the field of counselling and supportive services to individuals, families, and community development. Its impressive network of partnerships and affiliations with other service providers is derived from a successful history of service integration and collaborations that continues to provide the diverse community of Peel with a strong system of support.

Institute Workplan

The following graphic is a simplified version of the Institute's three-year workplan. It was presented during both the first Scientific Advisory Committee on May 27, 2014 and during the Institute's Symposium on May 29, 2014. The graphic outlines the overriding goal of the Institute, our dual framework, the activities of the first year of our work, and our expected outcomes as a result of this work over the next three years.



Highlights of Year One

Accomplishments:

- Organize Institute office with staff
 - Institute office opened at Family Services Peel with staff team hired
- Creation of Scientific Committee
 - First meeting held with a Scientific Committee of eight members
- Consensus on Terms of Reference
 - Development of Policies and procedures regarding committees, governance, etc.
- Review of relevant Literature
 - Preliminary Literature Review completed and circulated
- Pilot of a Retrospective Case Review
 - Retrospective Case Review completed and selective data circulated
 - Collection of base line data based on social determinants of health

Activities in Progress:

- Establishment of a Governance committee
- Establishment of a Fundraising committee
- Development of Evaluation plan and methodology
- Qualitative data from key informants , survivors and practitioners, through interview and focus groups

Future Activities:

- Development of framework to complete a Report Card on Peel
- Refinement of an anti-oppressive and anti-racist framework for the Institute's work
- Explore the development of a standardized data collection tool for violence against women serving agencies
- Ongoing operation of a dynamic Institute with active committees and project

Literature Review

Inter-agency collaboration and service coordination have been identified by cross-sectoral service-providers and researchers as crucial for future policy and service development given their positive implications for violence prevention, service access, and program effectiveness for those affected by violence. As such, the Institute conducted a comprehensive literature review, *Strengthening Violence Prevention through Increased Service Collaboration and Coordination*, to explore inter-agency collaboration and service coordination in relation to Peel's diverse population to underscore the necessity of increased regional collaborative efforts to work towards total violence elimination.

The key questions behind this literature review are:

- What is known about community coordination and inter-agency collaboration of services for survivors of all forms of violence from existing literature?

- What contributes to improved coordination of services? What are the benefits to survivors? Are there examples of successful models of service coordination and collaboration? If not, what analysis exists that explains the difficulties in forming coordinated and seamless responses?
- What are the barriers to successful collaboration and coordination of services for survivors of violence? What are the conditions that promote and enable strong collaborative relationships and coordination of service?
- Given that increased service coordination has a positive impact on the effectiveness and accountability of services for those impacted by violence, what are the implications of this in regards to violence prevention?

The following inclusion and exclusion criteria were applied to the literature search:

Inclusion:

- Peer-reviewed articles and grey literature that explore the issue of services for women, men, immigrants, Aboriginals, elders, and disabled populations affected by relationship violence.
- Studies and reports written in English, published during between 2004-2014
- Focused on the following regions: North America, Great Britain, and Australia.
- Past collaborations between domestic violence services and the sectors of mental health, substance abuse, and elder abuse were included for a multidisciplinary perspective.

Exclusion:

- Violence related to workplace, military, street crime, and trafficking.

The literature review included the following databases:

Databases	Search Terms Used
PUBMED (http://www.pubmed.com)	Violence OR abuse AND coordination OR integration (any field); Coordinated Community Response to domestic violence OR abuse
Google Scholar (http://scholar.google.ca/)	VAW services coordination; VAW services AND Aboriginals OR men OR elders; Violence OR abuse prevention; VAW services AND role of survivors; VAW service barriers Coordinated Community Response to elder abuse AND violence against women; male survivors of sexual abuse literature review; Family Justice Centers Ontario; domestic violence coordinated community response Ontario; coordinated response batterers program
Scholars Portal (http://scholarsportal.info/)	VAW services coordination; Violence OR abuse prevention; VAW service barriers for immigrant women; VAW service barriers for aboriginal women; Coordinated Community Response to domestic violence OR abuse;
SAGE Journals (http://online.sagepub.com/)	VAW services coordination; Violence OR abuse prevention; VAW service barriers; VAW service barriers for disabled populations;
Proquest (www.proquest.com)	VAW services coordination; VAW services AND Aboriginals OR men OR elders; Violence OR abuse prevention; VAW services AND role of survivors; VAW service barriers
EBSCO (http://search.ebscohost.com)	Coordinated services for disabled survivors of violence literature review; aboriginal women violence prevalence AND access to coordinated services

We reviewed all of the articles that appeared to be related to our subjects of interest and excluded ones that did not fit our inclusion criteria. Of the 102 articles and reports initially found, 57 were selected as relevant to our literature review. Literature that was unable to meet our standards for the purpose of this report failed for the following reasons:

- The reports were related to our interest in service coordination; however they were published in or focused on middle-income countries and therefore were outside our geographical criteria.
- Despite the articles’ abstracts and keywords meeting the inclusion criteria, the reports were not actually related to collaboration amongst care services for those affected by violence.
- Many articles mentioned the need for increased collaborative efforts throughout abuse services; however the authors did not elaborate on this in any shape or form, nor were the reasons behind this need disclosed.

Limitations of the Literature Review

Given the ambitious goal of the Institute, to work towards the elimination of violence for all populations, this literature review had a very large scope and was consequently limited in its breadth. It was an initial and preliminary review and should be recognized as a ‘work in progress.’ A long term goal of the Institute is to continue to collect in-depth information on all areas of work related to abuse. In addition, since the report focuses on service coordination and collaborative efforts, other sections (such as obstacles to service access) were condensed to allow the literature review to focus mainly on the research questions.

Main Findings on Collaboration and Coordination

Why is increased coordination and collaboration crucial?	Barriers to increased coordination and collaboration?	What contributes to improved coordination of services?
Multitude of service barriers and gaps Population diversity Overcome lack of knowledge Eliminate working in isolation Creates deeper levels of client engagement Increases clarity, reassurance, and accountability Improve client screening and safety Service users also want expanded collaborative efforts	Funding limitations Confidentiality issues Fragmented governmental, legal, and policy systems, Amount of time and effort Staff turnover Professional prejudices and differing philosophies Unique histories of development across various sectors Lack of experience, knowledge, and training	Collaboration accelerates the development of: Cross-agency referral systems Mobilization of resources Sharing of information Routine screening procedures and policies Formal service linkage agreements Creates an environment which allows for more effective working partnerships

Main Findings on Violence Prevention

We found that reports either hinted at or stressed the notion that a collaborative approach has positive implications for preventing violence. From this, three recommendations, all of which require inter-agency collaboration for maximum effectiveness, were explored further:

- *Data Monitoring* - When reliable data on violence is converted into a usable form, it can be fed back into the system through newsletters, regional report cards, performance reports, etc. This in turn can be used for local strategic development purposes and for evaluating the effectiveness of current practices.
- *Survivor Inclusion* - Since individuals with lived experience can provide a unique level of insight, survivor engagement is vital to the improvement of services. However, involvement must be full and meaningful. If survivors don't feel validated and the results of their participation aren't being fed back to them, survivor engagement can fail.
- *Working with Abusers* - The Duluth Model is the most common service delivery model. This approach uses education in the hopes of modifying behaviour. The studies we looked at had mixed results on the effectiveness of this approach. However, those with more negative results did note that the model led to decreases in physical, emotional, and verbal aggression measures as well as decreases in violent attitudes.

Retrospective Study

As part of the development process for the Peel Institute on Violence Prevention, a retrospective study file was undertaken. This involved a case review of 117 case files from five community programs at Family Services of Peel (FSP). The vast majority of case files were related to programs where the intervention provided by the agency related to those who have either experienced violence or have perpetrated violence. The case reviews provided an overview of who is accessing services, what kinds of services are being provided, and to what extent case coordination and collaboration is being carried out through active referrals and inter-agency communication. This case review also provided invaluable information about how front line staff are tracking, monitoring and describing the work that they are doing.

➤ Refer to Appendix A for the 'Retrospective File Review.

The seven programs reviewed were:

- 1) Safer Families
- 2) Partner Check
- 3) VAW Immediate Intervention Service
- 4) VAW Counselling
- 5) Partner Abuse Response (PAR)
- 6) Elder Abuse
- 7) Male Counselling Program

Some of the key issues for exploration were:

- To what extent is documentation standardized?
- To what extent is language standardized and common understandings shared: e.g. what is meant by domestic violence, elder abuse, level of risk, etc?
- To what extent there is coordination and integration of services in Peel?
- To what extent are comprehensive services offered?

Rationale

The file review was conducted to create a snapshot of cases to understand who is using the services and how the services are being provided. This process involved providing a picture of the demographics of those using the services with a particular focus on social determinates such

as race, language, ethnicity, and culture and looking at the provision of services through an equity lens that includes: coordination, integration and comprehensiveness of services.

Areas of Focus

- 1) **Demographics:** To provide client centered and comprehensive services, it is critical to know and understand the client profile and demographics. Demographic data that includes such areas as race, age, employment, level of education, housing situation, as well as language, ethnicity are critically important to gather to ensure that services are provided that meet the client's needs. When examining services through an equity and anti-oppressive and anti-racist lens – the need to identify the race, ethnicity, language of clients is vitally important to be able to provide high quality accessible services that meet the short and long term needs of individuals, families and communities.
- 2) **Case coordination** between agencies and practitioner regarding referrals; extent to which workers inter-act with other sectors and each other both within the same agency and externally with other agencies/ institutions in the community.
 - a. Primary sectors of interest are violence against women services, health care, police and criminal justice and child welfare, housing, etc.
 - b. To ensure a seamless response when a range of sectors, agencies and issues are involved, effective case management is essential.
- 3) **Collaboration** between agencies and practitioners in relation to a feedback loop.
- 4) **Comprehensiveness** of services including assessment of risk and lethality

Scope of the Study

A very small sample of case files was examined from 2011 to 2013.

Reference Population

- 1) Women experiencing intimate partner abuse
- 2) Situations of child abuse
- 3) Elder abuse situations—either where abuser is intimate partner or where abuser is a child or caregiver
- 4) Strengthening Families program
- 5) Partner Abuse Response (PAR) Programs
- 6) Partner Contact Program of PAR

Design

Random selection of case files from seven different program areas within the agency and reviewing of the files using a spreadsheet that organizes key information about each case. Areas of information collection include:

- | | |
|---------------------------|--|
| a) Demographics | e) Level of risk present for death or serious injury |
| b) If abuse is identified | f) Was a lethality assessment completed? |
| c) History of abuse | g) Police / criminal justice involvement |
| d) Presenting issue(s) | |

- | | |
|---|--|
| h) Referrals and inter-agency communication | i) What other agencies/ institutions were involved |
| | j) Impact of program |

Limitations of the File Review

The sample was very small to draw any conclusion, however some very preliminary finding indicated a wide range of quality and breadth of the documentation; some documentation is extensive with analysis, identification of issues, and clear definitions of the kind of abusive behavior the victim is experiencing; whereas other files have extremely limited documentation. In many cases, there is very limited follow up so it is difficult to track and identify what has taken place. Limited demographics information regarding who is accessing services, particularly in relation to race, language, ethnicity and culture.

Questions for Further Exploration

1) Documentation

- How can we ensure that we consistently gather information about the language, ethnicity and culture of service users?
- How can we track the comfort level of those using a service that is offered in a language other than their first language?
- Is there some need for a greater standardization of documentation?
 - There is a wide range in the kind of documentation that is found in the hard files in relation to key issues such as culture, language, access to other community agencies, referrals, high risk, strengths in clients' lives, etc. Some files have extensive information while others have very little, so it is difficult to obtain a comprehensive picture.
- Is there need for greater clarity regarding definition of terms?
 - What is the nature of the abuse/ violence?
- Is there need for ensuring lethality assessment and documentation of such?
 - Ex: Choking noted in files, but no reference to seriousness of the risk
- Is there need for protocol and follow up when high risk cases are identified?
 - Case where courts were involved, however, no indication that there was contact with court system regarding risk to victim to provide input into bail hearing

2) Case Management / Case Coordination

- Is there a need for more attention and exploration to ensuring a feedback loop?
 - Many cases closed with little understanding of why and what happens to client; particularly important in programs such as PAR and the partner contact where there is high rate of no contact.
- Is there the possibility for greater follow up when cases are closed due to missed appointments?

3) Partner Abuse Response Program

- To what extent are any other kinds of community referrals being made?

Scientific Advisory Committee

The Scientific Advisory Committee (SAC) is an intersectorial and inter disciplinary team from diverse backgrounds including academia, health, social work, community and user of services. The eight members committee will provide advice, guidance, and support for the Institute on matters related to violence and violence prevention. This will be done by means of the SAC providing scientific, technical, and clinical recommendations on priority areas of research, data requirements for new research projects, and both advice and support in the development of a research agenda.

Members are appointed by the Executive Committee (Family Services of Peel's Executive Director, Director of Client Services, and Manager of the Peel Institute on Violence Prevention) for a two-year term which may be extended for an additional two-year term up to a maximum of four years. The Executive Committee will ensure that there is continuity and systematic rotation of membership in the appointment of members. The current members of the SAC are:

Dr. Farah Ahmad is an Associate Professor at York University School of Health Policy & Management (SHPM), Faculty of Health. She has a MBBS from the University of Punjab, an MPH from Harvard University, and a PhD from the University of Toronto. A health services researcher, Dr. Ahmad's work has covered a wide range of topics including: health services access; primary care; ethnic and immigrant health; women's health; physician-patient communication; partner violence; mental health; cancer screening; social determinants of health; and behavior theories. She has taught courses on research methods and methodology, eHealth, health informatics, health promotion, and migration, immigrant, and refugee health.

Delilah Ofosu-Barko has an extensive history in regards to health research consultation. Since 2012, Ms. Ofosu-Barko has been a Senior Research Advisor for the Peel Institute on Violence Prevention. Presently, she is a Research Operations Manager for Trillium Health Partners and has been involved with Trillium's Research Office & Research Ethics Board since 2007. She earned her BMSc Honours at the University of Western Ontario and holds Certificates of Achievement in both Project Management and Lean Methodology. Additionally, Ms. Ofosu-Barko is a Guest Lecturer and Research Methods Tutor at the University of Toronto Mississauga Academy of Medicine. In the past, she was a Planning Committee Member for the Canadian Association of Research Ethics Boards and an Appointed Expert Working Group Member for Clinical Trials Ontario.

Luis Lozano is a Research and Database Analyst with WoodGreen Community Services as well as a Health Policy Researcher and Professor at the Cayetano Heredia University in Lima, Peru. At this university he achieved both his BMSc and a Master Degree in Health Administration. He has extensive experience in Primary Health Care, Health Promotion, Family and Community Medicine working with health officers, health practitioners and community leaders. In 2000, Mr. Lozano was awarded the Canadian International Development Agency's Award of Excellence for the best cooperation projects by universities and colleges: Université Laval and Cayetano Heredia University; Project entitled "Community health in the poor neighborhoods of Lima, Peru."

Dr. Susan Silver is an Associate Professor in the School of Social Work at Ryerson University. In the past, she was the Program Director for the MSW program (2009-2011) and the former Director of the School (1998-2003). Her teaching focuses on Social Work Research, Program Evaluation, Social Welfare Policy, and Critical Social Work Practice. Ms. Silver's past research studies have explored health care access and inclusion in regards to health care, employment and income security. Currently, Ms. Silver is researching participant-based evaluation frameworks and methodologies both locally and globally. Also, Ms. Silver recently completed a national, groundbreaking study in collaboration with Family Resource Programs throughout Canada to develop an evaluation framework for family support programs.

Dr. Maria Upenieks is a certified member of the College of Physicians and Surgeons of Ontario (CSPO) and has been an active community family practice (non-hospital affiliated) physician since 1987. She completed her BSc, MD, and her Family Practice Residency at the University of Toronto. Dr. Upenieks involved in a multitude of roles. She is a courtesy staff member at Trillium Health Centre, a lecturer in the Faculty of Medicine at the University of Toronto in the Department of Family and Community Medicine, a clinical teacher at the Mississauga Academy of Medicine both in the Art and Science of Clinical Medicine I, and a Lead Tutor in the Determinants of Community Health I.

Trisha Wilson-Singer is Social Service Worker with a passion for advocacy and social change. She has an extensive knowledge of industry best practices as well as social policy, justice, diversity issues, and Feminist Anti-Oppressive Anti-Racist Practice. Currently, Ms. Wilson-Singer works as a Respite Worker for Community Care Access Centre. She recently received her Social Service Work Diploma from Sheridan College and during her time there was involved in research pertaining to: investigating environmental racism and First Nations, investigating stereotypical gender roles in society, social justice, sexual assault protocol, domestic violence, and gender-based analysis. Additionally, Ms. Wilson-Singer was involved with the Peel Committee on Sexual Assault as a Research Assistant (Placement Student).

First Scientific Advisory Committee Meeting

On May 27, 2014, the first meeting of the Scientific Advisory Committee was held at Family Services of Peel (FS). Members met with Institute and FSP staff members for the purpose of learning about and providing feedback on the work conducted by the Institute this far, as well as approving the Terms of Reference for the SAC. The Conceptual Framework of the Institute, literature review, Violence Services Annual Census Report, and retrospective file review were discussed.

- Refer to Appendix B for 'Save the Date: First Scientific Committee Meeting'

Symposium

On May 29, 2014, the Peel Institute for Violence Prevention hosted a Symposium at Family Services of Peel. The dual purpose of this symposium was to share the results of the work that the Institute had conducted thus far and explore new partnership strategies and opportunities through a fulsome discussion with senior management and intake staff from various agencies across Peel.

Given our focus on collaboration between agencies, we were delighted at the cross-sectoral representation in attendance at the symposium. Representatives came from: Caledon Dufferin Victim Services, Catholic Crosscultural Services, Catholic Family Services of Peel Dufferin, Elder Abuse Ontario, Family Services of Peel, MIAG Centre for Diverse Women & Families, Ontario Provincial Police, Social Planning Council of Peel, United Way, and the Peel Elder Abuse Prevention Network.

- Refer to Appendix C for ‘Save the Date: Institute Symposium’

At the Event

Monica Riutort (Manager of Peel Institute for Violence Prevention), Vivien Green (Consultant), and senior management staff from Family Services of Peel welcomed attendees from 10 different community agencies and directed towards the boardroom. Carmen Cadeau (Research Assistant) documented both the attendance and notes for the symposium. Chuck MacLean (Executive Director of Family Services of Peel) introduced himself to the committee and discussed the purpose of this meeting. Sandra Rupnarain (Director of Client Services) gave a brief overview of the Institute. The introduction to the institute stressed the desire and importance of involvement of service providers, academics and the wider community in order to make the Institute a success. Sandra also spoke to the commitment of the Institute to ensure that the voices of survivors guide the work of the Institute and that a key aspect of the Institute is to promote services based on the needs of people—not on what agencies think survivors need.

Following this, Monica Riutort presented the Conceptual Framework of the Institute, the Annual Census Report, and Retrospective File Review. Carmen Cadeau presented the Institute's Literature Review. After these presentations, attendees discussed the work of the Institute, particularly the data collection. Vivien Green then facilitated a group discussion where attendees worked together in three groups to answer several questions listed on the agenda. A fulsome discussion followed before and during lunch before the symposium drew to a close.

Community Feedback on Institute's Work

- Terms used by agencies need to be more defined and there needs to be more clarification between agencies what terms will be used and what they mean.
- Documentation doesn't reflect the work; need to do more to establish the collaborative work that is currently going on in Peel. It was agreed that there is probably more but the feedback loop was not providing this information.
- Files revealed a range of abuse, but no discussion of sexual abuse. Need to be able to document to know what's going on out there.
- Susan Harris stated that it is hard for front-line workers to put data out there. There was consensus that agencies need to be brave and put information out there.
- On the subject of collection data on perpetrators, it was suggested that we also look at what type of intervention happened and what the interaction with Family Services of Peel was. It noted that this information was not documented and that this is part of the need for an equity lens. Future questions of the Institute will come from client-centered point of view.

- Family Services of Peel uses the Duluth Model and suggested that perhaps it is time to move on to an intervention model that is more reflective of our changing culture. Need data to develop new approaches to engagement.
- Several attendees expressed a desire for the Institute to look at their data so that they can begin the process to improve services for their clients.

Group Discussion Questions

1. Is this data reflective of what your agency is collecting? If not, how is it different?
2. Who is missing from this table?
3. What is necessary for the institute to do the work you would like it to do?
4. What are the areas you would like to see the Institute tackle in the next 2 years, 4 years?
5. Do you see your agency supporting the work of the institute and if so how?

Group Discussion Themes

- Data presented does represent some of information that agencies are collecting.
- Recognition that all agencies should be better at capturing who is using services, what services are being delivered, and that this should cover wide range of interventions, from formal counselling to community development activities.
- There was consensus that a process should be undertaken to develop ways to facilitate common data. Framework must also be provided that identifies the need, rationale, importance of common data collection. This is important to respond to barriers that are consistently raised, i.e. privacy, ownership of data, etc.
- Data collection is not just numbers, we need to find ways to include stories and experiences of survivors, workers, community members through experiential as well as quantitative information
- There is a need to look at who is missing and ensure broad representation of all involved in these issues and anti-violence work (e.g. faith based organizations, child welfare).
- There is a need to recognize how all human services are connected and we should be facilitating maximum collaboration and coordination. Currently this happens to some extent within criminal justice system, but it is difficult to include other systems.
- There is a need to ensure that violence is examined in broad context; i.e. look at impact poverty, explore social determinants of health, etc.

Suggestions for Moving Forward

- Given that currently the reporting of data is highly fragmented, a standard data collection model is of the utmost importance. Moreover, a research expert is needed to help identify the data collection parameter.
- Need to look at how poverty and how this impacts people; look at experiences from the perspective of a person living in poverty; its connection and relationship to risk of violence
- Consider other groups including: victims of torture, human trafficking, workplace violence, youth.
- Seek out the following organizations:
 - United Way (for funding opportunities and to help ensure integrity of data)
 - Ministry of the Attorney General (to tap into informal communities)

- Catholic Crosscultural Services (for sharing data tools and bringing the lens of newcomers).
- Perhaps provide agencies with the data that the Institute has collected and presented in the slides so that the agencies in attendance can begin to collect their own data and compare.

Launching of the Institute

On June 5, 2014, the Peel Institute on Violence Prevention was launched during Family Services of Peel's Forty-Third Annual General Meeting. Sandra Rupnarain, Director of Client Services at Family Services of Peel delivered a presentation that highlighted the goal, objectives, and conceptual framework of the Institute. The presentation included a description of the work that has been completed by the Institute to date, including the Retrospective File Study, the Violence Services Annual Census Report, and the Literature Review. The presentation ended with a description of some of the opportunities and possible activities and initiatives that the Institute may move into as it is more fully developed.

Next Steps

1) Goal: Establish a Governance Committee

Activities:

- Develop membership criteria
- Recruit representative membership for broader service sector
- Develop Terms of References
- Develop criteria for involvement of survivors and community

Outcome: A 7-10 member advisory committee with adequate representation including members with research, policy, service, legal, fundraising and financial expertise

2) Goal: Report to community about Symposium

Activities:

- Documentation of the symposium including key areas of discussion such as: recommendations, cautions, opportunities, potential challenges and well as benefits.
- Complete a draft of the Symposium report
- Provide draft report to key project staff for review before finalizing
- Consult with key community members regarding the completion of the report
- Collect and integrate final comments

Outcome: Final Symposium Report

3) Goal: Ensure application to funders who may be able and interested in funding the collection of further File Review data, and explore the possibility of applying to other funders; both academic and community based, who would be interested in supporting further research and planning initiatives of the Peel Institute on Violence Prevention

Activities:

- Collate all of the information gathered, document experiences; both accomplishments and challenges and identify a plan for further development
- Draft a general proposal to be used to explore a variety of potential funding sources for the Institute.
- Review and integrate comments and finalize letter of intent to Canadian Institution for Health Research

Outcome: Crafting of a comprehensive funding proposal for the Institute that can be used with several different potential funders.

Appendix A - Retrospective File Review

Client File Data Availability Assessment Social Determinants of Health

Demographic Data (Social Determinants of Health specified by FSP)	Client File Review Data Assessed	Percentage of Client Files with Demographic Data Present
1) Race	Race/Ethnicity Column (not distinguished categories in client file review dataset)	11%
2) Ethnicity	Race/Ethnicity Column (not distinguished categories in client file review dataset)	11%
3) Culture	<i>Not Captured in Client File Review Categories</i>	<i>Not Captured in Client File Review Categories</i>
4) Language	Language Spoken Column	50%
5) Sex	Sex/Gender column	81%
6) Age	Age Column	68%
7) Education	Education Level column	34%
8) Employment	Employment Status column	39%
9) Immigration status	Immigration Status Column	4%
10) Housing	Housing Situation column	33%
11) Income	Income Column	23%

Client Volumes per Calendar Year

	2011	2012	2013
NEW	1479	1621	2271
ACTIVE	3115	3523	4291
SERVED	1780	1944	2574

Client File Review Data Assessed

		Percentage of Client Files with data documented
1.	Marital Status	47%
2.	Substance Abuse Documented	14%
3.	Identified Disabilities (A person in the family)	8%
4.	Family Situation	64%
5.	Nature of Abuse	57%
6.	Length of Abusive Relationship	30%
7.	Is Victim at Risk of Lethal Violence?	16%
8.	Has person previously used any other community agency in relation to the abuse they were experiencing?	3%
9.	To what other services was the person referred to externally?	14%
10.	What kind of services was the person referred out to?	10%
11.	What other agencies was the person referred to?	7%
12.	Was a feedback loop created with other agencies that the person is using?	3%

Appendix B - Save the Date: First Scientific Committee Meeting



An agency of the Government of Ontario.
Relève du gouvernement de l'Ontario.

SAVE THE DATE:
Tuesday MAY 27th, 2014 from 3:00 pm to 4:30 pm
Peel Institute on Violence Prevention
First Scientific Committee Meeting
LOCATION: Family Services of Peel; 151 Centre City Drive
5th Floor – Board Room

WHAT: You are invited to attend the first meeting of the Scientific Committee sponsored by the Peel Institute on Violence Prevention on Tuesday May 27th, 2014 from 3:00 pm -4:30 pm.

BACKGROUND: Currently, many services for survivors of violence exist in Peel. However, the effectiveness of services remains an area that has been extremely difficult to measure in particular with regards to equity, coordination, and long term impact. The goal of the Institute is to create a collaborative research organization dedicated to addressing all forms of violence in Peel. The Institute hopes to achieve its goals through:

- Mobilizing regional resources and sectors with expertise in the areas of policy making, program and services, development and implementation, community advocacy, and development and evaluation.
- Utilizing human resources development, innovative programs and services, participatory community development, policy analysis, and evaluation methodologies, with the objectives of minimizing the disparity across population sub-groups, ensuring fairness and accessibility to services and programs, and reducing violence.
- Close collaboration between service providers and individuals with the lived experience of violence.
- Establishing leadership focused on violence prevention.

We would like to meet with you to approve the Terms of Reference for the committee and introduce you to the pilot fact-finding study process we are developing.

Thank you for participating in this exciting initiative and we hope to see you on Tuesday, May 27th.

Please confirm your participation by contacting our research assistant, Carmen Cadeau, by email: ccadeau@fspeel.org or 905 270 2250 ext 270.

Appendix C – Save the Date: Institute Symposium



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SAVE THE DATE:
THURSDAY MAY 29th, 2014 from 9:30 am to 1:00 pm
INTRODUCTORY SYMPOSIUM OF THE PEEL INSTITUTE ON VIOLENCE PREVENTION
LOCATION: Family Services of Peel; 151 Centre City Drive
5th Floor – Board Room
Light breakfast and lunch included

WHAT: You are invited to attend a symposium sponsored by the Peel Institute on Violence Prevention on Thursday May 29th, 2014 from 9:30 am -1:00 pm.

WHO: Senior management and statistics/intake staff from your agency.

BACKGROUND: Currently, many services for survivors of violence exist in Peel. However, the effectiveness of services remains an area that has been extremely difficult to measure in particular with regards to equity, coordination, and long term impact. The goal of the Institute is to create a collaborative research organization dedicated to addressing all forms of violence in Peel. The Institute hopes to achieve its goals through:

- Mobilizing regional resources and sectors with expertise in the areas of policy making, program and services, development and implementation, community advocacy, and development and evaluation.
- Utilizing human resources development, innovative programs and services, participatory community development, policy analysis, and evaluation methodologies, with the objectives of minimizing the disparity across population sub-groups, ensuring fairness and accessibility to services and programs, and reducing violence.
- Close collaboration between service providers and individuals with the lived experience of violence.
- Establishing leadership focused on violence prevention.

We are currently gathering baseline data in support of priority issues identified by experienced care providers, sector workers, researchers, and survivors. To this end, we are conducting both a pilot fact-finding study process by reviewing case files from a community agency and a preliminary review of the literature in the area of coordination and integration of services.

We are excited to share with you the results we have achieved, facilitate a fulsome discussion, and explore new partnership strategies and opportunities. We hope that you will be able to join us as your expertise is important as we explore the results achieved and continue our work.

Thank you for participating in this exciting initiative and we hope to see you on Thursday, May 29th.

Please confirm your participation by contacting our research assistant, Carmen Cadeau, by phone or email: ccadeau@fspeel.org or 905 270 2250 ext 270.