

ACRONYMS

CCS	Catholic Cross-Cultural Services
CFSPD	Catholic Family Services of Peel-Dufferin
CRM	Community Resource Mapping
DV	Domestic Violence
FSP	Family Services of Peel
GBV	Gender-Based Violence
HEAL network	Helping End Abuse for Life Network
ICS	Indus Community Services (Formerly India Rainbow)
IPV	Interpersonal Violence/Intimate Partner Violence
MCSS	Ministry of Community and Social Services
PCHS	Punjabi Community Health Services
PIVP	Peel Institute on Violence Prevention
PRP	Peel Region Police
ROP	Region of Peel
SOIV	Survivors of Interpersonal Violence
VAW	Violence against Women

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We hope that this report becomes a guide and a useful tool for social service agencies in Peel



Executive Summary

With a collaborative grant from the Region of Peel, additional funding support from Family Services of Peel, and utilizing findings from previous literature review¹ and research study² this mapping project was initiated by PIVP with the following objectives in mind:

- 1. **To create** a common language, understanding and communication strategy that will strengthen the collaboration of service providers in Peel
- 2. **To develop active engagement of** collaborating partners in a physical mapping exercise of all community resources in Peel for Survivors of Interpersonal Violence (SOIV).
- 3. **To determine** the gaps in service provision.
- 4. **To identify** gaps in communication and coordination among agencies with a particular emphasis on referral loop.

Purpose of the Project

The ultimate goal of this mapping is to ensure that all communities have equitable access to an integrated system of services, leading to desired outcomes for everyone.

Why Mapping

Community resource mapping is used to identify gaps and challenges in a community. Available services and resources are aligned and streamlined, and areas of action are identified.

Methodology

A set of mapping tools were used.

- (i) **Concept Mapping**
- (ii) **Community Resources mapping**
- (iii) **Survey**

Step 1: Concept mapping process had six steps. Initially, the main idea was established by the participants, and through brainstorming, 90 ideas and concepts were tabled and clustered into five subtopics namely:

- I. Social Values
- II. Support systems
- III. Systemic /Institutional Change
- IV. Social determinants of health
- V. Human Rights

Through discussion, primary links were created. Some cross-links were also created to analyze the cause-effect relationships and to understand the concepts for improved communication. The concept map is displayed on the page. 14: [Concept Map](#)

Step 2: Community Resources Mapping – 19 organizations participated in community resources mapping. All resources and services available for survivors were physically charted on a map of Peel region and later transferred to a digital map. Included were the geographical locations of resources and services in Peel region as well as government services, social service agencies, food banks and bus terminals.



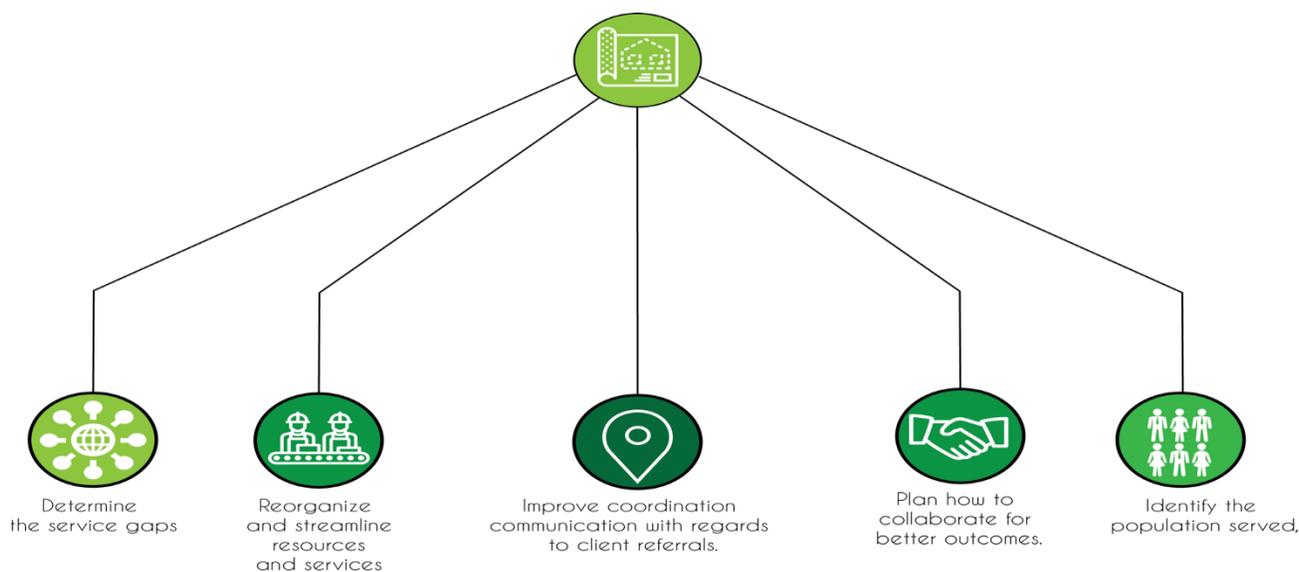
Step 3: A client information survey to gather client information was distributed to all the service organizations in Peel. Survey results were used to identify the population served and to determine the gaps in services. The results highlighted how referrals are coordinated and communicated. Results indicated that only eight organizations shared limited client data and referral information for the purpose of mapping.

Mapping Outcome Summary

The most important outcome was the creation of a living document on how to improve client services in Peel. It can **be continually updated**. Organizations can **collectively analyze** the concept map and resource map to achieve the following: identify population served, **determine** service gaps, **reorganize** and **streamline** resources and services, improve coordination and communication with regards to client referrals and plan on how to collaborate for better outcomes effectively.

Regarding referrals, client data shows that inter-organizational referrals are not monitored or followed-up through a consistent, systematic process. A referral loop is not created and monitored in the social services system. For example Agency (A) registers a client X for services. Subsequently, client X requires services from agencies (B) and (C). Agency A refers client X to B and C. However client X's information is not entered into any system that would allow any of the agencies A, B, and C to view the status of the client, or to ascertain if the client is still retaining services in the system or has exited the system. When clients have difficulties in accessing services referred by the agency (A), then clients get support from Agency (A) to obtain those required services from other agencies. However, clients are not followed-up after they access the services unless the client returns to Agency A for services. This is called a warm referral. Most of the time referrals are done by providing the contact information of the other service provider. This is called a cold referral.

It is important to note that the information from 8 agencies revealed that clients who access services are mostly women from North America, the Caribbean and South Asian communities. Very few women from other communities access services. For example, very few First Nations, Aboriginals, Black, and Chinese community women access services (PIVP 2017).





1. INTRODUCTION

The Peel Institute on Violence Prevention (PIVP) was established as a multidisciplinary collaborative initiative among agencies in the Region of Peel working towards the eradication of violence. Established through Family Services of Peel, the Institute aims to prevent violence, evaluate the impact and effectiveness of agency services, adapt services and programs to be more focused on survivors' needs, and improve the coordination of services for all victims of violence including **men, women, youth, seniors, aboriginals** and **people with disabilities**. PIVP strives to achieve these goals by collaborating with service providers and survivors of violence, gathering data, evaluating current data collection processes, and disseminating information and guidelines to facilitate evidence-based best practices. All PIVP reports can be viewed at this website. <http://www.fspeel.org>

1.1 Project Purpose and Background

The **ultimate goal** of this mapping is to ensure that all communities have equitable access to an integrated system of services that are essential in achieving desired outcomes for everyone. Community resource mapping is used to identify gaps and challenges in a community and improve services by aligning available services and resources, and streamlining those services and resources, and then recognizing areas of action.

With a collaborative grant from the Region of Peel and additional funding support from Family Services of Peel, this mapping project was initiated by PIVP to address the following objectives based on the findings from the previous literature review and research study:

1. **To create** a common language, understanding and communication strategy in order to strengthen the collaboration of services in Peel
2. **To develop** active engagement of collaborating partners in a physical mapping exercise of all community resources in Peel for Survivors of Interpersonal Violence (SOIV).
3. **To determine** the gaps in service provision.
4. **To identify** gaps in communication and to improve coordination among agencies with a particular emphasis on referral loop.

PIVP completed a literature review¹ in 2014 as a first step towards strengthening strategies on violence prevention in Peel. The literature review focused on supporting the statistics on population data and baseline data on priority issues related to interpersonal violence services. A survey² was conducted to study the scope of services available for SOIV and data collection practices of services providers. Both reports are available at www.fspeel.org and

¹ <http://fspeel.org/wp-content/uploads/2014/08/StrengtheningViolencePrevention-PreliminaryLiteratureReview.pdf>
"strengthening violence prevention through increased service collaboration and coordination"

² http://www.fspeel.org/wp-content/uploads/2017/06/PIVP_GAP_Study_Final_Report_June2017.pdf

"identifying GAPS in data collection practices of Peel agencies that serve survivors of interpersonal violence"

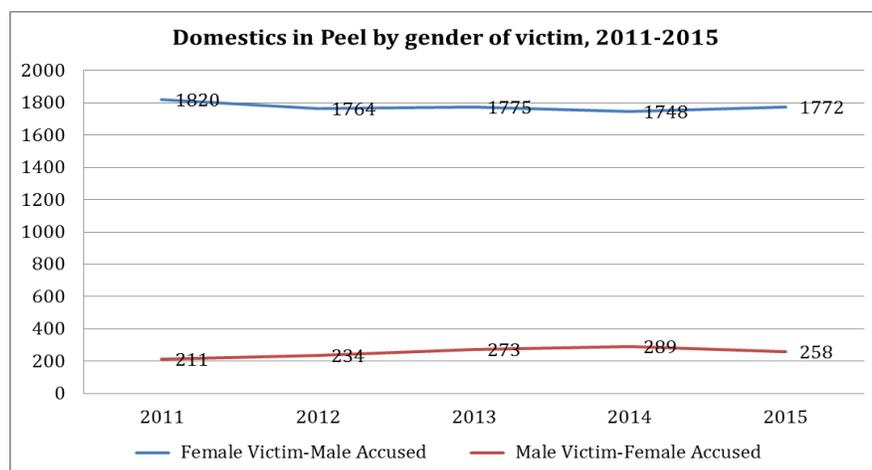


have been widely distributed. Results of the survey indicated the need for; standard data collection practices among service providers and better communication and coordination of services in order to improve client-centred services for SOIV in Peel. A subsequent scan was done to identify the direct service providers. The findings showed **gaps in data collection practices** and **service provision** and indicated a need to map the resources and services offered in Peel physically. This report presents the outcomes of the Concept Mapping, Community Resources Mapping and the Client Information Survey.

1.2 Population in Peel Region

The Region of Peel is a diverse community with **62.5%** of the population consisting of immigrants from around the world. Of the total population, the top visible minority group is South Asians (Mississauga **21.8%**; Brampton **38.4%**; Caledon **3.4%**). All visible minority groups account for **56.8 %** of Peel population compared to **25.9%** in Ontario and **19.1%** in Canada. These statistics indicate the need for a more culturally appropriate response to address the issues of diversity, accessibility and equity. The population of Peel region is analyzed and presented in the appendixes. (See appendix 6.3. PIVP 2015)

Table 1. Domestic violence occurrences in Peel by Gender



According to Peel Police in 2015, there were **8509** occurrences of domestic disturbances with **2040** of them having charges filed. **1772** out of the **2040** cases had female victims.

Source: Peel Police

Statistical analysis (PIVP 2015, see [Appendix 6.3](#)) indicates that Peel region has more female-led families (13.5%), single parent or lone parent families, compared to male-led families (3%) in the Region. Moreover, Peel Region is home to a very diverse population, both culturally, and linguistically. A recent increase of new immigrants and refugee families indicate the need for more culturally sensitive services, especially for women and children.



1.3 Methodology

The project applied a set of mapping tools to achieve the objectives;

1. **Concept Mapping**
2. **Community Resources Mapping**
3. **Survey**

Step 1: Concept mapping is a type of graphical tool used to help organize and represent knowledge of a subject (Novak, J.D. & A.J. Canas, 2008). A concept map begins with the central idea and then shows how that main idea can be broken down into specific topics for learning. It is organized brainstorming connected to the ideas and thoughts. As a learning technique, concept mapping visually illustrates the relationship between concepts and ideas. Often represented in circles or boxes, concepts are linked by words and phrases that explain the connection between the ideas, helping people organize and structure their thoughts to understand information further. Concept Mapping helps to create and learn new knowledge, communicate clearly and share information (Novak, J.D. & A.J. Canas, 2008).

Step 2: Community Resource Mapping provides an alternative approach to the more common “needs analysis” or “deficit” based models of community development and human services (Crane K & Skinner B, 2003). Firstly, Community Resource mapping focuses on what communities already have by identifying existing assets and resources that can be used for building the services. This mapping approach builds on the prevailing strengths within a community. Secondly, it is relationship-driven, a group of equals with a common interest working together over some time to accomplish common goals. Thirdly, mapping embraces the belief that to realize common goals, communities may have to work across boundaries. These principles provide the foundation for the Community Resource Mapping process (Crane K & Skinner B, 2003).

Step 3: Survey, a client information matrix to collect client data and details showing how referrals are coordinated among the social service agencies was sent to all the agencies working with survivors of violence. The survey focused on who is accessing services, where are they coming from, how they are referred externally to other services and how the referrals are coordinated and communicated among the agencies for better outcomes. The objective of the survey was to gather data on whether there is a referral loop and if there is a systemic approach to monitor and follow-up clients from the point of entry into the system to the exit out of the system.



1.3.1 Limitations

The project had several limitations. Firstly, getting partners' on board took longer than expected with that aspect of the process taking approximately a year from the time the project was proposed. Secondly, collecting client data and information on how referrals are coordinated and communicated among collaborating agencies was challenging. Although partners suggested the survey as being the best method, limitations in sharing the data, due to privacy and confidentiality issues. Social Service Organizations are mandated to protect clients' confidentiality and information and were, therefore, unable to share clients' data. As a result, mapping the clients to identify the service population and gaps in the service provision was terminated. Thirdly, mapping all the long term and short term services required by SOIV is an enormous task, and therefore, service providers agreed to focus only on immediate crisis services for this project. Hence, it is beyond the scope of this project to cover the entire array of resources and services available and accessed by the SOIV in the Region of Peel. Besides, women who experience violence and those who escape violence and abuse may rely on various services that are non-formal and outside the scope of this mapping. These non-formal services that assist women who experience violence or abuse; that are offered by private professionals, family doctors and places of worship are not included in this mapping project.





2 CONCEPT MAPPING

2.1 Concept Mapping: The Process and Outcome

Step 1: Plenary group discussion help determined the main topic for the concept mapping. “**Violence Prevention**” and the focus on Violence against Women (VAW) was agreed on by the participants as the main idea for concept mapping.

While the Agencies participating in the project receive funding specifically to work with VAW survivors, the focus of PIVP is Interpersonal Violence (IPV) which has a broader definition and is inclusive of domestic violence. Since IPV and DV are often used interchangeably, in order to better understand the concepts used in the VAW sector, it is useful to know the definitions of the following: Violence against women (VAW), Interpersonal Violence (IPV) and Domestic violence (DV).

United Nations General Assembly in 1993 defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.

<http://www.who.int/gender/violence/v4.pdf>.

World Health Organization (WHO) refers to **Intimate Partner Violence** as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviours. <http://www.who.int/mediacentre/factsheets/fs239/en/>

Domestic Violence is defined by the US Dept. of Women’s Health and Human Services as “when one person in a relationship purposely hurts another person physically or emotionally. Domestic violence is also called intimate partner violence because it often is caused by a husband, ex-husband, boyfriend, or ex-boyfriend. Women also can be abusers.

<https://www.womenshealth.gov/violence-against-women/types-of-violence/domestic-intimate-partner-violence.html#a>

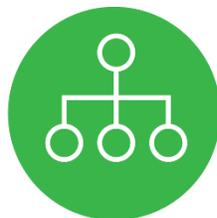
World Health Organization (WHO) defines **Interpersonal Violence** to include violence between family members and intimate partners and violence between acquaintances and strangers that is not intended to further the aims of any formally defined group or cause. Self-directed violence, war, state-sponsored violence and other collective violence are specifically excluded from these definitions. <http://apps.who.int/iris/bitstream/10665/42944/1/9241591609.pdf>

Step 2: Brainstorming to focus on violence against women, the main idea for the concept mapping generated approximately 90 ideas and concepts and all were captured on a whiteboard and further discussed for clarity and language.

Step 3: The plenary was divided into three small working groups to classify the concepts and ideas from the brainstorming session into five categories. These five areas, agreed upon by all the partners, are as follows;



Social Values



Support systems



Systemic /Institutional Change



Social determinants of health



Human Rights



Step 4: The large group felt that human rights and societal values should be combined. Five groups in brainstorming sessions clustered the concepts under four headings shown in (table 2) below:

Table 2: Clustered Concepts/ideas related to Violence Prevention (VAW)

Values and Human Rights *	Support Systems	Systemic/Institutional Change	Social Determinants of Health
1.Values that promote Peace	Family and friends	Policy change	Poverty/finances
Equality	Cultural groups	Legal	Safety, Prevention
Equity and fairness	Faith Communities	Patriarchal Society	housing
Consent Culture	Mental health support	Feminization of violence	Health and Wellbeing
Empowerment	Service providers (both community & settlement services)	Rule of Law	Equity and fairness,
Accountability for actions			
Caring	Safety and protection	Feminization of poverty	Risk Assessments
2.Values that drive violence	Employment support	Socialization of children	Language and culture,
Socialization of Children	Access to services	Housing	Employment /paid work
Fear, Threat	Equitable access	Financial	Accessibility
Racism	Legal representation	Service coordination	Education/Training
Feminization of poverty/violence	Health, nutrition and wellbeing	Educating the funder/stakeholders	Resources/Service coordination
Attitude Shifts	Community connections	Health conditions/ mental health	Equality
Patriarchy	Affordable Housing	Attitudinal shifts	Support network
Cultural Literacy	Client-centered services	Performance measurement of services & programs	Job status
Gender shame	Access to training, education, resources and information	Job /employment	Economic policies region/federal
Forced Marriage	Data collection	Lack of accurate data	Lack of data
Power and Control	One-stop-shop	Justice and fairness	Diversity
Rape Culture	Coordinated holistic approach	Educational systems	Lack of accurate data collection of data
Cultural shift		Communication	Faith

Source: concept mapping workshop, 2016 *Values and Human Rights group clustered the concepts/ideas into two groups – values that drive violence and values that promote peace

Step 5: Creating links – Through discussions participants completed the basic links to the concept map. A few cross-links were created to learn the concepts further and expand the map to study the relationship between the concepts and ideas that connect to the main idea of violence prevention. A glossary of keywords/concepts can be found in appendix 6.2

This concept map is a product of the Senior Management from twelve (12) Organizations’ who participated in the Concept Mapping Workshop in 2016. This is the first generic map, from which organizations can expand, create more links based on their work and experience, and produce new maps for greater learning. As a result, all the



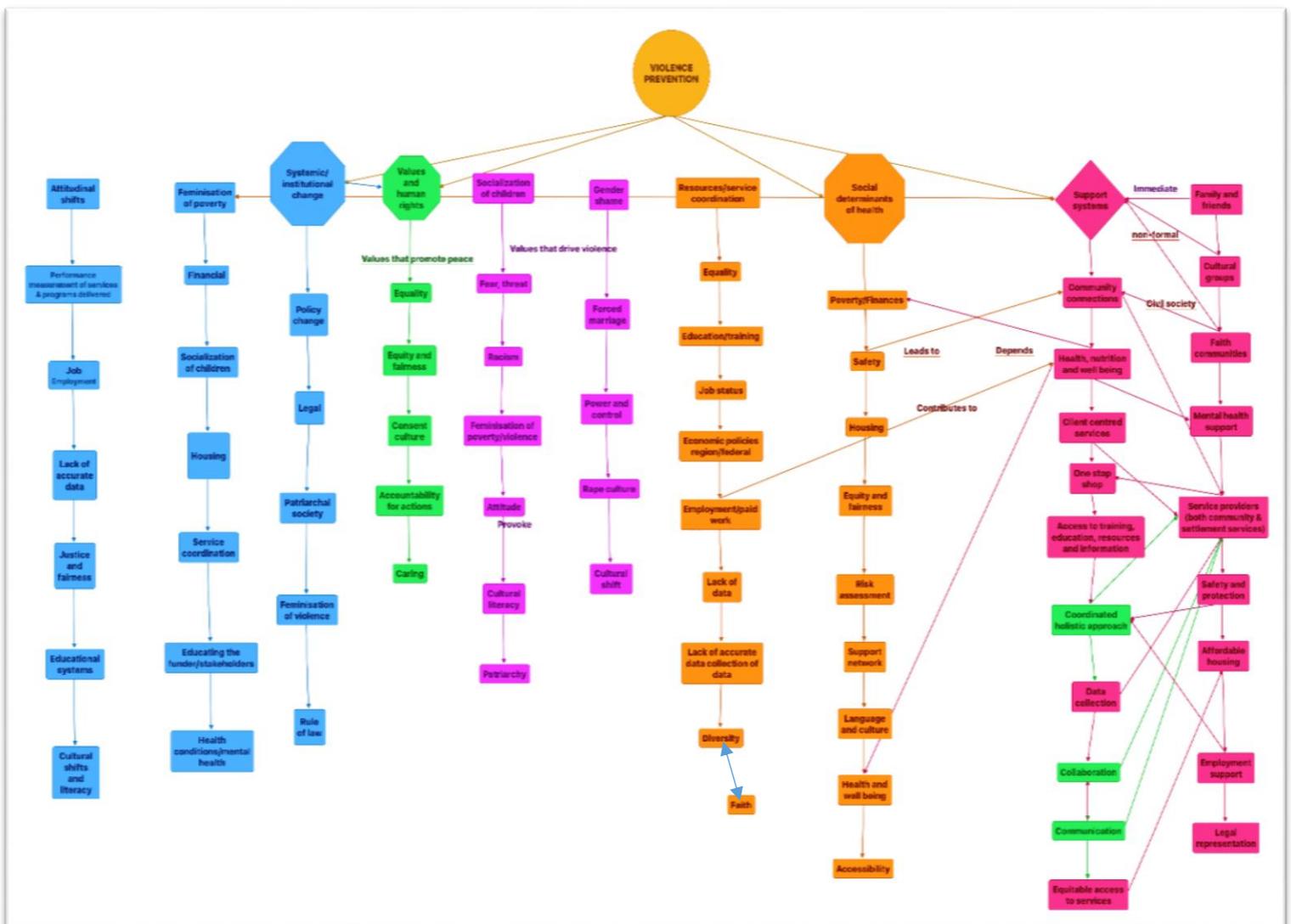
workers in the organizations will have a common understanding of the concepts and the language. This will improve communication, with a common language and understanding between agencies and clients in the social service sector. The Concept Map created by the participating agencies is presented on the next page with cross-links for one cluster

One example of Support Systems is explained.

Support Systems: Family and friends become the *immediate support* in times of crisis; cultural groups are *non-formal* support network in a given community; cultural groups and faith communities are part of *civil society* that connects to the community members; poverty, finances and safety *all lead to* health and wellbeing at the same time health and wellbeing *depends on* poverty/finances, safety, housing and employment status. All these factors are cross-linked to understand the support systems better.

2.2 Concept Map on Violence Prevention

Figure 2: Concept Map on Violence Prevention





3 COMMUNITY RESOURCE MAPPING

The focus of this resource mapping project is to build on the available resources and strengths of social services to improve client-centered services for SOIV. This includes collaboration and coordination of services and support systems in the community, so that, SOIV may have more flexibility and choice in navigating the system. Given the limited resources, no single system or organization can provide all the essential services to SOIV; however, when collectively pooled, resources for these survivors can create a collaboration that provides services well beyond the scope of what any single system can provide. The alignment and streamlining of resources and identification of service gaps within the social services enables service providers to (a) understand the full range of services available to SOIV within the region, (b) more efficiently provide the specific supports needed by survivors, and (c) develop new services and resources to address existing gaps.

3.1 Resource Mapping: The Process

All direct service providers (25) in Peel region were invited to participate in the mapping process, and seventeen agencies collectively did the physical mapping of resources and services available to SOIV in Peel. Physical mapping of the Region included participants identifying the locations of their services as well all other related resources for survivors. The mapping activity began by identifying services for a woman who has to leave an abusive situation and has no idea of what to do. It was determined that she requires support from that **“Entry point”** and needs service providers to guide her to the services she needs, the measures to be considered and the resources that are available specifically to her. They mapped first, the resources required immediately, namely; legal and justice, police services, shelter, medical clinics and hospitals. Then, second, they mapped, counselling, both short and long term, social services and other basic resources like food banks, clothing, and financial services. This included: Government and community services, emergency services, hospitals, shelters, health clinics, social service organizations, Peel Region Police, transit terminals and other service providers. The project concentrated on the immediate needs of the victim and how a woman fleeing violence can be de-escalated from a crisis situation to calm. The map is produced in a digital format. See the link below.

3.2 Resources Map for Survivors of Interpersonal Violence in Peel

<https://drive.google.com/open?id=1gQYVrGgjJmi4vmLTVsJvdRhKZkE&usp=sharing>

3.3 Mapping Outcome

The Resource Map and the discussions from the workshop indicate that the entry and exit points for SOIV are not always the same for each individual accessing services and resources. Entry into the system depends on the social location of the client and perpetrator, as such entry points can be from the Police, from hospitals, from social service agencies or elsewhere. The mapping indicated that exit points are not monitored as such there are no follow up loops to ensure that survivors are safe and leading a better life. The system has no exists and no referral loop. Clients are entered into the system, but they are not monitored or followed-up in the system until they exit. Agencies are concerned about the wellbeing of the clients, but they do not have a systemic approach in client care.



This map shows that services are clustered in a few areas within the cities and the majority of the resources and services are located within the Hurontario, Dundas and Queen Street corridors in both Mississauga and Brampton. Caledon is a larger city than Mississauga and Brampton. However the mapping indicated that only a couple of service providers are located in Caledon. While Caledon does have a comparatively lower density of population, data indicated that Caledon clients are travelling to Brampton or Mississauga for services. Location of services/resources shown on the map can be seen as easily accessible by public transit or other modes of transport. However, it is important to note that women leaving domestic violence situations may not have money to pay for public transit; however accessible, especially a newcomer or refugee women. Barriers include lack of knowledge about the city, the transit system, service location, language, limited personal resources, and governmental systems and how to advocate for herself.

The mapping shows three available shelters in the Region. The discussion revealed that sometimes women are on a waitlist for services and are usually referred to shelters outside the Region. This is an indicator that shelters are in demand indicating the corresponding need for more shelters and more importantly increased efforts to end violence against women.

In summary, the evidence indicates that services need to be inclusive and more accessible to the diverse population in the Region. The need for culturally sensitive services either through ethnic-specific agencies or services reflecting the diversity in their staffing and service provision. Much more can be achieved from the map as agencies take ownership of the project as contributing partners, working to achieve desired results.

3.4 Graphic art of the Resource Mapping and Discussion

The resource mapping session was created in a graphic art form, by a graphic artist visualizing the entire mapping process and discussion themes. The Graphic Art is given in appendix [6.5 Graphic Art of the Resource Mapping workshop and discussion](#)

3.5 Coordination and Communication of Client Referrals

The survey results on client referrals and services indicate that almost all agencies have legal issues of privacy, client protection and confidentiality, and therefore did not compile or share client information. A standard data collection practice is essential and necessary in order to improve services for SOIV especially more critical when working with a very diverse community like Peel region (PIVP 2015)². In previous research, referenced organizations disclosed experiencing challenges and limitations in collecting data and sharing information. A standard for data collection could not be developed as some agencies did not collect data; they offered services on an anonymous basis and clients did not disclose personal information; others had limited information.

A summary of the client data collected shows that approximately 4000 women accessed VAW services from April 2016 to March 2017 fiscal year. Three out of the eight agencies serve mostly South Asian population. The women who accessed services, in the order listed identified mainly as, White, Canadian or North American, Caribbean, Western European and South Asian, while only a limited number of clients from the First Nations community, African, East Asian, and Eastern European communities have accessed services. There is no data on newcomers to show if they access services or not.



The limited data provided by the agencies show that agencies that are part of collaboration are coordinating with other service providers in order to make client referrals. Most of the referrals have been through the Safe Center of Peel and HEAL network both service collaborative. However, no information was provided on how clients are monitored, followed-up or reported. Most referrals focus on getting clients to other required services. Some agencies inform the referral agency of the client appointments, some follow-up with clients by phone or in person, but there is no compliance.

Moreover, there is no indication of a referral loop showing monitoring and follow-up of client progress on a regular basis, although data from one agency shows that they did a third party consent form with the client at initial registration in order to follow-up with the client. Other agencies did not indicate any such practice. It is important to note that some agencies have clients from other provinces, as far as Nova Scotia and some from cities surrounding Peel region accessing their services.

Overall, agency data indicates that social service agencies communicate for the purpose of referrals, but that is also limited. Often the client is given the information regarding the services that she needs to access from other providers. Referrals are not coordinated, and coordination only occurs when a client is experiencing challenges in accessing services recommended. There is no information about what is being communicated, the type of strategies being used to communicate, and the communication process and method. There is no measurement of the client's progress while navigating the system. In other words, there is no systemic approach to referrals.



4 DISCUSSION

Peel region is a diverse community and services should reflect the diversity of the population and need to be inclusive and more accessible. Increasing numbers of new immigrants and refugees highlight the need for more equitable services for all communities. Social service agencies need to collaborate and coordinate more than ever before to maximize their limited resources and time if they are to provide efficient services to SOIV.

This resources mapping is not complete until the agencies collectively review, analyze and learn from the concept map and identify the population they serve and determine the gaps. Then they can realign and reorganize the resources in the region.

The concept map ([Concept Map on Violence Prevention](#)) is a product of the work of the senior management of 12 organizations who participated in the concept mapping workshop in October 2016. This is the first generic concept map from which organizations can expand and create more links, based on their work and experience. They can create new maps for greater learning. Consequently, all staff in organizations serving SOIV will have a common understanding of the concepts and the language, which will lead to better communication between agencies and clients in the social services sector.

Various studies on barriers for newcomers revealed the challenges faced by a newcomer trying to access services. There is the issue of public transit, asking for help and finding the relevant services. The language barrier can be problematic as well. Lack of English language skills makes it far more difficult for newcomers and refugee women to navigate the system. Hence, they end up seeking alternative help in the neighbourhood or suffer alone. A non-immigrant or an immigrant woman living in Canada for an extended period of time did not have challenges using the transit system, asking for help and finding the service location.

The resource map indicated that Peel region has only one transition housing and three shelters; hence, more shelter space is needed for women fleeing from abuse. A woman arriving at a shelter has a limited time period to stay before she is required to find permanent housing. All the evidence from mapping and the discussion indicates that there are increasingly more women escaping violence, and they need more care and support services.

Another interesting discussion was about the referral loop. Are clients monitored or followed-up in a systemic way through a referral loop? When the entry point is given consideration **why is the exit point not monitored and measured?** According to service providers, few agencies focus on long-term services and continued assistance to SOIV's. They refer clients to employment resources; continuing education and relevant courses; however, it is usually left to the client to make the choices and decisions moving forward. This can often be difficult given their lack of resources, knowledge and support, the abuse as well as the impacts of trauma. Newcomers and refugee women often are at a loss regarding their next steps, and there is limited and often no care provided to address this crucial transition. This was highlighted as a challenge for all the agencies in the Region.

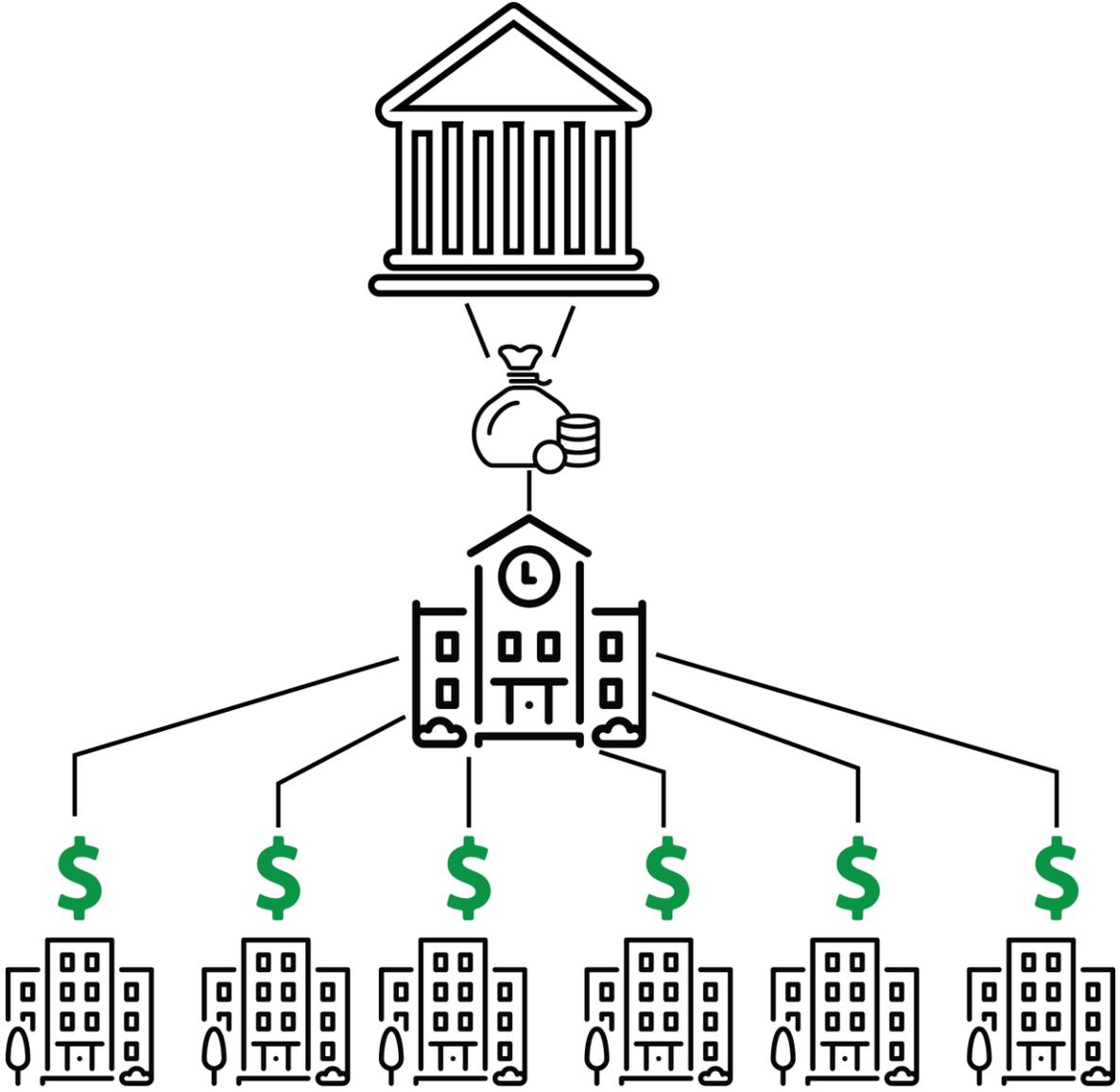
How can a social service system create a referral loop that allows for follow-up with clients within the system? How can a referral loop help agencies to communicate and coordinate referrals for better outcomes for clients? The conclusion arrived at by participants is that the agencies need to make a greater concerted effort to ensure that each level of Government understands the core relationship of SOIV and health. It was suggested that this could bring about changes in social services and positively impact the rights of Survivors of Interpersonal Violence.

Although service agencies made an effort to share data for this mapping, it became a challenge, due to client privacy and confidentiality issues. Although agencies receive funding from different levels of Government, there



remains a dearth of data in their systems, a lack of consistency in collecting data and even more difficulties sharing that data for the benefit of clients and service delivery. This emphasizes the need for a standard data collection practice among service agencies to improve not only the system but also the services and programs for their clients.

The overall wellbeing of women and children, the future generation hinges upon the Government being able to coordinate funding to all agencies serving SOIV through a *central monitoring system* that can implement a standard data collection practice. Such a change would make the agencies more efficient and effective in planning and developing core programs and services for their clients. Agencies will have more time to deliver programs and services. How can the agencies collectively lobby for this change?





5 NEXT STEPS / RECOMMENDATIONS

The community resource map and concept map are living documents that agencies can use and can learn from as they are fluid and evolving and can be updated. Partners completed the first half of the concept and resource maps, and some recommendations were captured as next steps to complete what the agencies collectively initialized.

1. **Concept Mapping:** This is the first generic map on the concept of violence prevention from which organizations can expand, create more cross-links based on their work and experience and create new maps for greater learning. They can discuss and analyze the cause and effect relationship between the concepts through basic links and cross-links, ultimately resulting in service providers having a common understanding of the concepts and the language. This will result in better communication between agencies and clients in the social service sector as well as inter-sectorally.
2. **Discussions:** Staff meetings/lunch and learns are opportunities for staff teams to learn together from this concept map, create more cross-links, and expand and understand the universal language related to violence prevention. Lunch and learns to provide an informal session.
3. **Resource Mapping:** This was completed for immediate crisis services and resources. The digital map was the result of the paper map completed by the 17 partner agencies. Agencies have to review the digital map and identify the population they serve and determine the gaps in services and resources for SOIV. This can be completed collectively or independently by the agencies. The Link to the digital map is given on page 15. If collectively reviewed, then future action plans can be done accordingly. If agencies decide to review independently, results may vary, which is not the best for client wellbeing. Subsequently, organizations can prepare an action plan based on the Map to restructure and reorganize the resources and services for the wellbeing of SOIV in Peel. This can be a region-wide action plan to address the gaps and challenges and embrace the newly recognized areas like diversity and inclusiveness especially as it relates to newcomers and refugees.
4. **Identify GAPS in Resources/Services and Clients Served on the Map:** The final step on the Resources Map is to identify the population (clients) served. Mapping the client locations on the same resources map will help to identify the population served with the resources and services and will determine where gaps exist in the Region. This step will help the agencies collaborate in improving the accessibility for SOIV where resources are limited. This step is crucial for the success of the mapping project. Therefore a postal code map is attached in the report. The link to the map is given below.
<http://www.peelregion.ca/planning/pdc/maps/reference/analysisareas/fsa2011.pdf>
5. Agencies are concerned in ensuring the wellbeing of the clients they serve, especially women and children; then there is an imminent need to lobby and educate the funding partners to fund the creation of a central monitoring agency that could then implement a standard data collection practice. Such a change will make the agencies more efficient and effective in planning and developing core programs and services for the public. As a result, agencies will communicate better and coordinate services and have more time to devote to human services.



6 APPENDIXES

6.1 List of organizations participated in Mapping

ARMAGH Transition housing support
Catholic Cross-Cultural Services
Catholic Family Services of Peel-Dufferin
Elizabeth Fry Society of Peel
Family Services of Peel
Hope 24/7,
Indus Community Services
Interim place
Jean Tweed Center
Malton Neighbourhood Centre
Muslim Community Services
Peel Children's Aid Society
Peel Police
Punjabi Community Health Services
Salvation Army (Family Life Resource Center)
Square one Older Adult Centre
United Achievers Organization
United Way of Peel
Victim Services of Peel
Victim Services of Caledon



6.2 Glossary of Words

Interpersonal Violence is commonly referred to as intimate partner violence, dating violence, domestic violence, and relationship violence), can encompass a broad range of abusive behaviour committed by a person who is or has been spouse or partner, In a romantic or intimate relationship of the same or different sex — family member; or cohabitant or household member, including a roommate.

Domestic Violence is when one person in a relationship purposely hurts another person physically or emotionally. Domestic violence is also called intimate partner violence because it often is caused by a husband, ex-husband, boyfriend, or ex-boyfriend. Women also can be abusers.

Violence against Women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

Oppression is the prolonged, unjust treatment or control of people by others in the name of sex, race, religion, class, colour etc.

Human Rights – All **human rights** are indivisible, whether they are civil and political **rights**, Referred to the **right** to life, equality before the law and freedom of expression; economic, social and cultural **rights**, such as the **rights** to work, social security and education, or collective **rights**, such as the **rights** to development and self-determination, are indivisible, interrelated and interdependent.

Gender Shame - Gender shaming is a form of social stigma applied to people, especially women and girls, who are perceived to violate traditional expectations

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women" and that "'masculine' and 'feminine' are gender categories.

Forced marriage is a marriage in which one or more of the parties is married without his or her consent or against his or her will.

Feminization of Violence is a shift in gender-based violence in a society, group, or organization towards a focus upon the femininity. This is the opposite of a cultural focus upon masculinity; it is also known as a phenomenon where women are more likely to face violence because of their femininity.

Feminization of Poverty is a change in the levels of **poverty** biased against women or female-headed households. More specifically, it is an increase in the difference in the levels of **poverty** among women and men or female versus male and couple headed households.

Faith communities a community of people sharing the same religious faith/belief

Equity and fairness means treatment for women and men, according to their respective needs, is the process of allocating resources, programs, and decision making fairly to both males and females without any discrimination by sex...and addressing any imbalances in the benefits available to males and females

Equitable access is about addressing social and economic imbalances when developing policy so that people from diverse backgrounds have more or less similar opportunities when it comes to accessing services/resources to meet their respective needs.

Equality also is known as sexual **equality**, is the state of equal ease of access to resources and opportunities regardless of gender.



Empowerment *the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights*

Diversity *In broad terms, **diversity** is any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences in ethnicity, gender, age, national origin, disability, sexual orientation, education, and religion.*

Consent Culture *is a **culture** in which asking for **consent** before any act. It is respecting the person's response even if it is not the response one had hoped for.*

bject to publicly disclosed legal codes and processes.



6.3 Peel Demographics at a Glance



Peel Demographics at a Glance.pptx



6.4 Client Information Survey

Client Information for Resource Mapping on Violence Prevention Services in Peel

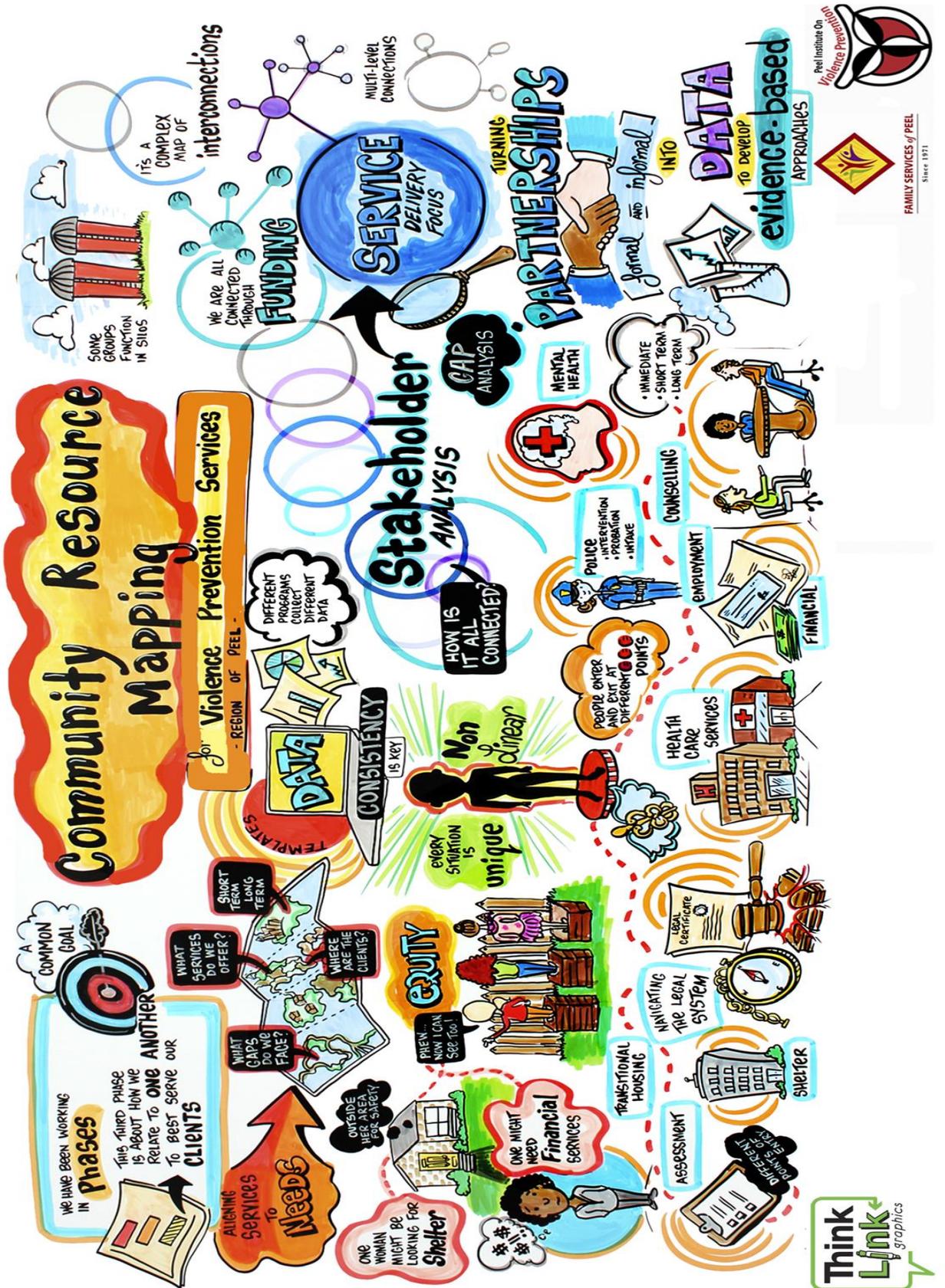
We all agreed to map only the short-term services/resources and not to include long-term services/resources as it will need more work and is more complexed

(See questions below for further details)

Who accesses your services? (Include the diversity of clients)	When (In the last 12 months)	From Where (provide their postal codes) Brampton? Caledon? Mississauga?	Coordination of Referrals to other agencies April 2016- March 2017	Types of follow-up on client referrals April 2016 – March 17
How many women accessed VAW services? which of these groups belong to; Asian, Caribbean, European, South Asian, East Asian, Arabic, Latino’s American, black, white, aboriginal or LGBT community	(See the supporting questions below?)	If you are not able to provide postal codes, try to see which part of the city are they coming from? West end, East end, South or North etc.	How many did you refer to other service providers and how many referrals did you get from other agencies?	Do you follow-up on the client status with the partner? Do partners follow-up on the status of their referrals? Example: share files, just update your files, ask client about the progress made from the referral?

1. Is there a time of the year/season that you see increases in access to your services? Is it during winter, spring, fall, summer?
2. Which (diverse) community groups are accessing your services? Which are not?
3. What Partner agencies are you working with? Your areas of collaboration? Is it only Referrals or other kinds of partnerships like program planning, implementation, evaluation and any other?

6.5 Graphic Art of the Resource
Mapping workshop and discussion





6.6. List of Direct Service Providers for SOIV in Peel Region

Source: **COMMUNITY INFORMATION PARTNERS PEEL** <http://peel.cioc.ca/bresults.asp?SubjID=2290>

Organization / Program Name(s)	Located In	Address
Armagh transition housing	Mississauga	1801 Lakeshore Rd W, Mississauga, ON L5J 1J6
Catholic Cross-cultural Services, Peel Regional Offices, Brampton Office	Brampton	8 Nelson Street St W, Unit 302 Brampton, ON L6X 4J2
Catholic Cross-cultural Services, Peel Regional Offices, Mississauga Office	Mississauga	3660 Hurontario Street, 7th Floor Mississauga, ON L5B 3C4
Catholic Family Services of Peel Dufferin	Brampton	William G Davis Centre for Families 60 West Dr, Ste 201 Brampton, ON L6T 3T6
Catholic Family Services of Peel Dufferin, Awakening From Within	Brampton	60 West Dr, Ste 201 Brampton, ON L6T 3T6
Catholic Family Services of Peel Dufferin, Brampton Office	Brampton	William G Davis Centre for Families 60 West Dr, Suite 201 Brampton, ON L6T 3T6
Catholic Family Services of Peel Dufferin, Brampton Office Quick Access Program	Brampton	William G Davis Centre for Families 60 West Dr, Suite 201 Brampton, ON L6T 3T6
Catholic Family Services of Peel Dufferin, HEAL Network (Helping End Abuse for Life)	Brampton	Honourable William G. Davis Centre for Families 60 West Dr, Suite 201 Brampton, ON L6T 3T6
Catholic Family Services of Peel Dufferin, Mississauga Office	Mississauga	The Emerald Business Centre 10 Kingsbridge Garden Cir, Ste 400 Mississauga, ON L5R 3K6



Catholic Family Services of Peel Dufferin, Partner Assault Response Program	Mississauga	The Emerald Center 10 Kingsbridge Garden Cir, Ste 400 Mississauga, ON L6X 5A5
Catholic Family Services of Peel Dufferin, Spanish Women Abuse Program	Mississauga	10 Kingsbridge Garden Circle Cir W, Ste 400 Mississauga, ON L5R 3K6
Chinese community Association of Mississauga	Mississauga	Golden Square Centre 1177 Central Pkwy W, Unit 16 Mississauga, ON L5C 4P3
Family Services of Peel, counselling programs	Mississauga	151 City Centre Dr, Ste 501 Mississauga, ON L5B 1M7
Family Services of Peel, Family Violence and Abuse Program	Mississauga	151 City Centre Dr, Ste 501 Mississauga, ON L5B 1M7
Indus Community Services of Peel, Brampton Branch	Brampton	21 Regan Rd, Unit H & I Brampton, ON L7A 1C5
Indus Community Services of Peel, Head Office, Mississauga	Mississauga	3038 Hurontario St, Ste 206 & Unit 1 Mississauga, ON L5B 3B9
Interim Place, Community Support & Outreach (THSP)	Mississauga	Phone: (905) 676-0257
Interim Place, Mississauga shelters	Mississauga	Telephone: (905) 403-0864 TTY: (905) 403-0453
Malton Neighbourhood Services	Mississauga	Malton Neighbourhood Services 3540 Morning Star Dr Mississauga, ON L4T 1Y2
Malton Neighbourhood Services, Women's Support Services	Mississauga	Malton Community Centre 3540 Morning Star Dr Mississauga, ON L4T 1Y2
Muslim Community Services, Brampton	Brampton	Civic Centre 150 Central Park Dr, Ste 304 Brampton, ON L6T 2T9
Muslim Community Services, Mississauga	Mississauga	4120 Ridgeway Drive, Unit 43 Mississauga, ON L5L 5S9
Oasis Centre des Femmes	Brampton	
Peel Committee Against Woman Abuse	Mississauga	1515 Matheson Blvd E, Unit 103 Mississauga, ON L4W 2P5



Trillium Health Centre, Mississauga	Mississauga	100 Queensway W Mississauga, ON L5B 1B8
Trillium Health Centre, Women's Health Services	Mississauga	100 Queensway W Mississauga, ON L5B 1B8
Trillium Health Centre, Women's Health Services, Sexual Assault Care and Domestic Violence Services	Mississauga	100 Queensway W Mississauga, ON L5B 1B8
United Achievers Community Services	Brampton	36 Queen St E, Lower Level Brampton, ON L6V 1A2
Caledon \ Dufferin Victim Services, Caledon East Office	Bolton	15924 Innis Lake Road Caledon East, ON L7C 2Z1
Hope 24/7	Brampton	2250 Bovaird Drive E, Unit 610 Brampton, ON L6R 0W3
Malton Neighbourhood Services	Mississauga	Malton Neighbourhood Services 3540 Morning Star Dr Mississauga, ON L4T 1Y2
MIAG Centre for Diverse Women & Families Multicultural Inter-agency Group of Peel	Mississauga	3034 Palstan Rd, Mississauga, ON L4Y 2Z6
Merge Counselling and Educational Services	Mississauga	2155 Leanne Blvd, Ste 216 Mississauga, ON L5K 2K8
Punjabi Community Health Services, SAHARA Men's Group	Brampton	11730 Airport Road Brampton, ON L6R 0C7
Salvation Army, Honey church Family Life Resource Centre	Brampton	535 Main Street N Brampton, ON L6X 3C9
South Asian Community Health Services	Brampton	25 Lady Stewart Blvd Brampton, ON Canada L6S 3Y2



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