Black Community Action Network of Peel

PATHWAYS AND PREVENTION OF AFRICAN-CANADIAN DISPROPORTIONALITIES AND DISPARITIES IN THE CHILD WELFARE SYSTEM: A POSITION PAPER

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Background

Ontario's child welfare system provides protective services that affect up to 150,000 families per year, including out-of-home care services for 25,000 children and youth. While children's aid societies (CASs) have increasingly adopted service philosophies that emphasize anti-oppression, inclusion, and diversity (Yee, Hackbush & Wong, 2015), African-Canadians continue to experience persistent disproportionalities and disparities in the child welfare system. According to estimates released in 2014 by the CAS of Toronto, African-Canadian children account for 41% of those in care in Toronto, despite representing only 8% of the population (Rankin, 2014).

In spite of the recent statistics reported for Toronto, there is very little rigorous and publicly-accessible data about racial disproportionalities and disparities in Ontario's child welfare system. Much of what we do know about African-Canadians' involvement in the child welfare system is based on qualitative data, which suggests that anti-Black racism is a clear and overriding aspect of African-Canadians' lived experiences as both clients and staff within the system (e.g., Clarke, 2011; Gosine & Pon, 2011; Pon, Gosine & Phillips, 2011). What we do not know, however, is far more substantial: we do not know the number or proportion of African-Canadian families involved with CASs across the province, the nature of African-Canadian families' involvement, the degree of disparities in quantity and quality of services, or the extent to which systemic factors influence disproportional involvement.

Because of these information gaps, we believe that an urgent and comprehensive response is needed to address Black disproportionalities and disparities in Ontario's child welfare system. We believe that the response must be prevention-oriented, with a focus on addressing systemic and structural factors that lie at the root of such inequities. We believe that any meaningful response should be grounded in an anti-oppression, anti-racist framework that explicitly recognizes anti-Black racism as a distinct and significant contributor to systemic disproportionalities and disparities experienced by African-Canadians, and that response is in solidarity with other overrepresented groups,

particularly Aboriginal communities (Pon, Gosine & Phillips, 2011; Trocme & Blackstock, 2004). We believe that this issue is a fundamental human rights issue, as the disproportional placement of African-Canadian youth in care reflects systemic discrimination in service delivery under the Ontario Human Rights Code and also perpetuates longer-term inequities by putting youth at increased risk of homelessness, criminal justice involvement, and poorer educational, employment and mental health outcomes (African Canadian Legal Clinic, 2014).

The Black Community Action Network of Peel (BCAN) represents a network of various organizations, professionals, and citizens who are committed to the improvement of social and health services for African-Canadian communities in the Peel region. The purpose of this position paper is to provide a brief analysis of what is known about racial disproportionalities and disparities in Ontario's and Peel Region's child welfare system, the factors that contribute to and prevent disproportionalities and disparities, and puts forward recommendations for addressing the issues in the Peel region.   This paper is intended to complement the outstanding *One Vision, One Voice* project currently being undertaken by the Ontario Association of Children's Aid Societies (funded by the Ministry of Children and Youth Services), to develop a province-wide practice framework for working with African Canadian families in the child welfare system. Our analyses and recommendations are based on a scan of relevant research and policy literature, informal discussions with various system stakeholders, and feedback at a community consultation meeting held in Peel Region as part of *One Vision, One Voice* in November 2015.

African-Canadian Disproportionalities in Child Welfare

According to recent estimates, African-Canadians comprise approximately 12% of Ontario's youth in care, despite representing only 5% of youth in the province (Monsebraaten, 2014). Although troubling, these provincial-level estimates provide an incomplete picture, and likely underestimate disproportionalities within individual CASs. Since most African-Canadians live in southern Ontario (particularly the Greater Toronto Area), it is likely that regional disproportionalities are much higher. For example, we know from recent reports that African-Canadian youth represent 41% of youth in care in CAS of Toronto, despite comprising only 8% of the city's population (Children's Aid Society of Toronto, 2015). CAS of Toronto has also reported that Black families comprise 29% of active ongoing cases.

To date, there has been no formal reporting on the proportion of African-Canadian youth and families involved with the child welfare system in Peel Region. Some recent estimates

provided by the leadership of Peel CAS suggest that approximately 20% (80-90 out of 400) of children and youth in care are African-Canadian, although African-Canadians comprise only 9% of the region's population. This is a disconcerting figure, because it means that African-Canadian children and youth are in care at twice the rate they are represented in the Peel population. With regards to involvement of families, there are no reliable estimates of the proportion of African-Canadian families that are referred to CAS, or that comprise intake and ongoing cases.

Pathways to Disproportionalities and Disparities

Racial disproportionalities in child welfare are caused by a variety of complex factors that lie beyond the child welfare institution and include various systems, policies and practices that are deeply rooted in Canadian history, culture, politics and economy. Unfortunately, the provincial government does not currently require CASs to collect or report on racial data. As such there is no comprehensive data to allow us to accurately assess how these factors contribute to racial disproportionalities. Most insight we do have into systemic disparities is based upon qualitative research (Clarke, 2011; Pon et al., 2010) and first-hand accounts of those with lived experience in the system, or upon the much larger body of U.S. research on the involvement of African-Americans with the child welfare system (e.g., Boyd, 2014). Based upon our scan of this research and local testimonials, we have identified at least eight key causal factors that contribute to racial disproportionalities in child welfare: anti-black racism, racialized poverty, immigration stress, biased decision-making, agency-system factors, placement dynamics, policy impacts, and lack of culturally relevant services.

Anti-Black Racism

Anti-black racism is perhaps the most significant factor at the root of African-Canadian racial disproportionalities in child welfare and related institutions. Anti-black racism is a set of beliefs, attitudes, practices and systems that denigrate and marginalize dark-skinned people of African descent (Bonnie & Pon, 2015; Clarke, Pon & Benjamin, 2015). Anti-black racism has its origin in European colonization and enslavement of Africans, and the systems and stories that were put in place in order to maintain European supremacy. Modern anti-black racism takes many forms, not only overt, but more often subtle, unintentional and institutional, and is a pervasive aspect of the everyday lives of African-Canadian people.

It is reflected in particular beliefs and stereotypes about Black people, that have unique and pronounced impacts on Black populations at individual, interpersonal, community and multiple institutional levels. It is reflected, for example, in Canadian studies that have shown Blacks to be the most negatively perceived visible minority groups (Kalin & Berry, 1996), high rates of unemployment and employment discrimination (James & Turner, 2015), high rates of school drop-out and exclusion among African-Canadian students (Dei, 2008), racialized inequities in health status and health services (Hyman & Wray, 2013), and discrimination in policing practices (Cole, 2015) and corrections (Office of the Correctional Investigator, 2013). One of the most subtle and impactful forms of anti-Black racism involves denial of racism by claims of being in a post-racial society, or adoption of colourblind social policies that refuse to acknowledge the significance of race or their impact on racialized groups.

Racialized Poverty

Poverty, at both household and neighbourhood levels, is known to be the greatest risk factor for family involvement with child welfare systems. This occurs because poverty increases the stressors that families face, that in turn increase the risk of neglect and maltreatment. Impoverished families are also at greater risk because they are more reliant on various social and health services, and thus are under greater surveillance and more visible to human service systems (Clarke, 2012). Families have reported that the effects of poverty are compounded by a lack of affordable housing and accessible child care (Clark, 2012). Given the growing racialization of poverty in Canada, with 24% of African-Canadians living in poverty (Block & Galabuzi, 2011), it is very likely that poverty contributes to the overrepresentation of African-Canadians in child welfare. Within Peel region, recent estimates suggest that African-Canadians comprise 18% of those with low incomes compared to 15% of other groups. However, it is quite possible that poverty alone does not account for racial disproportionalities, as some studies suggest that even after taking socioeconomic status into consideration, people of African descent are still more likely to be reported, investigated and placed into child welfare care (Boyd, 2014).

Family Structure

A second major influence of families' involvement with child welfare is family structure, with single-parent families being at a increased risk for system involvement (Boyd, 2014). Studies suggest that Canada-wide, Black populations have higher rates of single parent families than other groups, at 27% compared to 8% for non-visible minority groups (Mata, 2011). Although recent reports indicate that African-Canadian families in Peel may have

a slightly lower rates of single-parent families (11%) than other communities (15%) (James & Turner, 2015), local community members have reported that Black families are subject to the stereotypes and stigma associated with Black female-headed single parents that make them more visible to service providers and more vulnerable to state intervention. Such stereotypes include assumptions that Black single mothers are typically poor parents, who lack the capacity to provide safe and secure environments for children. It is important to realize that the challenges faced by single parent families are often structural, closely related to the experiences of poverty, isolation and a lack of support. Families have reported that a lack of access to affordable child care, employment, and transportation are among the key challenges they face that may contribute to their involvement in the system (Clark, 2012; OACAS, 2015).

Immigration Stress

African-Canadian families may also face increased risk of child welfare involvement due to challenges related to immigration and acculturation, including those related to migratory separations (Clarke, 2011). Most (57%) of African-Canadian families in Peel were born outside of Canada, including 39% from the Caribbean and 12% from Africa. CAS of Toronto has reported that 67% of involved Black parents were born in the Caribbean (47%) or Africa (20%). Studies suggest that immigration can be an extremely challenging experience due to the various stresses associated with settlement and acculturation, and the increased risk of poverty (Beiser, 2005). Newcomers often face language barriers and lack an understanding of the cultural norms and institutional practices that may put them at risk of child welfare involvement, or may lack the tools to advocate for themselves within institutions. Community members report that the child welfare system is particularly difficult to navigate, and a sense of powerlessness prevails when dealing with the system (OACAS, 2015). One group of newcomers who have been identified as being particularly vulnerable are those undergoing migratory separation, a process by which children are separated from families during the process of immigration, in some cases as unaccompanied migrant children, or in other cases left in their country of origin to stay with extended family after parental migration. Both experiences can be particularly traumatic for children, and can have negative impacts on mental health and the process of family reunification (Pottinger, 2005).

Biased Decision-Making

Biases in human decision-making processes also play a critical role in racial disproportionalities and disparities. A number of Canadian and the American studies have

shown evidence of racial bias in reporting among mandated reporters (e.g., teachers, police, and health care providers who have a legal obligation to report suspected child maltreatment), child welfare professionals, and community members (i.e., non-mandated reporters) (Boyd, 2014; Clarke, 2011). Although Black families are no more likely to abuse or neglect their children, they are reported to the system at a greater rate (African Canadian Legal Clinic, 2014). Police, education and health care providers are among the largest referral sources for child welfare services, comprising 64% of referrals for CAS of Toronto (29% Police, 24% Education, and 11% Health) (Children's Aid Society of Toronto, 2015), and 55% of referrals to Peel CAS (27% Police, 21% Education, and 7% Health) (Children's Aid Society of Peel, 2014). While data from Toronto suggests that African-Canadians are disproportionately referred to child welfare (comprising 21% of referrals), there is no publicly available data for Peel Region. Given the evidence regarding systemic discrimination within Canadian policing, education, and health services, it is quite possible bias in system reporting contributes to racial disproportionalities. Once referred, there is also potential bias in decision-making by CAS staff with respect to investigations and transfers to ongoing service (Boyd, 2014). In their narratives about system involvement, African-Canadian parents and child welfare workers have described a lack of cultural competence among child welfare workers, including divergent norms of parenting and discipline, and a lack of understanding of culture and immigration patterns (Clarke, 2011). In addition, reports have been made about a view held by some child welfare workers that African-Canadian children would have better outcomes in the care of White middle class families (OACAS, 2015).

Agency-System Factors

Agency-system factors refer to the structures and practices within child welfare agencies that contribute to disproportionalities and disparities, including staffing patterns, organizational culture and community engagement (Boyd, 2014). Staffing patterns are a particularly important agency-system factor, with reports that the rapid turnover and hiring of young, inexperienced, predominantly White workers contributes to cultural conflicts between African Canadian mothers and the child welfare system (Clarke, 2011). While Peel CAS is commended for its efforts to increase the diversity of its frontline staff, there remain questions about the diversity among its senior management and board levels (OACAS, 2015). Within the context of group care settings, concerns have been raised about a predominance of Black males in such facilities that are staffed largely by white women, which leads to strained relationships, and harsh disciplines and penalties.

Problematic staffing patterns are also reflected by the marginalization and burnout of African-Canadian child welfare workers. Studies suggest that African-Canadian staff experience subtle forms of racial discrimination (micro-aggressions) on a regular basis (Gosine & Pon, 2011), and there have been a number of anecdotal reports of Black staff who have been accused of being biased or "too close to the case" when they try to advocate for African-Canadian families (OACAS, 2015).

Tools used for risk assessment and clinical assessment have also been identified as possible contributors to racial disproportionalities and disparities (e.g., Bonnie & Pon, 2015). Most tools that CASs use to assess safety and risk focus on individualistic factors, while failing to take into consideration the structural conditions and anti-Black racism that are often more significant determinants of the health and needs faced of vulnerable families (Bonnie & Pon, 2015; Clark, 2012). Such tools give excessive discretion to staff, and contribute to the perpetuation of racial biases in child protection decision-making. It is important to recognize, however, that risk assessment tools are part of the broader system of child welfare which views child protection as its central mandate, and is thus not designed to address the concrete/structural needs of vulnerable families. Many families have reported the lack of social support in the child welfare system, and the sense of humiliation and frustrated when referred to services such as mental health, parenting classes and social services, rather than being offered assistance with more important concrete needs (Clark, 2012; OACAS, 2015).

Placement Dynamics

Placement dynamics involve the experiences within out-of-home care settings that produce disproportionalities and disparities due to their influence on the length of stay, quality of experience, and the nature of exit from the child welfare system (Boyd, 2014). Studies suggest that once in care, African-American and African-Canadian youth tend to stay in care longer, tend to have more frequent changes (less stability), and are less likely to gain permanency, reunification or adoption (Children's Aid Society of Toronto, 2015). Research and community reports also suggests that African-Canadians experience underuse of kinship care, greater placement instability, and differential treatment, surveillance and cultural dissonance while in group and foster care settings (Clarke, 2011; OACAS, 2015). The intrusiveness of the fostering process may act as a deterrent to potential African-Canadian foster parents and contribute to disparities in access to culturally-matched families.

Policy Impacts

Policy impacts reflect the effects of broader social policies on disproportionality and disparities of African-Canadian populations in the child welfare system. In Ontario, concerns have been raised about child welfare funding formulas that create perverse incentives that encourage apprehensions and that "privilege protection over prevention, family preservation, and support" (African Canadian Legal Clinic, 2014). Historically, the funding of CASs was tied to volume, and therefore file openings were required to generate revenue (Rankin, 2014). This created a culture and philosophy that emphasized apprehensions rather than family preservation and support. Although changes to child welfare funding formulas to address these incentives to remove children from their homes are being developed, it will be impossible to assess the impacts of such changes on racialized disproportionalities without appropriate disaggregated data.

A second significant policy gap that contributes to disproportionality is the lack of mandatory collection and reporting of disaggregated race-based data within child welfare and other service systems (e.g., policing, education, health). Under the Child and Family Services Act (CFSA), the MCYS requires CASs to report annually on developmental outcomes (e.g., health, education, relationships, emotional and behavioural development) for children in long-term out-of-home care through the Ontario Looking After Children (OnLAC) database. While OnLAC data are disaggregated by sex, age and language, no other demographic factors are required. The MCYS also completes a Crown Ward Review (CWR) process annually as required under the CFSA, which assesses the files of crown wards to ensure that the placement, educational and service needs of crown wards are being met in compliance with legislation and regulations. While the CWR collects demographic information related to age, gender, place of residence, education, special needs and aboriginal status, it does not include ethno-racial data. In 2014 the MCYS announced the launch of the Child Protection Information Network (CPIN), a system-wide database that will enable CASs to collect extensive human rights data on areas such as race, ethnicity, aboriginal ancestry, and language. Although a promising development, complete deployment of CPIN is not anticipated until 2020, and while the Ministry anticipates that CASs will use the system to collect human rights data, such collection will remain at the discretion of individual CASs. Although a number of CASs (including Peel) appear to be willing to utilize CPIN to track demographic data, it remains a concern that the collection and dissemination of such data remain discretionary.

Lack of culturally-competent services

A number of community reports (e.g., Grange et al., 2012; James & Turner, 2015) and feedback from local residents (OACAS, 2015) have indicated that some of the challenges faced by African-Canadian families are worsened by a lack of culturally responsive social and health services. The lack of services to assist families with needs for concrete support or mental health needs, may increase the risk of neglect or maltreatment in some cases when stressors exceed families' capacity to cope effectively. The United Way of Peel (2014) has indicated that there are considerable barriers to mental health services for ethno-cultural communities, including a lack of funding for culturally-responsive services. According to the FACES report (James & Turner, 2015), residents in Peel often lack awareness of culturally-responsive programs, and many service-providing organizations often fail to hire African-Canadian staff. Moreover, there appears to be only 6 black-focused organizations in the region that provide social services, many of which are inadequately funded. Although Peel CAS has undertaken some efforts to collaborate with local Black-focused agencies, such efforts can be compromised when community-based agencies lack adequate funding and capacity. Families have reported that many of the most-needed services from Black-focused agencies and service providers are not publicly funded (OACAS Peel Consultation, 2015).

Prevention of Disproportionalities and Disparities

Although there is limited evidence about best practices to reduce racial disproportionalities in child welfare systems, there is enough evidence about promising practices to inform the development of impactful responses in Peel and Ontario. Ontario can likely learn a great deal from a number of U.S. jurisdictions that have undertaken systemic efforts to address disproportionalities in child welfare. The Texas Model for Eliminating Disproportionality and Disparity was a seminal approach toward this end, which influenced similar initiatives in California and Washington State. We know that a focus on preventing maltreatment and promoting family well-being should be a central component of such an effort, and that prevention should be holistic and ecological, addressing several of the complex factors that influence family well-being (Prilleltensky, Nelson & Peirson, 2001). Given the significance of structural and agency-system factors in determining disproportionalities we believe that efforts should place particular focus on systems change. In the following sections we briefly discuss possible interventions and strategies at multiple levels.

Children and youth intervention

Research shows that programs and services targeted at children and youth who are at risk of involvement with child welfare, can have a positive impact on improving child outcomes (Prilleltensky et al., 2001). Programs that include social skills training has shown to be effective in improving outcomes for children at risk. For children within care, culturally-focused programs have also been found effective in improving youth outcomes. Currently, Peel CAS operates the Village, a space that provides culturally appropriate, Afrocentric activities for African-Canadian youth in care, and which includes a focus on helping youth to understand the systemic oppression that they face. Youth participants of the Village have reported that it has had a positive impact on their identity development, and provided a strong sense of community and social support (Adjetey, 2012). In spite of the success of the Village and a few notable youth programs in Peel, African-Canadian youth have indicated that many programs do not respond to their needs (James & Turner, 2015). Moreover, the accessibility, quality, and sustainability of culturally-focused programs is highly variable, and there are few programs to meet needs of African-Canadian youth at highest risk of child welfare involvement.

Parent and family support

Various interventions with families show promise in mitigating risk before child welfare involvement, and in providing alternatives to apprehension (e.g., case management, home visitation, parent training, parent self-help groups) (Child Welfare Information Gateway, 2011; Prilleltensky et al., 2001). Although some promising practices are emerging In Peel, there remain few organizations that offer culturally-appropriate primary prevention interventions for African-Canadian families (James & Turner, 2015).

Some evidence suggests that alternative intake practices such as Family Group Decision Making (where families are largely involved in directing and developing plans to respond to protection concerns) and Differential Response (where families are streamed into services based on intensity of need, and are able to receive services without being brought into care) has also been linked with some success in some American states (Child Welfare Information Gateway, 2011). Although Ontario implemented a Differential Response model in 2005 (Bonnie & Pon, 2015), it remains unclear what, if any, impact it has had on racial disproportionalities. Indeed, the impact of such approaches depends on how they are implemented and the extent to which staff and agencies involved are able to keep their power in mind and commitment to providing a positive experience for the service user.

Kinship care is an approach that may address disparities in out-of-home care experiences, by enabling children to retain some familial, community and cultural ties. Although Peel CAS offers kinship care options to families (including Black families), it is unknown how many Black families access such services. Community residents have reported that the process of providing care is intrusive, and expressed a need for more accessible, friendly and supportive kinship care processes.

Community intervention

Community-focused strategies are critical for addressing structural issues and intervening within a prevention and promotion framework. Strategies such as community development, community resource centres, early childhood development programs for children, and community capacity-building have been utilized as promising practices (Prilleltensky et al., 2001). Community development and engagement can be an effective way to get buy-in for system reforms and inform the community about issues (Fluke et al., 2010). The community has a critical role in holding systems accountable in relation to how the community is treated and the outcomes. Effective community engagement can also support the recruitment of culturally competent staff and foster/adoptive parents (McRoy, 2004).

Peel CAS has a community engagement team that aims to proactively support families by building capacity around parenting skills and increasing awareness on how to involve CAS if a child is at risk. The team conducts ethno-cultural outreach, that includes outreach to the Black community and neighbourhoods that have high percentage of Black residents. The team also provides community education that targets community residents and key stakeholders. Although the community engagement team is an important reflection of Peel CASs commitment to diversity, it is not clear the extent to which it provides a voice for Black families to influence agency policies and practices, or is able to hold systems accountable for disproportionalities.

Organizational and systemic intervention

A number of organizational and systemic approaches have been identified as important elements of strategies to address disproportionalities, such as workforce development, cultural competence/anti-racism training, and cross-system collaboration (Love, 2013). Although workforce development is central to many efforts in the U.S., evidence regarding its effectiveness is mixed (Fluke et al., 2010). With respect to hiring and recruitment, the evidence regarding the impact of staff-client racial matching on care outcomes is

inconclusive for African-Americans, due to complex challenges surrounding race, ethnicity, culture, and class, and also to the impact of organizational contexts that place African staff under closer scrutiny and criticism for actions taken to support African families. In spite of the questionable evidence, there are strong arguments for ensuring staff diversity within organizations in order to promote equitable organizational cultures and case decision-making.

Moreover, while the evidence surrounding the long-term effectiveness of anti-racism training has been questioned, given the institutional context, we believe that investment in anti-racism training is an important indicator of organizational commitment to anti-racist values, and that more work can be done to develop increased effectiveness of training approaches (Johnson, Antle & Barbee, 2009). Furthermore, staff training efforts are typically compromised without adequate follow-up training, opportunities for knowledge exchange among staff and supportive organizational environments (Damschroder et al., 2009). Training in anti-racism for mandated reporters has been suggested as being particularly important for reducing disproportionate referrals to child welfare. This training should include helping mandated reporters to distinguish between poverty and neglect, and between cultural differences and maltreatment (U.S. Department of Health and Human Servcies, 2011), and should foster critical reflective practice that recognizes personal power and bias (Bonnie & Pon, 2015).

As stated earlier, the collection and dissemination of race-based data is a critical need for addressing disproportionality and disparities, and has been at the foundation of such efforts in the U.S. Many researchers, policy and advocacy papers within Ontario (African Canadian Legal Clinic, 2014; Dei & Kempf, 2005; Grange et al., 2013; McMurtry & Curling, 2008) have called for disaggregated race-based data as a tool for addressing institutional racism within a broader human rights framework (e.g., The United Nations Convention of Rights of the Child (1990), the United Nations Durban Declaration and Program of Action (2001), and the Ontario Human Rights Commission (2009)).

Conclusion

BCAN is encouraged by recent efforts announced by the MYCS to work with the Ontario Association of Children's Aid Societies, the African Canadian Legal Clinic and other partners to develop strategies to address racial disproportionalities and outcomes for African Canadians in the child welfare system. However, we believe that such efforts must occur within a framework of rigorous monitoring and accountability to ensure that inequities are identified and appropriately addressed.

Recommendations

1. The MCYS should establish mandatory requirements for the collection and annual reporting of race-based data by CASs through Child Protection Information Network (CPIN), Ontario Looking After Children (OnLAC), and Crown Ward Review (CWR). Mandatory requirements should stipulate that such data be used as a basis for strategic planning, program development and service delivery related to the African-Canadian community, and that CASs report annually on performance measures related to their response to both MCYS and the community (i.e., Annual Reports).

2. Regardless of whether or when MCYS establishes mandatory race-based data collection and reporting guidelines, Peel CAS should follow the lead of the CAS of Toronto and report on the disaggregated data with respect to African-Canadian children and families involved with the agency by the end of December 2016

3. Peel CAS should establish an African-Canadian Advisory Committee to involve the community in the development of an action plan with the goal of reducing disproportionalities and disparities. The Advisory Committee would support implementation of action plan strategies and should include meaningful representation from youth with lived experience. The Advisory Committee should be established by end of June 2016.

4. Peel CAS, Peel Regional Police, Peel District School Board, the Region of Peel and allied mainstream service agencies should adopt anti-oppression/anti-racism service frameworks that include an explicit anti-Black racism lens for responding to racial disproportionalities and disparities. This would include a focus on responding to anti-Black racism through strategic planning, board and staff recruitment, staff training, community engagement and partnership development. Mandated referral agencies should monitor and report disaggregated race-based data on referrals to child welfare annually, beginning by the end of December 2016.

5. MCYS, the Ministry of Health and Long Term Care (MOHLTC), Region of Peel, United Way, and other key service funders should invest in much needed Black-focused agencies and programs to expand the availability, accessibility and comprehensiveness of culturally appropriate services for Black families and children.

6. MCYS should establish an African-Canadian Family and Children's Services Agency to serve the GTA. This agency should adopt an Afrocentric approach and focus on supporting strong and healthy families, rather than removing children from the home.

7. Black-focused organizations should partner with mainstream agencies and funders to develop a collaborative regional initiative to establish an evidence-informed strategy for building the capacity of Black-focused community agencies to deliver effective and sustainable preventative family services. This should include the identification of an agency that could serve as an initial point of contact or referral for African-Canadian children and families identified as at risk of child welfare involvement. This should be completed by end of December 2016.

8. Black-focused organizations should work with local colleges and universities to develop strategies for targeted anti-racism training and leadership development for African-Canadian students in the human services disciplines.

9. The leaders of Black-focused agencies and faith groups in Peel Region should create a leadership roundtable that would support system-level service planning and coordination with leadership of mainstream agencies (including CAS, education, justice, health), to address the needs of vulnerable Black children and families. This should be established by end of June 2016.

10. The federal, provincial, and regional/municipal governments should increase funding for services that address basic needs of vulnerable families, including universal child care, affordable housing, public transit, and living wage standards.

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