FTIAN

FLEMINGDON-THORNCLIFFE
INTER-AGENCY NETWORK
STRATEGIC PLAN REPORT

Flemingdon-Thorncliffe Inter-Agency Network Strategic Plan Report

CONTENTS

The Flemingdon Thorncliffe Park Interagency Network (FTIAN) brings together a diverse range of community agencies to collectively meet the needs of residents in Thorncliffe Park and Flemingdon Park. The value of the network is measured by the value of enhanced individual agency capacity to deliver on their business plans and component initiatives supported as a collective. This strategic plan, therefore, is not about specific initiatives, for that is for the FTIAN members to determine, rather it is about enabling cost effective, quality service delivery through network collaboration.

Purpose of the FTIAN Strategic Plan

Bringing a Strategic Focus

The strategic Plan will enable members to have a shared vision and a means of measuring the strategic alignment of any initiative with the FTIAN mandate, articulating risk of any activity (what are the legal, operational, cultural, or financial risks?), implementation complexity (ae new resources required? Is this a completely new idea/initiative?), urgency of any arising issue and the return on member's time and resource investment.

Creation of the Plan

This FTIAN Strategic Plan was developed in consultation with the Governance Committee, key informant members of FTIAN and community members. A survey of community and agency needs was carried out and detailed findings are in the appendices of this report. In addition, we conducted a literature review of key community statistics and data.

Overview of the Strategic Plan

Vision

FTIAN will enable partner agencies to deliver cost effective, quality programs to the community's residents. This will be achieved through service collaboration, resource sharing and including residents in planning new or realigned services.

Guiding principles

Applying a set of guiding principles will help in achieving the FTIAN's strategic goals and help us make consistent program and service decisions.

Guiding Principle	How it is applied
Evidence-Based Decision-Making	Use strong data and research, not assumptions
Partnerships, Alignment and Collaboration	Look to work with other tables in the community/field
Prevention and Promotion	Keep problems from happening or mitigate them when they do
Fiscal Sustainability and Balance	Can we afford it? Watch program costs and acknowledge competing demands
Community Engagement	Get the word out about programs and services to residents

The strategic directions contained in this plan are organized around the following strategic areas/goals:

1. **Alignment with City Processes** – align Network activities to City processes and initiatives to ensure public services meet the needs and wishes of the local communities that they serve. This will be achieved by bringing services, resources and viewpoints from the community, City staff and service providers all together. This will result in more joined-up planning, community engagement and, in some cases, community delivery of projects and facilities. In aligning FTIAN activities to City programs and processes and vice versa there are two cultures each of which is in continuous motion. It is not possible to 'hold one constant' to fit the other one to it. Three perspectives should always be borne in mind:

I. The Network's ability to strengthen itself internally to deliver its own contribution most effectively.

II. The Network's ability to understand the methods, drivers and planning cycles of City services to be able to exert influence at effective points.

III. The Network's ability to envision greater coordination, propose ideas, marshal relevant evidence and play a major role in advocating for community needs/resources

In doing this work, the Network will not neglect Community-Led Planning (CLP). This is a step-by-step process that aims to enable every resident to participate in and

contribute to improving the social, economic, environmental and cultural well-being of their community. Bringing a resident voice to the table directly or through a consultative process will mitigate against this. The alignment of services at the local community level is made easier where there is a wider approach to linking local and strategic planning processes.

2. **Community Development** – Improving co-ordination between services (sharing data, referral of beneficiaries, operational co-ordination of services, co-location of delivery teams, changes to area boundaries of services) has been one of the Network's strengths. FTIAN should continue to pursue community development initiatives that fill gaps, reduce overlaps of services and wherever possible, pooling of budgets or joint funding applications among member agencies. Some areas of community development that have been identified through the strategic planning process are mental health, improved communications (interagency and with residents), senior's isolation and digital literacy.

3. **Local Economic Development** – Both Flemingdon Park and Thorncliffe and high immigrant enclaves whose residents are overrepresented in high unemployment, precarious jobs and low-income households. FTIAN should pursue initiatives that support local economies, maximize resident's potential and support social enterprises

Implementation

We will start to put the Strategy into action in 2021, with the guidance of the Governance Committee whose work will be supported by small working groups. One of the first tasks will be to identify the priorities, timelines and resources required to realize the Strategy's actions. Timelines for each of the actions will be identified and phased in over the next five years.

Action and Advocacy Areas

What we are planning on doing Specific areas of action and advocacy will bring the Strategy to life. The actions focus on areas where the Network has a convening role, or where its advocacy can influence the level of government that is responsible for needed actions. Advocacy initiatives are considered actions as well in this plan.

How to read the Strategic Plan

The Strategic Plan has three strategic areas and we have recommended three strategies per strategic area and three action steps per strategy. As noted earlier, the Plan does not prescribe specific action areas as this is for the Network to decide. Three actions per strategy is only a recommendation. Depending on the issue, less actions may be needed. We have outlined the logic of 3 action areas using the Seniors Action Plan as senior isolation was a particular issue that was highlighted by most interview participants.

1. Strategic Goals/Areas (3)
2. Strategies (recommending 3 per strategic goal)
3. Action Steps: Action steps include three criteria: What (specifically) is going to be done? Who is going to be responsible for getting it done? By when? This will provide the basis of a detailed Implementation Plan.

FTIAN Strategic Plan

Strategic Goal 1:
Alignment with City Processes

STRATEGY 1.1: ALIGNMENT WITH THE NEIGHBOURHOOD PLANNING TABLE (NIA)

Action 1.1.1: DOES ANY TEXT GO HERE

Action 1.1.2:

Action 1.1.3:

STRATEGY 1.2: ALIGNMENT WITH THE COMMUNITY CRISIS RESPONSE PROGRAM

Action 1.2.1: Increase engagement with local youth groups (recommendation only)

Action 1.2.2:

Action 1.2.3:

STRATEGY 1.3: ANTI-BLACK RACISM/DIVERSITY AND INCLUSION INITIATIVES

Action 1.3.1: Develop a local Diversity Charter for adoption by member agencies (recommendation only)

Action 1.3.2:

Action 1.3.3:

Strategic Goal 2:
Community Development

STRATEGY 2.1: COMMUNITY ENGAGEMENT

Action 2.1.1: Community Newsletter (recommendation only)

Action 2.1.2: Digital Literacy (recommendation only)

Action 2.2.3:

STRATEGY 2.2: SENIORS ACTION PLAN

(actions below are for illustrative purpose only, FTIAN will decide on specific actions per strategic goal)

Action 2.2.1: Coordinate community outreach and communication activities and identify new programs needed to reduce seniors' isolation, including alternative programs for those on waitlists. Quarterly reports to FTIAN on number of seniors engaged.

Lead Agency: TNO Senior's program

Action 2.2.2: Work with the business/industry sector to identify innovative new business solutions for seniors and integrate these to funding requests (i.e. new technology; apps for wellness checks, data solutions)

Action 2.2.3: At a system level, understand what programs and services are required to support seniors to age in place and the capacity needed to deliver them (capacity includes policies, programs in the community and staffing/volunteers)

STRATEGY 2.3: MENTAL HEALTH

Action 2.3.1:

Strategic Goal #3: Local Economic Development

STRATEGY 3.1: FOOD SECURITY

Action 3.1.1:

STRATEGY 3.2: COMMUNITY BENEFITS

Action 3.2.1:

STRATEGY 3.3: SUPPORTING LOCAL SOCIAL ENTERPRISES

Action 3.3.1:

Whole bunch of missing copy?

Appendices

Appendix A:
Environmental Scan and Needs Assessment: 2021

This needs assessment sought to explore and affirm the needs of the community to inform the strategic planning process for FTIAN. This included a community safety survey that also analyzed gaps in services and how to address barriers to accessing services. A community safety lens was used as this review coincides with an unprecedented COVID-19 pandemic that has affected both the type of services and the way they are delivered to the community. This review is also being undertaken at a time when municipalities across Ontario are required to develop and adopt community safety and well-being plans (Police Services Act effective January 1, 2019) working in partnership with a multi-sectoral advisory committee comprised of representation from local service providers in health/mental health, education, community/social services, children/youth services and police services. This work will therefore inform the broader planning environment in which FTIAN agencies work. increased understanding of and focus on priority risks, vulnerable groups and realignment of resources and responsibilities to better respond to priority risks and needs will make this Network more effective in the use of its resources and transformative service delivery.

Appendix 2:
Needs Assessment/Environmental Scan A. Funding Scan

The Network operates without any regular funding

B. Demographic Scan

The FTIAN Catchment area roughly corresponds to the Don Valley West and Don Valley East federal & provincial ridings and what the City of Toronto calls Ward 15 and Ward 26 respectively. The below summary of demographic, poverty, health, and safety indicators come from documents relating to our catchment area.

Neighbourhood Profile: Key Statistics			
	Flemingdon Park	Toronto	Thorncliffe Park
Population	21,933		21,108
Population Density	9,026 peoplekm²	4,195 people km²	6,787 people km²
Mother tongue not English	69.5%	47%	73.9%
Immigrants	64%	51.2%	63.7%
Visible Minority Population	78.6%	51.5%	79.2%
Median Household Income	$48,917	$65,829	$46,595
Renter households	55.3%	47.2%	88.9%
Bachelor's degree or higher	34.9%	44.1%	41.1%
Unemployment Rate	10.6%	8.2%	12.7%

1. General population indicators: Low-income renters in high density neighbourhood marked by an ageing population with a high level of precarious immigration status

- 43,000 people and 2x average population density compared with the rest of the City as a whole. (Population Stat, 2018)
- Thorncliffe Park has the highest proportion of children (32.2%) within their population of neighbourhoods in the Toronto Central LHIN.
- Significant population growth (16.9% between 2011 and 2016) projected over next 10 years: gentrification and further density. (Source: based on 2016 Statistics Census data)

RENTAL STATISTICS
- High prevalence of rental properties (up to 88%% of population in Thorncliffe, compared to 47% in City as a whole)

NEWCOMER STATISTICS
- The percentage of immigrants in the area is higher than the city at large, the number of non-permanent residents is also higher than the city-wide average (City of Toronto, 2018).
- Over 78% of the population identify as visible minorities (Statistics Canada, 2016)
- The most common languages spoken at home other than English include Urdu, Pashto, Farsi (Statistics Canada 2016)
- The proportion of visible minority population in the Mid-East Toronto sub-region is higher (40.5%) compared to Toronto Central LHIN (34%). Most heavily represented visible minorities relative to Toronto Central LHIN are East Asian and Blacks. Moss Park and South Riverdale have the highest proportions of visible minorities among the Mid-East neighbourhoods. (Mid-East Profile, Toronto Central LHIN, 2016)

AGE STATISTICS
- 4% of people over 65 live alone and of these, 31% struggle with activities of daily living (Toronto East Ontario Health Team proposal, May 2019)
- Thorncliffe Park has the highest proportion of children and youth (32.2%) within their population, however it has the lowest rate of lone parent families in the subregion (22.8%)
- Lowest proportion of seniors (10.2%), however second highest proportion of seniors living alone in East Toronto sub-region (41.4%). The area also has the highest prevalence rates of Emergency Department visits for per 1000 residents for ages 75+

2. Poverty indicators: amongst the highest level of people living below LICO in the province

- Unemployment is particularly high in Thorncliffe Park (12.7%) and Flemingdon Park (10.6%). Oakridge and Crescent Park are the only other 2 neighbourhoods with higher rates of unemployment in East Toronto (Urban Heart Toronto, 2014)
- This sub-region has the highest percentage of people below the low-income cut-off in the province (Toronto East Ontario Health Team proposal, May 2019)

3. Health indicators: Significant prevalence of homelessness and mental health and substance use disorders mean significant emergency health care usage

- Primary Care Enrollment and Continuity of Care: % of Enrolled Population with Low Continuity in East Toronto sub-region (24.5%) is lower compared to Toronto Central LHIN (26.1%). Except for Taylor-Massey (23.3%), the lowest levels of continuity are in Thorncliffe Park (27.8%) and Flemingdon Park (24.3%)
- Prevention: Flemingdon Park and Thorncliffe Park residents have particularly low levels of screenings for pap-smears, colorectal cancer screenings, colonoscopies and mammograms
- Flemingdon Park, and Thorncliffe Park neighbourhoods have the highest prevalence rates of diabetes and high blood pressure
- 17% of people who receive mental health case management reside in East Toronto sub-region. More data is needed to break this down by neighbourhood. Most Case Management-Mental Health clients are served by Alternatives, Fred Victor, and Cota Health; the latter two of which are based in the Mid-East Toronto sub-region.
- High rates per 1000 of diagnosed mental health and substance use disorders (Toronto East Ontario Health Team proposal, May 2019)
- Higher than LHIN average annual rate of hospitalizations per 1000 population, particularly for ambulatory care sensitive conditions and Mental Health Act (Toronto East Ontario Health Team proposal, May 2019)
- The two neighbourhoods are among the top 4 that have experienced significantly high increases in ED visit volumes since FY 2010/11 (the others being North Riverdale and Woodbine-Lumsden)
- There are no Addictions Treatment-Substance Abuse Health Service Providers (HSPs) that serve Flemingdon/Thorncliffe Park residents. HSPs in other subregions include Jean Tweed Treatment Centre* (West), University Health Network* (Mid-West), Breakaway Addiction Services (West), 416 Community Support for Women (Mid-East), Centre for Addiction and Mental Health (Mid-West) Salvation Army Homestead-Harbour Light Centre (Mid-East), Hospital for Sick Children (Mid-West), Pine River Institute (Mid-East) and St. Stephen's Community House (Mid-West).

4. Safety Indicators:

- Most popular crime for the neighbourhoods are break and enter, assault, homicide and auto theft, with a recent spike in break and enter, theft over and (TPS Crime Statistics - Major Crime Indicators)
- In 2021, as of February 1, there has been a 43% spike in auto thefts and 15% increase in break and enter in Thorncliffe Park
- % increase 2020-2021 for Flemingdon is 90% in sexual violence, 67% theft over and 42% break and enter
- Concerns about public safety are also on the rise. Local businesses and institutions have reported needing to enhance security staffing and infrastructure on their properties. (City of Toronto DE Action Plan)

Appendix C: Community Safety Survey

We administered a survey on community safety that looked at eleven risk categories. We recognize the Strategic Plan will be strengthened by a diversity of voices, including FTIAN organizations' input about the top risks clients face in the two neighbourhoods combined with further engaging residents with lived experience. Risks, in the context of this survey, are those factors that could lead to negative outcomes such as crime, victimization, addiction, drug overdose, suicide and other outcomes. Agencies were asked to respond to 2 questions:

1. Based on their interaction with clients, what do you see as the top safety and well-being risks from the communities they come from?
2. Of the following 11 risk categories, please circle 3 that you see as the highest concerns, and note any specific insights and information about each
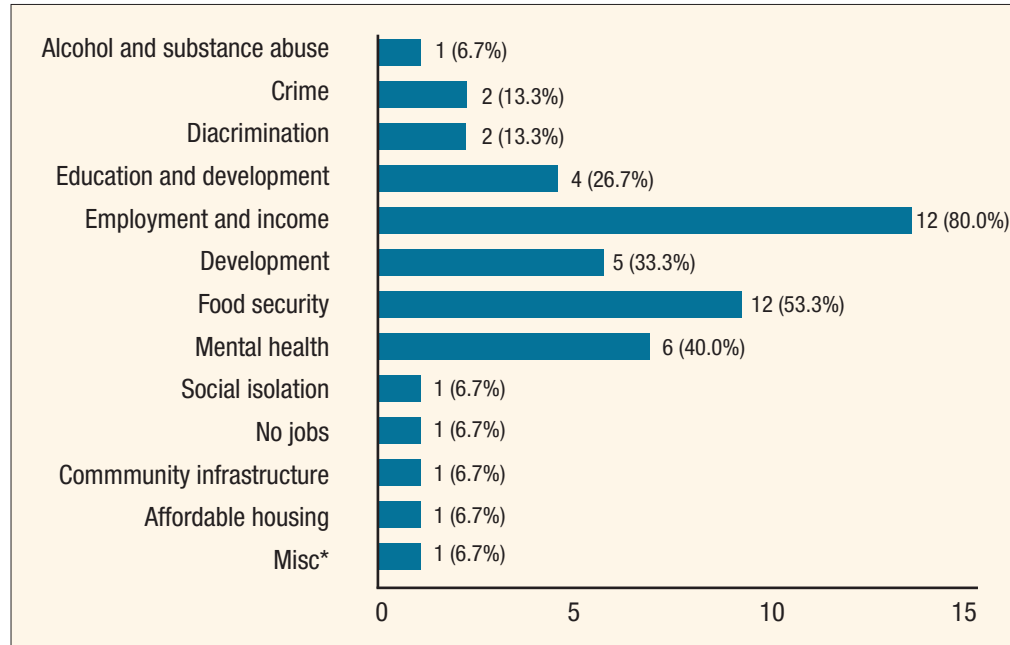
Top 3 Risks: FTIAN Community Agencies

1. Employment and Income
2. Mental Health
3. Social Isolation

"Without proper income it places an extreme pressure on rent, food security, and mental health stresses. We have seen an increase in calls related to Tenant vs Tenant conflicts, noise, pest control".

"Based on the clients we serve at DVCLS, many are on social assistance, or precariously employed. With vacancy rates around 1%, market rent is not affordable to many current residents, such that the loss of or reduction in their income could result in the loss of housing, and the inability to secure new housing in the neighbourhood. Many of our clients present with mental health, which also presents challenges for their income and housing security, as well as our ability to serve them"
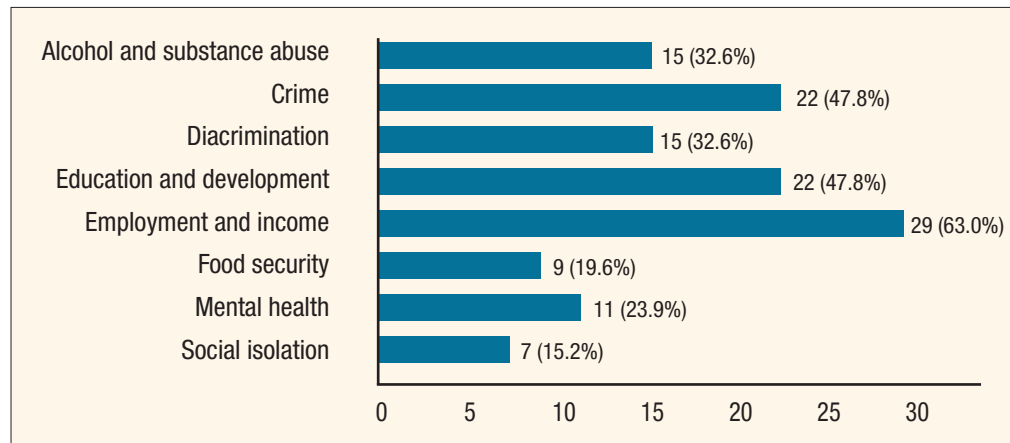
Category	Value
Alcohol and substance abuse	1 (6.7%)
Crime	2 (13.3%)
Diacrimination	2 (13.3%)
Education and development	4 (26.7%)
Employment and income	12 (80.0%)
Development	5 (33.3%)
Food security	12 (53.3%)
Mental health	6 (40.0%)
Social isolation	1 (6.7%)
No jobs	1 (6.7%)
Commmunity infrastructure	1 (6.7%)
Affordable housing	1 (6.7%)
Misc*	1 (6.7%)

* The community would like to understand which agencies exist in the community, how much monet they receive annually, and what the inpact of those dollars is.

Risks: Thorncliffe and Flemingdon Residents

Residents/clients were asked to respond to the same question. However, we used employment and income as a proxy for jobs while community infrastrure and housing were probed in the course of the survey.

Category	Value
Alcohol and substance abuse	15 (32.6%)
Crime	22 (47.8%)
Diacrimination	15 (32.6%)
Education and development	22 (47.8%)
Employment and income	29 (63.0%)
Food security	9 (19.6%)
Mental health	11 (23.9%)
Social isolation	7 (15.2%)

TOP 3 RISKS

1. Employment and Income
2. Education and Development
3. Crime

"Social isolation existed always even before the pandemic, discrimination seen in the services provided in terms of health care and education, very difficult to find a job even for highly qualified professionals, many people employed part time or contract which is not a stabilized income"

"Discrimination in terms of not recognizing foreign qualification and barriers to profes-sional employment by the respective professional association, systemic and subtle racism, lack of recreation and sports facilities, as local government do not treat these communities as priority, more like expendable communities. Cost of higher education, lack of budget and support in terms of education and health for special needs, women and seniors"

"Being a widow its hard in relation to social isolation, discrimination being someone over the age of 60 you have to deal with age discrimination. And with everybody denying that it happens. IT HAPPENS. Being an older disabled women you are afraid of someone trying to break into your home or taking advantage of you"

Analysis		
Risk Rank	Resident Ranked Risks	Agency Ranked Risks
1	Employment and Income	Employment and Income
2	Education and Development	Mental Health
3	Crime	Social Isolation

Both agencies and clients agree on employment being a key community safety risk. What is notable are the differences in the second and third risk catergories.

Mental Health, Education and Development

The second risk dimension poses a question of whether these could be the two sides of the same coin. Education and emplyment was of concern among immigrants who felt they were not getting employment commensurate with their skills and qualifications. The lack of foreign credential recognition is well documented in literature. Even though immigrants are "arriving more skilled than ever before" (Knowles 1992; Oreopoulos 2011), their earnings continue to fall behind those of Canadian-born workers. And this problem does not only affect new arrivals. A study concluded that even after spending eleven to fifteen years in Canada, immigrants were still "twice as likely" as Canadi-an-born workers to be in low-skilled occupations (Ferrer, Picot, and Riddell 2012). Inter-ventions to increase foreign training credential recognition and re-skilling (education and development), may in turn reduce the incidence of mental health related issues. Health concerns in the Canada are focused on disparities in access to health care and health outcomes. Of particular concern are occupational health disparities associated with race/ethnicity and immigrant status. Immigrant racial/ethnic minority populations, compared with their native-born counterparts, have a disproportionate share of worksite hazard exposures and associated health problems and the situation is no different for residents of Thorncliffe Park and Flemingdon Park. Many workplace hazard exposures contribute to chronic health problems such as mental health disorders and complicate the management of existing chronic illnesses like diabetes and high blood pressure. The opening of Health Access Thorncliffe Park (HATP) in 2018 has helped address the deficiency effective methods to engage individuals in this vulnerable, hard-to-reach population.

Community agency staff also pointed to the direct link between precarious employment and mental health in the community. "Overcrowding and precarious employment causes residents to be vulnerable. Covid highlighted that it is hard for residents in an overcrowded environment to stay at home when they are not working. Mental health is big issue in the community. People come to us with issues that are not just biologically related to mental health but are induced by the environment they live in". Knowledge about access to mental health supports was also raised as an issue "I think people of my community aren't aware of the mental health problems and the consequences of it in our daily lives. It will be great if the mental health services are widely provided or promote". Residents also brought up widespread use of drugs in the common areas of buildings

Homeschooling

The other issue highlighted was the lack of preparedness of residents for home-schooling as a result of COVID-19. Residents reported lack of knowledge on home schooling, the "nightmares" of juggling four kids while trying to work from home and lack of digital literacy or access to computers to begin with. This exposed the rift between the wealthy and relatively low income immigrant families in adjusting to the lockdown. While the stratin of homeschooling has affected all parents in lockdown, some have employed high end solutions which are simply not affordable for most parents in this community.
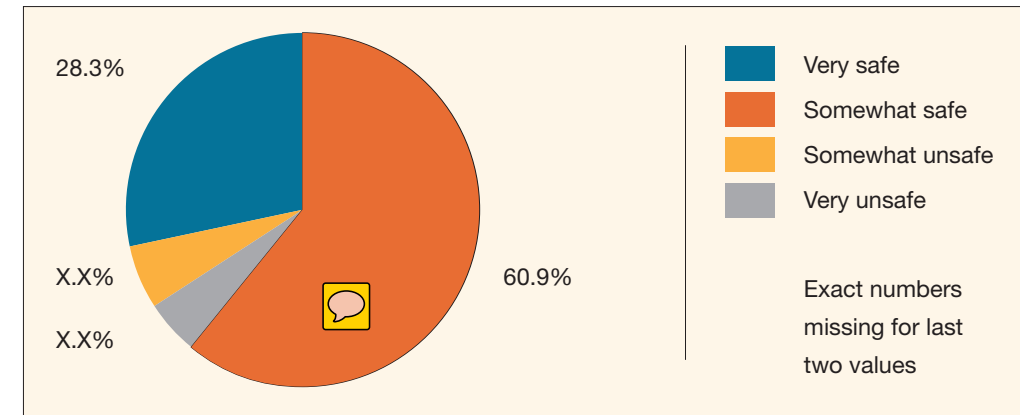
Crime

While the community experiences a high incidence of crime, most residents felt relatively safe in the neighbourhood. The general comment was that the crime is concentrated within a specific demographic of youth and while concerning, it is not directed at the majority of residents. As one staff put it, "Increasing youth networks and participation will help us curb the incidence of crime and violence". One community member wrote "When will you improve youth services in this area. This will help address issues of school dropout, drugs, mental health". Most residents also attributed the crime and violence in the community to substance abuse "

Resident Perceptions of Safety, Access and Knowledge of Services

**How safe do you feel in your community?** (46 responses)

Missing values for two answers

28.3%

Very safe
Somewhat safe
Somewhat unsafe
Very unsafe

X.X%

60.9%

X.X%

Exact numbers missing for last two values

The majority of residents feel somewhat safe (61%) and 28% feel very safe. The conclusion we draw is that while residents are concerned about the safety issues in the community, they do not feel very insecure in their environment.

Do you know any programs and services in your community that can help you deal with the risks you identifird above? (46 responses)
(i.e. health centres recre . . . programs, housing and employment support, etc.)

47.8%

Yes
No

52.2%
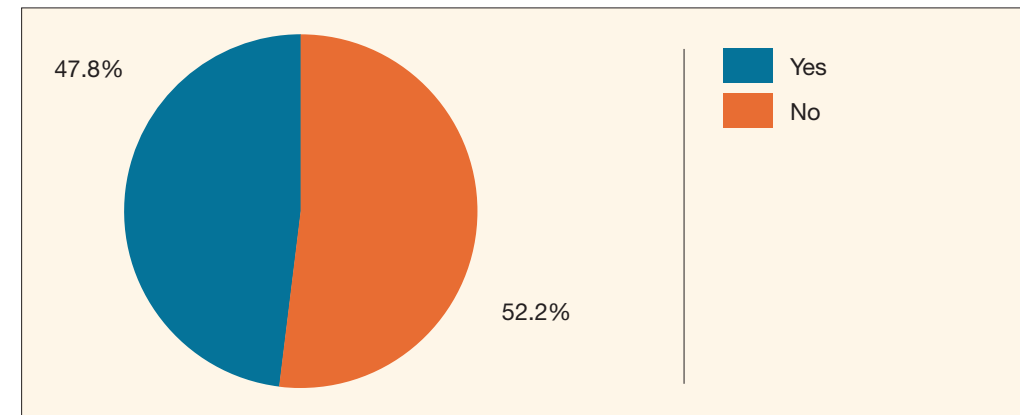
Knowledge of support programs that can help mitigate risk is split even. There is an opportunity for residents to be more informed about programs and activities in the community.

Can you access the programs and services thst you need? (46 responses)

- Yes 26.1%
- No 73.9%
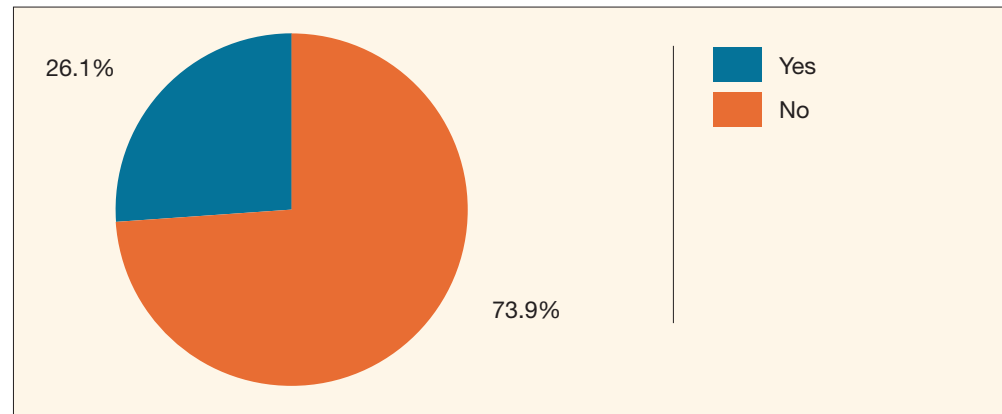
Service Access

Services in the Thorncliffe and Flemingdon neighbour are accessible (74%). Most of the reported lack of access is due to legislated closures related to COVID-19.
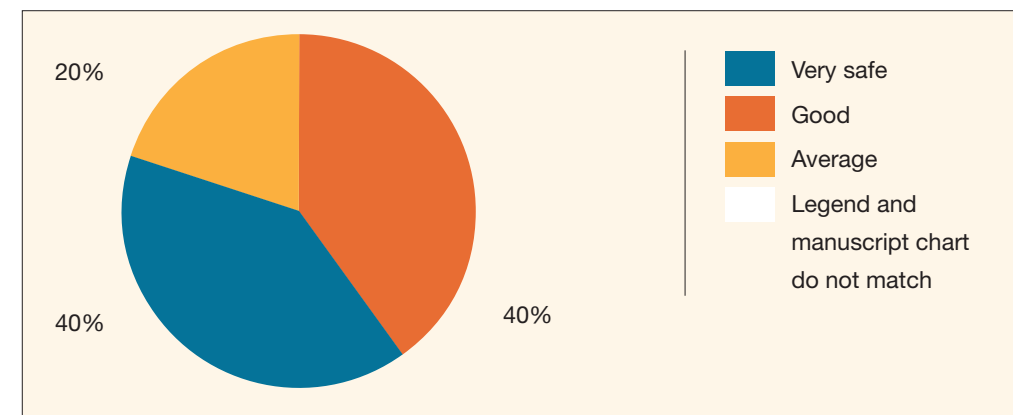
"Can't talk to anyone on the phone, some people don't have a computer or community office to go to to get services, reaching people we feel more and more cut out. Getting worse"

"Neighbourhood agencies are closed and not able to access. Personal contact was better as community members don't have ability to contact virtually or do not feel secure on phone or virtually. We also do not have printing, email, fax , photocopy etc services"

Quality of Life: Agency Response

How would you rate your clients, overall well-being and quality of life?
(15 responses)

- Very safe 40%
- Good 40%
- Average 20%
- Legend and manuscript chart do not match

Legend has more values than Pie Chart

The majority of residents feel somewhat safe (61%) and 28% feel very safe. The conclusion we draw is that while residents are concerned about the safety issues in the community, they do not feel very insecure in their environment.

How would you rate your clients, overall well-being and quality of life?
(46 responses)

- Very good 23.9%
- Good 26.1%
- Average 28.3%
- Poor 15.2%
- Prefer not to answer 6.5%
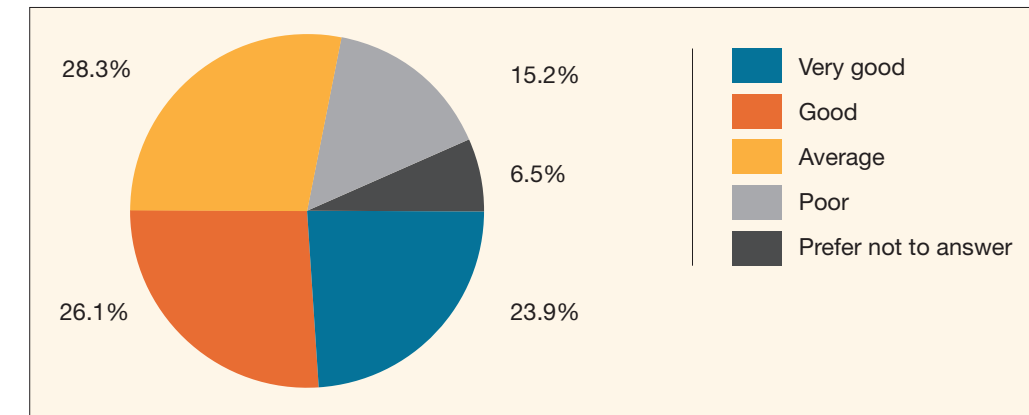
While 50% of respondents rated their overall well-being and quality of life as either good or very good, 80% of agency staff rated their clients as either average or poor. There could be several reasons for this dissonance. Experience shapes our perceptions of reality and this may be true in the case of uprooted or immigrant families. Psychologists have also long argued that perception, the lens or mindset from which we view people, events, and things. molds, shapes, and influences our experience of our personal reality. It is also possible that agency staff meet residents at their point of need and therefore will have a different sample of behavior on which to base their impressions. The important point to note is that attributions play an important part in the quality of the working relationships and interventions between client and agency staff. Having a positive outlook is healthy, but it must be tempered.

Social Isolation

Social isolation was most reported among seniors in Thorncliffe Park. In particular, both residents and staff worry about the post-covid impact of isolation. "I worry about grieving. A lot of people have lost friends and family during this crisis and once we come out of it I do not know what it will look like. We may not be prepared for what is down the road for this community" commented one staff. One residents also pointed to the need of a coordinated approach to seniors' isolation "Community outreach, wrap-around suppurts and care will go a long way in reducing senior isolation. There also an opportunity for the Network to partner with Police Services in developing a community driven approach to crime prevention".

Limitations

There are a few limitations to the surveys and this report. In particular, the client survey was not accessible to all clients. It was only offered to clients who had access to a computer at home or came into the office for appointments. In addition, the respondents were already pre-existing clients that would have been more aware of programs and services available in the community.

The survey was voluntary and there was no incentive provided for clients to answer the questions. Also, the survey was only provided in English, which excludes several clients who are not fluent in English or who are not comfortable reading or writing in English. In total, 47 residents responded to the survey, 85% female and 15% identifying as male.

All questions on the surveys were voluntary and thus several respondents left some questions blank.

A final limitation is the fact the questions were posed in surveys rather than interviews. However, the researcher reached out to seven key informant staff that represented the breadth of services offered in the neighbourhood to collaborate some of the comments in the surveys. This enabled follow-up questions and probing for detail that enriched and nuanced the data gathered. All but one agency represented at the FTIAN responded to the survey.

Conclusions

This report can make few definitive conclusions. Given the types of surveys (largely open-ended questions) and number of surveys collected, no statistically significant data was generated. However, there is breadth of information in these surveys that provides a wealth of information on community needs and the impact the Network has had through service coordination. The majority to respondents had only positive things to say about their interaction with staff and community services they accessed. Most areas of improvement that were identified came from staff. These form the basis of proposed strategic areas that the Network should focus on.

Appendix D: SWOT Analysis

The purpose of the SWOT analysis is to provide the Network with a clear assessment of where it stands in its competitive marketplace. Little benefit is derived from applying overly complicated analysis to achieve the results. We used the governance committee's skills, experience, and judgment to synthesize all the external assessment findings and to determine FTIAN's real advantages and disadvantages.

STRENGTHS	WEAKNESSES
• Collaboration and resource sharing among members ensuring no duplication of services, synergies to find common solutions for clients • Collaborating on funding applications • Strengthening how we work together, understanding what others offer • Responding to our communities needs; using collective capacity to react to emerging issues (i.e., building wide issues, policy changes etc.) • Lived experience of some staff. They live and work in the community. This enables us to mobilise effectively in times of crisis • Name recognition, historical connections of the partnership • Diversity of the network, different agencies supporting in different capacities: health, seniors, community safety etc.	• Lack of consistent participation from members such as schools • Lack of a strategic plan and expressed/agreed upon work plan that keeps us focused • A mix of representatives who are decision makers and others just coming for information sharing • Dealing with symptoms instead of systemic forms of oppression • Staff: high turnover of staff representatives, no backbone staff • Lack of nimble communications between Network members and transfer of information from working groups to staff. The Chairs are left with too much.

OPPORTUNITIES	THREATS
• Opportunity to amplify Network voice, advocate for resources • Bring resident voice to the Network • Collaborate and support new pilot projects such as digital literacy skills with Seniors, supporting social enterprises • Continuous learning from similar networks/initiatives such as the COVID-19 Don Valley Cluster • Engaging faith communities, youth groups and schools • Better alignment with City processes • Expanding community collaboration beyond information sharing, to include more intensive activities such as jointly offering programs and collaborating on political actions for community-based interventions	•Conflict of Interest: Sometimes we are faced with conflicts of interests that arise from our mandate on legal issues e.g. housing: safety, noise, not wearing masks…if we intervene, residents can be evicted (Community Legal Clinic). Balancing needs of the clinic with those of the community is an ever-present challenge • Priority setting: difficult to decide on priorities without a strategic plan • Mental health, lack of affordable housing and high unemployment rates in the community

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   profiles/
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