

Introduction

According to Statistics Canada there are slightly over one million individuals identified as Muslim, representing 3.2% of the nation's total population (Statistics Canada, 2015). Across the country, the Muslim population is growing at a rate exceeding other religions (Statistics Canada, 2015). The census conducted in 2001 revealed that there were 350,000 Muslims living in Ontario (Statistics Canada, 2015) with almost one in twenty of those living in London, which represents approximately 4% of the city's population (London Census, 2011). In London, there are several weekend schools and two full-time Islamic day schools (London Muslim Mosque, 2018). There are 35 Islamic schools across the province of Ontario with a student population of approximately 3,500, which is an estimated 7% of the total population of Muslim students at the elementary and secondary school levels (Ontario Ministry of Education 2015; Zine 2017).

The London Islamic School

In the early 1990s Muslim community members in London expressed the need for a full-time Islamic school that offered a faith-based education for grade school children. The London Muslim Mosque (LMM), the oldest mosque in Ontario, established in 1964, responded to that need by encouraging community members to raise funds, gather professional expertise from within the population, and prepare for the initiative (The London Muslim Mosque, 2018). The London Islamic School (LIS) was officially opened in September, 1996 with 65 students from junior kindergarten to grade 4 (P. Zabian, personal communication, The London Islamic School, January 14, 2018).

The London Islamic School is a for profit private day school open to both Muslim and non-Muslim children. It employs over 40 teachers, administrators, assistants, and consultants from various educational backgrounds. Although the LIS is fully compliant with the Ontario Ministry of Education curriculum guidelines it does not receive any provincial or federal funding. The LIS's main source of revenue is school tuition along with annual fundraising events to help supplement and support additional projects and programming. The overall aim of the organization is to provide a quality education in an Islamic environment (London Islamic School, 2018). Currently, the school serves approximately 250 students and their families. The LIS student population consists of first, second and third generation Canadians from various ethnic backgrounds including Afghanistan, Algeria, Egypt, Eritrea, Lebanon, Libya, Pakistan, Palestine, Sudan, Syria, and Turkey (N. Abdelmajid, personal communication, The London Islamic School, November 2017).

Although the school's focus is on academic excellence and its current services support those goals, teachers, parents and school administrators recognized

the need for additional social and emotional supportive programming. From its inception in 1996 until 2016 there had been no formal mental health or school social work services at LIS. Due to the lack of funding and support from the provincial government, regular access to mental health and school social work services were not available. However, the need to address these areas within the school were deemed a priority as an outcome of increasing anti-Muslim prejudice within the community. Due to the vulnerability of the ethnically diverse Muslim population and recent increase in Islamophobia, parents, teachers, and administrators determined there was a need for social work services in their school. Muslim community members have realized the importance of mental health and wellness and began to actively seek ways to improve programming both within the school and mosque settings.

The Muslim Resource Centre Of Social Support And Integration (MRCSSI)

Established in 2009, the MRCSSI provides social support networks for the Muslim and Arabic speaking communities in London and surrounding areas (Muslim Resource Centre, 2018). The MRCSSI offers integrative and intercultural services and has successfully engaged local Muslim and Arab community leaders as well as social service that help to support families. Their services include: counselling, crisis intervention, advocacy and system navigation, support for at risk families and individuals, and education and training for service providers.

Since its establishment the MRCSSI provided connections to social support networks and capacity building for the London Muslim community by establishing partnerships with the London Muslim Mosque, the London Islamic School and the Islamic Centre of Southwestern Ontario. The partnership with the MRCSSI and LIS has helped to fill the gap in much needed support services for the school. The MRCSSI works with LIS to address mental health difficulties, support students, families and teachers, while coordinating resources, services, and supports from within the community and mainstream organizations as the environmental context has now demanded a more substantive initiative.

Social Location

The development of this case study is a direct result of the lead author's long term involvement with the LIS. The lead author, Siham Elkassem, is a volunteer and leader within the Muslim community in London, Ontario. Prior to beginning her social work studies, she was involved with the LIS as a parent volunteer. Her three children also all attended the school while her graduate social work internship at the MRCSSI led her to become actively engaged in the formal development of a social work initiative at the LIS. The second author has been a professor of social work in London for over two decades having completed several studies

pertaining to school social work and drug prevention initiatives with youth. His involvement with the MRCSSI and LIS arose as a function of his supervision of the lead author.

The design of the Safe Space for Children (SPC) school social work program was built on a framework of literature covering topics of importance to the Muslim community in London. The program was framed by developing an understanding of children's mental health, school social work in Ontario, social work with Muslims, and the challenges faced by Muslim youth in a growing environment of mistrust of and anger towards Muslims in the Canada. The following section describes the program's building blocks to provide the context for the development of the Safe Space for Children proposal.

Program Building Blocks: Children's Mental Health

It is well established that some of the challenges students have at school are related to mental health difficulties (Boydell, Bullock, and Goering 2009; Children's Mental Health Ontario, 2016; Hoagwood and Olin, 2002; Ontario Ministry of Children and Youth Services, 2013). It is estimated that approximately one in ten Canadian children and youth have both behavioural and emotional problems that cause difficulty in functioning at school, home and in the community (Boydell, Bullock, and Goering 2009; Children's Mental Health Ontario, 2016; Friedman et al, 1996; Ringel, and Sturm, 2001) Studies suggest that 15 to 21 per cent of children and youth are affected by mental health disorders that cause some significant symptoms or impairment, with significantly higher rates for Indigenous and immigrant children and youth (Ontario Ministry of Children and Youth Services, 2006). Behaviours related to mental health issues commonly interfere with students' achievement at school, and prevent them from learning (Boydell, Bullock, and Goering 2009; Hoagwood and Olin, 2002, Children's Mental Health Ontario, 2016; Ontario Ministry of Children and Youth Services, 2006; Ringel, and Sturm, 2001).

According to Children's Mental Health Ontario (2016) the mental health problems of children and youth are a significant public health issue where one in five children in Ontario will have difficulty with some form of mental health issues, while five out of six of those children will not receive treatment. When these problems interfere with a student's ability to learn and achieve, their success in school suffers. Potential consequences of this disrupted learning include: poor academic achievement, failure to complete high school, substance abuse, conflict with the law, an inability to live independently or hold a job, health problems, and suicide (Boydell, Bullock, and Goering 2009; Hoagwood and Olin, 2002, Ontario Ministry of Children and Youth Services, 2006; Ringel, and Sturm, 2001). According to CMHO 73% of teachers believe that anxiety disorders and its impact in school are a pressing concern. Therefore, schools play an important role in identi-

ying students who may be having difficulty, and in connecting them with services that can help (Children's Mental Health Ontario, 2016; Ontario Ministry of Children and Youth Services, 2006).

There had been some hope that provincial programming would respond to these issues. In 2014 the Ministry of Education in Ontario outlined its commitment to improve the education system province wide by publishing "*Achieving Excellence: A Renewed Vision for Education in Ontario.*" The report included goals and a plan of action that would attend to students' mental health and well-being. The Ontario Ministry of Child and Youth Services renewed its commitment to transform the child and youth mental health so that services are sustainable and accessible (2013), however in the spring of 2018 a new government was elected with a promise to increase efficiencies and conduct a line-by-line review of all spending. This type of uncertainly necessitates proactive responses to protect the mental health and well-being of youth, especially those at greater risk.

Social Work In Ontario Schools

Available research on student mental health in schools makes a clear link between mental health problems and academic difficulties (Mental Health Commission of Canada, 2012). Students who are struggling with their mental health may be so preoccupied that they are unable to fully focus on learning. In addition, children and youth who are struggling with learning and/or intellectual disabilities may in turn become anxious and depressed as a result. According to School Mental Health ASSIST (SMH ASSIST, 2018), a provincial advocacy group designed to help Ontario school boards promote student mental health and well-being, believe school mental health programming is crucial. The 2015 report *Leading mentally healthy schools: A Vision for Student Mental Health and Well-Being in Ontario School* (SMH ASSIST, 2015), indicated that there remain many barriers to seeking treatment for children, youth and their families including stigma related to mental health, current lack of funding and long wait times. The School-Based Mental Health and Substance Abuse (SBMHSA) Consortium, a 40-member team of leading organizations involved in school mental health in Canada, found that problems with availability and access severely limit mental health services to children and their families (School-Based Mental Health in Canada: A Final Report, 2013). In 2006, Children's Mental Health Ontario (CMHO) and the Ministry of Children and Youth Services (MCYS), created *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*, which outlined the context for health development for children and youth living in Ontario (Ontario Ministry of Children and Youth Services, 2006). This framework offered direction for potential improvements. Overarching principals outlined in this policy paper include: "child, youth and family centred systems that is community driven, where supports and services are provided as close to home as pos-

sible,” (Ontario Ministry of Children and Youth Services, 2006, p.i). Although this guideline offers a strong justification for more social work services to be made available in both public and private schools, there remains a lack of services and funding to support these programs province wide (Mental Health Commission of Canada, 2013) which becomes more precarious with the election of a fiscally focused socially conservative government in Ontario.

Although there is limited literature available regarding school social work in the Canadian context, historically these services were available to primarily assist children with attendance issues (Lalonde, and Csiernik, 2010; Lovarco, and Csiernik, 2015). Beginning in the 1990s, these services were further expanded with the establishment of social work departments that operated in conjunction with attendance departments. According to Lalonde and Csiernik (2010) over two thirds of school social work in the province of Ontario arose as a result of attendance issues. There was, however, an increase in the provision of individual, family, and small group counselling along with classroom program development and school activities.

Researchers and policymakers argue that localized services and capacity building for at risk populations is needed (Bloemraad and Terriquez, 2016; Boydell, Bullock, and Goering 2009; Makin et al, 2010; Ministry of Health and Long-term Care, 2018; Montesanti, Abelson, Lavis, and Dunn, 2017). According to the Child Health Guidance Document and Ministry of Health and Long-Term Care reports focusing on child health standards and guidelines, strategies that reduce challenges faced by children and families, building capacity and responding to risk factors are vital in terms of health outcomes (Makin et al., 2010; Ministry of Health and Long-Term Care, 2018).

Social Work With Muslims

Although Islamic faith tradition places an emphasis upon mental wellness and offers explanations around the concepts, there remains a cultural stigma surrounding mental health within this group which may fuel underutilization of services for this population (Abu-Raiya, 2011; Aloud, and Rathur 2009; Ciftci, Jones, and Corrigan, 2013; Randhawa and Stein 2007). Interestingly Muslim scholars of the Islamic faith tradition in the 8th, 9th and 10th century such as Ibn Sina, known in the West as Avicenna, founder of modern medicine, were the first to reject concepts that considered mental disorders as demon-related; rather, the consensus amongst the community was that they were physiologically based (Abu-Raiya, 2011; Sabry and Adarsh, 2013). According to al Razi’s views, mental disorders were medical conditions, and should be treated accordingly (Sabry and Adarsh, 2013). In 705 CE, Al Razi, an Islamic physician, established the first psychiatric ward in Baghdad, Iraq, the first of its kind in the world (Sabry and Adarsh, 2013). Studies reveal that amongst Arab Muslims living in the United

States cultural and religious conceptualizations play an important role in identifying mental health and psychological problems (Abu-Raiya, 2011; Aloud and Rathur 2009).

There are two primary reasons why Muslims in Canada may not seek or benefit from traditional social work services. Despite the historic leadership in the field of mental health of Muslim healers, in the 21st century stigma remains an issue within the Muslim community in discussing this issue (Ahmed and Amer, 2012; Ahmed and Hashem, 2016). Islam and Campbell (2014), in their thematic analysis of mental health issues in the Qur'an highlighted the connection of possession and insanity that arise within the Muslim holy book. This may serve as an impediment for very faithful Muslims or those unfamiliar with modern mental health diagnosis to rely solely on traditional teachings in their understanding of this condition. As well, Kira and colleagues (2014) discussed how Arab Americans, Muslim Americans, and refugees, consistently view mental illness and mental health services more negatively than those individuals of European ancestry. The minority status of Muslims in North America, the masculine ideals followed by some who follow patriarchal cultural beliefs along with inherent prejudices against those with mental health issues are also contributing factors to the stigma associated with seeking assistance for mental health issues among some Muslims.

While stereotypes, prejudice, and discrimination are prominent factors that fuel underutilization of counselling services amongst this group there is also the issue of how the services are actually provided. This is exacerbated by a general lack of understanding amongst social work practitioners and agencies around the difficulties Muslim client face due to their minority status and their faith practices (Ahmed and Amer, 2012; Ahmed and Hashem, 2016). Understanding issues related to acculturation, racism, discrimination, the reality of being subjected to micro-aggressions day after day, as well as appreciating the cultural values and practices that serve as protective factors for those who follow Islam is imperative when working with this population (Ahmed and Amer, 2012; Ahmed and Hashem, 2016). Ciftci, Jones, and Corrigan (2013), specifically examined mental health stigma within the Muslim community, revealing intersectional stigma. This is reflected in the complex relationship between one's race/ethnicity, sex/gender, class, religion, and health status that has created an even greater barrier to seeking help amongst Muslims living in North America. Similar findings were reported in an exploratory study undertaken in the United Kingdom amongst South Asian Muslims who report not wanting to share their problems with 'strangers' (Randhawa and Stein 2007). Rousseau et al's (2011) comparative study that examined the perceptions of discrimination amongst Muslim and non-Muslim Arabs and Haitian immigrants in Montreal, Quebec confirmed an increase in perceptions of discrimination and psychological distress amongst Arab participants post September 11th. In another Canadian study, Graham, Bradshaw, and Grew (2010) con-

ducted qualitative interviews with 50 social workers from four Canadian cities who work with Muslim clients to gain insights into methods of practice with this population. The study revealed that Muslim service users valued spiritual practices, community, and family.

Given the multiple barriers that exist for Muslims in Canada, standard social work intervention and tool may not all be adequate nor culturally suitable for working with this population. Religiosity and spiritual practice have been demonstrated to benefit the mental health of adherents to Islam and for many counsellors working with known faith practices is difficult enough let alone attempting to incorporate religious traditions with which they are unfamiliar and often uncomfortable. This is a substantive issue in offering best practice as it has been demonstrated that strong faith practices and belief are associated with less depression, less anxiety, faster recovery from depression and a greater overall sense of wellness (Abu-Raiya and Pargament, 2010; Adams and Csiernik, 2014; Csiernik, 2012; Koenig, 2008). While conceptualizations of mental health and illness may vary, Islamic faith practices associated with healing and wellness are an important protective factor for this population and exploration of this should be a core part of any strength based assessment.

Given that the provision of best practices call on the social work profession to practice culturally informed interventions with Muslim populations, past and present colonial projects need to be fully understood by practitioners especially when attempting to incorporate religious and/or spirituality in practice. Although social work prides itself on its level of commitment to diversity, these valued factors are not always straightforward in the way they are conceptualized and integrated into practice. For example, Gale and Dudley (2017) believe that the way in which social workers construct spirituality and religion contributes significantly whether (or not) it is incorporated into their practice. While contemporary social work is commonly seen as secular, many scholars point to the ways in which social work is imbued with Christian values, norms, and practices (Canda 1990; Doe 2004; Hodge and Horvath 2011; Ingersoll 1998; Koenig and Spano 2007; Kriegelstein 2006; Murdock 2005). In addition, studies show, that although social work practitioners recognize both religious and spiritual strength, they feel ill-equipped to facilitate conversations about these topics into their practice (Cascio 1999; Furman, Benson, Canda, and Grimwood 2005; Koenig and Spano 2007). Hence, social work's current conceptualization of spirituality and religious practice and its utilization in practice may be problematic, particularly for Muslim children and youth situated within a faith based school who identify these components as important protective factors. An example of culturally informed intervention utilized by mental health professionals currently working with Muslim clients can be seen in the approach created by Dr. Mohammed Baobaid, the executive director of the MRCSSI and used in the SPC program. The Culturally Inte-

grative Family Safety Response (CFSR); aims to help to inform social work professionals from the centre to remain sensitive and curious around a client or families cultural and religious traditions; immigration trajectory; and level of acculturation as areas of importance that may be imperative to culturally informed practices (Baobaid and Ashbourne, 2017).

Muslims come from diverse cultural and ethnic backgrounds from North Africa to the Middle East to southeast Asia, meaning that, great caution needs to be taken in viewing this population as homogenous. Both social work practitioners and agencies need to remain cautious, particularly around continuing colonial impositions that do not recognize cultural nuances and complexities of diverse populations amongst Muslims living in Canada. Familiarizing oneself with a client or family's interpretation and understanding of their cultural and religious traditions is one way to welcome diversity in practice with families and clients from this populations (Graham, Bradshaw and Trew, 2009a). In addition, coordinated responses and efforts to building capacity and offer supports from educational institutions, community agencies and social work professionals supporting this community would be ideal (Muslim Resource Centre, 2018).

Challenges For Muslim Students

The reflection of diversity that exists at the London Islamic School helps to remind us that Muslims cannot claim to be ethnically monolithic. However, this is also an indication that this population may be at risk for further difficulties related to their culturally diverse and minoritized status. Ethnic minorities associated with Islam are experiencing increased negative attention fuelled by Islamophobia (Center for Arab Islamic Relations-California (CAIR-CA), 2015; Lean, 2012; Poynting, and Perry, 2007). 'Islamophobia', conceptualized as a prejudice against or hatred of Islam and Muslims and has been documented to produce negative impacts on Muslim school aged children (CAIR-CA, 2015; Elkassem et al, in press; Said, 1979). The consequences of encountering discrimination in the public domain and at school are numerous (Aroian, 2012; CAIR-CA, 2015; Zinn, 2001). Maes and colleagues reported that in almost all cities across the world, children from immigrant groups are confronted with stigmatization, discrimination, and unfavourable images of their own group (2013). Exposure to this type of discrimination can leave children feeling marginalized and disempowered, potentially creating negative internalized stereotypes. Students who feel alienated from the school environment suffer academically, with a greater risk of having a low self-concept, and failing to fully invest in their future (Aroian, 2012; CAIR-CA, 2015). Experts believe that sustained exposure to discrimination has effects that adversely impact mental and physical health and child development (Aroian, 2012).

According to a study in California of 621 students enrolled in public and non-Muslim private schools; verbal assaults, specifically those referencing bombs or calling American Muslim students terrorists, were the most common; 55% of Muslim students in California have been bullied; 29% of hijab-wearing students experienced offensive touching or pulling of their hijab; while 19% of the respondents report experiencing cyberbullying because of their religion (CAIR-CA, 2015). Studies report that Islamophobia manifests in school environments in the form of teasing, bullying, name-calling, taunting, and physical harm (CAIR-CA, 2015). Experts have also identified Muslim girls as being at risk for harassment by strangers because of their headscarves or other traditional clothing (CAIR-CA, 2015). A majority of the discrimination incidents reported in these studies occurred in school settings, and are often perpetrated not only by classmates but also by teachers (Ariolan, 2012; CAIR-CA, 2015; Maes et al., 2013).

A recent study conducted with 25 students in grades six, seven and eight from the London, Ontario Islamic School revealed that Muslim school-aged children regularly experience discrimination through both micro and macro-aggressions, along with overt hostility because of their perceived religious affiliation in the broader community (Elkassam et al., in press). Although Muslims have been the victims of systemic discrimination; experts believe social workers have been “ominously silent” in the way they respond to clients who may be impacted by Islamophobia (Lundy, 2011, p.108); despite the *Canadian Association of Social Worker’s Code of Ethics* values, which requires professionals to continuously challenge inequality, exploitation, and discrimination; and reflect upon the impacts these injustices have on our clients (Canadian Association of Social Work, 2005). Currently, there exists few studies that examine the impact of Islamophobia on Muslim children in both public schools and full-day Islamic schools (Ariolan, 2012; CAIR-CA, 2015). Thus, the current social and political climate further underscores the importance in the development of a social work program for the student population at the London Islamic School and further research and exploration around this population.

The Process: Capacity Building

As discussed previously the MRCSSI was an integral partner in the creation and development of the London Islamic School. The first in-formal steps in developing a specialized school social work program at the LIS to the student population began during the 2012-2013. These conversations went on for nearly three years. During the 2015-2016 school year, the MRCSSI officially began to provide LIS with two students from the King’s University College, completing internships through the School of Social Work, to provide one on one counselling for students and build capacity for the school community by conducting community consultations with leaders and teacher population, both under the supervision

from the MRCSSI (N. Abdelmajid and E. Tremblay, personal communication, September, 2015).

The first step in the process was to map knowledge regarding children's mental health, legislation resources, and guidelines in the provincial and national context. That created a frame from which the needs assessment instrument was developed (Appendix A) upon which the community consultation process was based. Needs assessment is a dedicated process to understand the needs of people being served and setting in place actions to address those needs (McGoldrick and Tobey, 2016; Sleezer, Russ-Eft, and Gupta, K., 2014). It is a systematic method for reviewing the issues facing a population, moving beyond normative and comparative need to consider felt an expressed need (Quality Improvement and Innovation Partnership, 2010; Sleezer et al 2014). The outcome is intended to lead to agreed priorities and resource allocation that will reduce inequities. It is intended to be a dynamic ongoing process undertaken to identify the strengths and needs of the community, enabling community wide establishment of priorities and facilitate collaborative action planning directed at improving quality of life (Quality Improvement and Innovation Partnership, 2010; Sleezer et al., 2014).

Thirteen London Islamic School teachers participated in key informant interviews during the first quarter of 2016. Discussions during the interviews identified the need for services but also for professional development to address challenging behaviours some children attending the LIS exhibited. Teachers offered ideas for professional development around the following topics: child behaviour, conflict resolution, and professionalism (Table 1).

As the respondents were all teachers it was not surprising that their main concerns were the need for improvement around organizational practices, structure, curriculum resources, materials and additional professional development. However, the overwhelming majority of teachers also indicated that the LIS needed to develop specific supports to address children's mental health and the behaviours that arose in the classroom due to mental health issues. In addition, the respondents spoke about their need for further professional development regarding childhood development; responding to student anxiety, stress management techniques and mechanism to connect students to community mental health resources.

Table One: Participant Exemplars

THEME	EXEMPLAR
Child Behaviour	<i>“I would like support with behaviour management that is specific to this school”</i>
	<i>“I do not have much of an understanding of child behaviour”</i>
	<i>“Sometimes when a child behaves in a certain way it would be nice to understand why that child is behaving in this way so that I am less likely to take it personally”</i>
Conflict Resolution	<i>“I’d like to learn how to approach parents when disclosing sensitive information such as that their children’s behavior”</i>
	<i>“I would like to learn how to communicate with parents in a way that does not offend them”</i>
Professionalism	<i>“Understanding cultural perspectives and its impact on parenting would be helpful”</i>
	<i>“I would be interested in learning about the whole brain child as well. I am a very creative person by nature so I am always interested in the psychological aspects of kids especially when they draw or write their journals I always try to reflect on what is going on their lives.”</i>

Although this was an informal needs assessment, the school administration was able to ascertain a great deal about their organization and next steps to establish to strengthen their community. As a result, a formal memorandum of understanding was developed between the LIS and MRCSSI to create a social work program. The lead author of this article, Siham Elkassem, an MSW student placed by the MRCSSI at the time, helped to develop the new program, entitled *Safe Place for Children (SPC)*. The development of SPC is rooted in literature that reveals that this population is vulnerable to the stigma related to mental health, issues of acculturation, racism, and discrimination.

The SPC programming is influenced by current school social work practices and past Ontario Ministry of Education reports and recommendations found in

“Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-being” (2013). The development of the program was grounded in a participatory democracy approach where teachers, administrators, and community leaders all participated with its design and implementation. The overarching objectives were to provide students with counselling services; develop school wide interventions, connect students and their families to mental health community resources while also providing ongoing professional development opportunities to teachers on issues relating to student mental health issues. Overall, the establishment of the social work program situated in a faith-based school offered unique opportunities where collaborators were able to incorporate both cultural values and spiritual practices to enrich programming and participate in the evolution of the service step by step.

Theoretical Orientation

As the London Islamic School is not governed by the Ontario Ministry of Education and does not receive services and funding for mental health promotion and prevention; school staff, administration and community stakeholders recognized that they would have to themselves develop a specialized counselling program for their school’s population. A process was undertaken involving community stakeholders collectively working together with the support of the Muslim Resource Centre to create a program to help to respond to the unique needs of this population. A holistic community approach was utilized to ensure all collaborators were involved in creating a Safe Place for Children (Kuyek, 2011).

The theoretical orientation for the community consultations and interviews was premised upon anti-oppressive and critical social work frameworks, utilizing a participatory democracy approach in its development (Kuyek, 2011; Pyles, 2014; Soska and Feikema, 2013). These approaches allowed for input from both school and community stakeholders in the decision-making process and program development; providing the framework to address the social and economic injustice and change in this community, and allowing for the development of discussion around issues of class, gender, sex, race, and power. This process allowed for dialogue that considered a variety of factors that contributed to the lack of appropriate services and interventions. The first arises from the social construction of how “best practice” is defined from a traditional Canadian perspective, which is grounded in a Eurocentric standpoint. Conventionally educated Canadian social work professionals simply are unaware of healing from Islamic perspectives which include cognitive restructuring using the Qur’an and traditions of Prophet Mohammed, spiritual remedies presented through the repetition of prescribed prayers, invoking blessings upon the Prophet and reflecting upon a behavioural log of daily actions (Haque, and Keshavarzi, 2014). Similarly, counselling based upon principles arising from individual rather than a collectivist cultural perspec-

tive would not be best practice to follow with this population (Rassool, 2015). Finally, there is the structural issue of institutional racism. Here too the question arises to what extent are best practices and supports influenced by and grounded in Eurocentric, western, and individualist ideology and thus not in fact best practice for a targeted initiative for Muslim youth attending the London Islamic School (Muslim Resource Centre, 2018).

The Muslim community's capacity-building process/needs assessment combined with our team's insider knowledge made it possible to produce a program designed to help respond to the unique need of Muslim students. Muslim youths lived reality are quite different from other populations in Canada and the United States. A recent study conducted with students from LIS has confirmed Muslim school-aged children are living within their communities amid discrimination and stigmatization (Elkasssem et al. in press). School staff, administration, and community members have to respond to fear amongst the students produced by mass shootings (Quebec City Massacre) and the day to day reality of both subtle and overt anti-Muslim bigotry experienced both by themselves and the youth they support (Elkasssem et al. in press). Children report being subjected to oppression, and expressed fear due to being Muslim as Islamophobia is always present. Individually they experience bullying and Islamophobia in their daily lives, but are also witness to micro and macro-aggressions against friends, family, and community both in person and through social media. Interestingly, many children in the study described their religion as a source of pride and strength, providing them with a sense of respect and community along with a degree of resiliency, guidance and support. As such, the SPC approach diverges from typical Western, Euro-centric, individualist practices in that it recognizes the importance of understanding the unique struggles the Muslim youth face, impacts on mental health and safety, and incorporating faith practices as part a holistic response to healing of a communal culture.

The civil society perspective combined with critical race theory helped to inform how this organization manifested its citizens' wishes, created a community organization and mobilized time and finances to address the lack of specialized educational and social work services available for their school community (Pyles, 2014). According to the civil society perspective, social capital results in better outcomes in education and children's welfare, safe and productive neighbourhoods, economic prosperity, health and happiness, participatory democracy, and tolerance. A vital dimension of social capital is religious participation (Pyles, 2014; Soska and Feikema, 2013). Reliance on community capacity and social capital allowed for the Muslim community to come together and provide the school's students with the mental health services the school needed to provide (London Islamic School, 2018; Muslim Resource Centre, 2018)). Critical race theory, a subcategory of critical theory helped to reveal how structural systems

shape the subordination of certain groups and propose change in the society as a whole rather than explaining it (Mullaly, 2007; Pyles, 2014). This can be seen in the lack of funding for Islamic Schools in the province of Ontario; although, Catholic schools receive funding or the Eurocentric values embedded in contemporary society (Lundy, 2011; Pyles, 2014). More specifically, it affirms that white supremacy is intrinsic to our cultural, economic, and political systems (Payne, 2014; Pyles, 2014).

Creating A Safe Space For Children With School Social Work: Program Components

As the name entails, the goal of SPC was to create a safe place for children within their school, but also within their homes and the community environment. The overarching objectives of SPC are to:

- Provide student counseling services for students and families;
- Provide school wide interventions and professional development for school staff; and
- Provide students and their families referrals to community resources.

SPC's mission is to create an environment where community, parents, and teachers work together to provide a safe place for children where their social, and emotional needs are met so that they may flourish academically. Its vision is to offer prevention, early intervention, and intervention services at LIS that will help to respond collectively to a child's socio-emotional needs. Along with individual, family and group counseling to support students and parents; school based evidence-informed psycho-educational programs on mental health; peer relationships; classroom management and community resources. Since the inception of the program the MRCSSI has provided a social worker and child and youth worker once a week to facilitate one on one counselling for students; offer referrals to other children's mental health agencies if need be; and provide supports regarding behaviour management to teachers and administration (Figure 1).

Figure 1: A Safe Space For Children Staffing And Organizational Structure

Note: Social workers that offer clinical interventions must receive supervision regularly. This provides professional judgment, clinical knowledge and skills, including critical self-reflection, all of which are essential for social workers providing clinical services, especially those who perform psychotherapy (www.oasw.org).

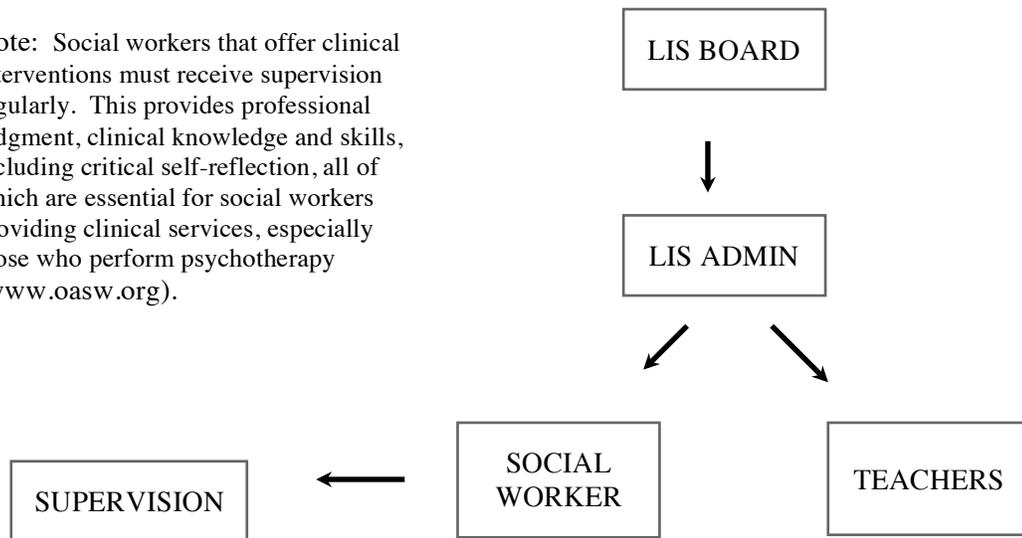


Figure 1 illustrates how SPC staffing and organizational structure addresses the three objectives outlined in the program by providing the staff that will help to support counselling services, interventions, professional development, and connection to mainstream services. With the supervision of clinical services at the Muslim Resource Centre the social worker on staff supports teachers and administration to help identify children and families who need supports. The SPC program provides consultation services for school staff, the LIS board, as well as referral and connection services for families to community resources. SPC also includes professional development and education modules. For example, in April 2016 the MRCSSI developed and facilitated “Children’s Mental Health/Wellness:” a workshop focused on children’s mental health and community resources to share with families. The MRCSSI is currently developing school based programming related to mental health for the school community along with multi-day workshops for teachers during the summer months before the start of the next school year (The Muslim Resource Centre, 2018).

The intended long term outcomes of SPC are for children to be have access to a permanent service that can respond to their peer difficulties; support the im-

provement of behaviours that affect academic success, contribute to positive peer relationships and school climate. Initiatives to prevent the development of challenging behaviours in those students who have not exhibited them in the school environment include the development of school based programming related to mental health and wellness for the entire school community. This may include small group work in the classroom; school wide initiatives and campaigns that focus on prevention and highlight mental wellness; and broader community events to shine the light on the topic for community and school stakeholders (The Muslim Resource Centre 2018).

SPC also aims to become a permanent resource in place to respond to the school's ongoing needs, and to serve students, parents, teachers, and board members. Stakeholders from the school and MRCSSI community meet regularly to discuss their memorandum of understanding and planning around funding the program. Currently, the social work services provided to the school are funded from multiple streams that support the work that the MRCSSI is doing in the community; these include Islamic Relief Foundation of Canada and the Nazim Kadri Foundation. The school and stakeholder community have made a commitment to continue to explore funding opportunities to support the program as they believe it is vital to the health and wellbeing of its students and families (The London Islamic School 2018; The Muslim Resource Centre 2018). Muslim leaders, school administration, and families are motivated to continue support these program as the increase of Islamophobia has had a heavy impact on the community. Being subject to discrimination and negative stereotypes will have an ongoing effect upon children and youth in the school. Aside from a commitment to support the SPC program and students within the school other initiatives to support the rest of the community are currently underway.

As well, SPC's stated goal is to intervene early when a child is beginning to exhibit problematic behaviour well before community resources have been exhausted and the child has to be removed or expelled from the LIS. The SPC believes in keeping families safe in the context of culture dynamics. The SPC program hopes to create positive helping relationships between students, parents, community and external community members through education and consultation.

Implications For Future Social Work Practice And Research

This case study outlined the evolution of the Safe Place for Children within the London Islamic School. The integrated community capacity building needs assessment process combined with the insider knowledge and expertise of the Muslim Resource Centre led to the development of a specialized social work program to help respond to the populations unique needs. The overarching objectives

of SPC are to: provide student counselling services for students and families; provide school wide interventions and professional development for school staff; and connect students and their families to additional community resources.

The development of the SPC program is rooted in a framework of literature that covers current practices in children's mental health and social work in Ontario, social work with Muslims, and the unique challenges faced Muslims children and youth in Canada. What is known is that there are many barriers to seeking social work services including; stigma related to mental illness, attitudes, stereotypes, prejudice, and discrimination; and a general lack of knowledge amongst social work practitioners around best practices with this population that focuses and can address the intersectional stigma they may face (Ciftci, Jones, and Corrigan 2013). Although there remains a paucity of information regarding social work with the Muslim population in Canada in general and even more so with Muslim youth beginning with better understanding and assessing the impact of Islamophobia is important.

The SPC is designed to understand the unique struggles the Muslim youth face, impacts on mental health and safety, and incorporating faith practices as part a holistic response to healing. The program is unique in its response to the Muslim community as it aims to build a positive and inclusive school climate requires a focused effort on developing healthy and respectful relationships throughout the entire school and surrounding community; among and between students and adults. This involves a sustained long-term commitment to put this into practice and change school culture that focuses on mental wellness rather than on disruptive behaviour. Students cannot be expected to reach their potential in the school environment if they are faced with challenges not only in the community but also in their school lives that negatively impact their mental health.

Further research and understanding due to the difficulties Muslim children and youth face in both school and community environments is needed. This includes interventions that help to inform social work professionals to remain sensitive and curious around a client or families cultural and religious traditions; immigration trajectory; and level of acculturation as areas of importance that may be imperative to culturally informed practices (Baobaid and Ashbourne, 2017). In addition, efforts to building capacity and offer supports from educational institutions, community agencies and social work professionals supporting this community would be ideal (Muslim Resource Centre, 2018). While also being cautious around viewing this population as homogenous familiarizing oneself with a client or family's interpretation and understanding of their cultural and religious traditions is one way to welcome diversity in practice with families and clients from this populations (Graham, Bradshaw and Trew, 2009b).

While there is no doubt much still needs to be learned as we move towards best practices that cannot paralyze us from addressing pressing needs. It is ex-

pected that the program will need to be reviewed as it grows and evolves to meet the changing needs of the student population as they struggle with issues all Canadian youth face along with the additional strains of being a visible minority population. This then speaks to best practice, evidence informed programming based upon the needs of a population conducted in a mutually engaged process.

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Appendix A: Needs Assessment Questions

1. What motivates you as a teacher?
2. What do you believe children need?
3. Does your school support your personal and professional growth?
4. What kinds of PD sessions around socio-emotional wellbeing (teachers, students) would you be interested in?
5. Do you know what the vision of the London Islamic School is? If yes, do you agree with it?
6. What are the most challenging factors related to your work at LIS?
7. What do you find to be the most positive factors related to your work at LIS?
8. Is the current workplace environment a safe place? (Emotionally, physically)
9. What is your relationship like with the administration, peers, board and students?