A. Recommendations

THAT Council receive Staff Report PDS.19.103, entitled “Community Safety and Well-being Plan”;

AND THAT Council direct staff to pursue next steps to explore the feasibility of a joint Community Safety & Well-Being Plan, as substantively outlined in Staff Report PDS.19.103.

B. Overview

On January 1, 2019, changes to the Police Services Act came into effect. One of the changes was the introduction of Section 143 (Part XI), entitled Community Safety & Well-Being Plans. Effectively, the new legislation requires municipalities to develop and adopt community safety and well-being plans by January 1, 2021. This report outlines the basic framework for what a community safety and well-being plan is and the next steps that are recommended for the Town to take towards compliance with the legislation.

C. Background

On January 1, 2019, Section 143 (Part XI) of the Police Services Act came into effect. Section 143 is entitled Community Safety & Well-Being Plans and deals with matters related to preparation, adoption, reporting and revisions of the plans. The legislation requires each municipal council to prepare and adopt, by resolution, a Community Safety & Well-being Plan by January 1, 2021. The Act does permit such plans to be prepared individually or jointly in consultation with other municipal councils or band councils. Also, the plans are required to be prepared by a multi-sectoral advisory committee comprised of representation from the police service board and other local service providers in health/mental health, education, community/social services and children/youth services.

During a consultation process that occurred between 2013 and 2016, provincial representatives sought input at the local level and policing stakeholders as well as multi-sectoral government partners and to identify necessary changes to the way services are delivered to ensure community safety and well-being. The driving forces behind this legislative change are
captured in two documents: *Crime Prevention: A Framework for Action* (please refer to Attachment 1) and *Community Safety and Well-being In Ontario: Snapshot of Local Voices* (please refer to Attachment 2). Local partners involved in ministry engagement regarding these issues are seeing (through established plans), or expect to see, the following benefits from a community safety and well-being plan:

- Enhanced communication and collaboration among sectors, agencies and organizations;
- Stronger families and improved opportunities for healthy child development;
- Healthier, more productive individuals that positively contribute to the community;
- Increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods;
- Transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs;
- Increased engagement of community groups, residents and the private sector in local initiatives and networks;
- Enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community;
- Increased awareness, coordination of and access to services for community members and vulnerable groups;
- More effective, seamless service delivery for individuals with complex needs;
- New opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes; and
- Reduced investment in and reliance on incident response

*Source: Community Safety and Well Being Planning Framework: A Shared Commitment in Ontario*

This staff report provides an overview of the community safety and well-being planning framework and recommendations for next steps to ensure the Town complies with legislation in a timely manner. Specifically, this planning framework is detailed in a third booklet prepared by the Province, *Community Safety and Well-being Planning Framework: A Shared Commitment in Ontario* (please refer to Attachment 3). The province has identified four areas that are critical for involved stakeholders to understand as they proceed through the community safety and well-being planning process (please refer to Figure 1). Understanding of these areas will ensure local plans are as efficient and effective as possible in making communities healthier and safer.
Figure 1

**Fundamentals of a Community Safety & Well-Being Plan**

According to the province, the goal of Community Safety & Well-Being planning is “to achieve sustainable communities where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.” To achieve this, the intent is to develop plans that redirect stakeholder efforts and resources towards proactive investments while avoiding, where possible, reactionary, incident-driven responses.

As per the Police Services Act, a community safety and well-being plan is required to:

- identify risk factors in the municipality or First Nation, including, without limitation, systemic discrimination and other social factors that contribute to crime, victimization, addiction, drug overdose and suicide and any other prescribed risk factors;
- identify which risk factors the municipality or First Nation will treat as a priority to reduce;
- identify strategies to reduce the prioritized risk factors, including providing new services, changing existing services, improving the integration of existing services or coordinating existing services in a different way;
- set out measurable outcomes that the strategies are intended to produce;
- address any other issues that may be prescribed; and
- contain any other information that may be prescribed.
Developing A Plan

The province has created a toolkit to assist municipalities in preparing Community Safety & Well-Being Plan. Legislation requires considerable multi-sectoral involvement, engagement, and assessment in developing a plan. Specifically, the Police Services Act requires the establishment of an advisory committee that must, at minimum, consist of the following members:

- A person who represents a local health integration network for a geographic area in which the municipality is located, as determined under the Local Health System Integration Act, 2006, OR, and entity that provides services to improve the physical or mental health of individuals in the community or communities;
- A person who represents an entity that provides education services in the municipality;
- A person who represents an entity that provides community or social services in the municipality, if there is such an entity;
- A person who represents an entity that provides community or social services to children or youth in the municipality, if there is such an entity;
- A person who represents an entity that provides custodial services to children or youth in the municipality, if there is such an entity;
- An employee of the municipality or a member of the municipal council;
- A person who represent the board of the municipality or, if there is no board, the commander of the detachment of the Ontario Provincial Police that provides policing in the area or his or her designate;
- A chief of police of a police force that provides police services in the area or his or her designate; and,
- Any other prescribed persons.

In addition to the advisory committee, the provincial toolkit recommends that two other roles could be very beneficial to the community safety and well-being planning process. Firstly, a champion of the plan is important as that person would likely have the ability and/or authority to create community momentum, action and motivation. This individual could be an elected individual. It could also be a high-level representative from a health service provider, Chief Medical Officer of Health, representative of a social or housing service provider, a school board representative.

Secondly, the preparation of a community safety and well-being plan needs a coordinator. Considering the number of stakeholders involved, the coordinator role is critical in ensuring that project objectives are being met, the process is moving forward and on track. The province recommends that the coordination should be from an area that has knowledge or authority over community safety and well-being, such as social services.

Furthermore, legislation requires significant consultation in the preparation of a community safety and well-being plan. Specifically, the council or councils (if preparing a joint plan), are mandated to consulting with the following:
The advisory committee;
Members of the public, including youth, members of racialized groups and of First Nation, Inuit and Metis communities in the municipality or municipalities;
Community organizations, including First Nation, Inuit and Metis organization and community organizations that represent youth or members of racialized groups, in the municipality or municipalities; and,
Any other consultation required by regulation.

Given the consultation required, a coordinator will play a fundamental part in organizing the consultation activities, tracking input received, and distributing information between those involved.

D. Analysis

As noted earlier, the Town of The Blue Mountains needs to prepare and adopt, by resolution, a Community Safety & Well-Being Plan by January 1, 2021. This plan may be done by the Town or jointly with one or more other municipalities and/or Band councils. Based on the information provided to date, there will be significant involvement from a variety of stakeholders in the committee and consultation process. While the OPP is certainly one of the primary stakeholders that will be involved, it is clear the preparation of a plan requires the input from other critical service providers.

Also, the consultation efforts involved will be significant. The role of coordinating this type of project requires dedicated resources from an entity that is well-connected with the stakeholders and understands the opportunities and challenges each bring to the table. As such, there is merit in exploring a Community Safety & Well-Being Plan jointly prepared with another municipalities. The geographic location of the Town presents some intriguing opportunities and current shared services between some other municipalities in the County of Grey as well as the Town of Collingwood (i.e. OPP).

As a next step, it is recommended that staff be authorized to explore the feasibility of preparing a joint Community Safety & Well-Being Plan. Specifically, if authorized, staff will raise this matter to explore interest at an upcoming joint Police Services Board meeting, the Town of Collingwood, other Grey County local municipalities, and Grey County itself. Once this appetite is assessed, staff will engage in further detailed project discussions with interested municipalities. This will allow staff to report back to Council in the fall of 2019 with an updated recommended approach and any human or financial resources that may be required to prepare the plan.
E. The Blue Mountains Strategic Plan

Goal #2: Engage Our Communities & Partners
Objective #1 Improve External Communication with our Constituents
Objective #3 Strengthen Partnerships

Goal #3: Support Healthy Lifestyles
Objective #1 Promote the Town as a Healthy Community

F. Environmental Impacts

No direct environmental impacts are associated with this report.

G. Financial Impact

No direct financial impacts are associated with the recommendation of this report. However, future costs may be associated with resources required to complete a Community Safety & Well-Being Plan.

H. In consultation with

Shawn Everitt, Chief Administrative Officer

I. Public Engagement

The topic of this Staff Report has not been subject to a Public Meeting and/or a Public Information Centre as neither a Public Meeting nor a Public Information Centre are required. Comments regarding this report should be submitted to Nathan Westendorp directorplanningdevelopment@thebluemountains.ca

J. Attached

1. Attachment 1 – Crime Prevention in Ontario – A Framework for Action
2. Attachment 2 – Community Safety and Well-Being in Ontario – A Snapshot of Local Voices
3. Attachment 3 – Community Safety and Well-Being Planning Framework – A Shared Commitment in Ontario
Respectfully submitted,

**Nathan Westendorp**

Nathan Westendorp, RPP, MCIP  
Director of Planning and Development Services

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CRIME PREVENTION IN ONTARIO

A Framework for Action
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Ontario continues to see significant reductions in the rate of crime in various categories. This encouraging trend provides support to our efforts to work closely with our partners to prevent and reduce the incidence of crime in our communities. Yet, there is more work to be done. We will minimize the risk factors that contribute to criminal activity and maximize the positive factors that help reduce crime and make our communities safer.

It is important to develop a focus on crime prevention, involving all stakeholders, and build on the successes to date. This document serves as a guide to the task ahead.

Crime prevention is everyone’s responsibility – federal, provincial, and municipal government, police services, community organizations and citizens. A successful strategy will reach out to all members of society including vulnerable groups, children and youth, offenders and victims and use a variety of initiatives that respond to the particular needs of each.

I welcome the participation of the Ontario Association of Chiefs of Police and all our partners and congratulate them for joining in this important effort.

Honourable Madeleine Meilleur,
Minister of Community Safety and Correctional Services
The most effective method of reducing crime in a community is preventing it from happening in the first place. Although not often the subject of front-page news, crime prevention methods are an effective, cost-saving measure that improves quality of life for all, and contributes to the overall wellbeing of Ontarians.

From a policing perspective, preventing crime cannot be accomplished solely through law enforcement. In order to truly affect crime, community members, social groups, businesses and governments must be able to identify crime trends, be educated in prevention strategies, and be prepared to apply overall best practices - together. This booklet, *Crime Prevention in Ontario: A Framework for Action* is a useful resource that provides integral background information on the current criminal landscape, offers a variety of crime prevention approaches, and outlines the cost-effectiveness of being proactive when it comes to addressing root causes of crime.

The Ontario Association of Chiefs of Police (OACP) is committed to working together with all Ontarians to support the objectives of crime prevention in our communities and realize the many positive impacts of these practices. By experiencing less crime, we will collectively realize considerable cost-savings, reduced fear of crime, and most importantly, fewer victims.

On behalf of the OACP, I thank you for your interest in crime prevention and I encourage you to review and familiarize yourself with *Crime Prevention in Ontario: A Framework for Action*. Rest assured that crime prevention and reduction is a top priority for police services throughout Ontario.

Chief Matthew A. Torigian  
President, Ontario Association of Chiefs of Police
Section 1 - Introduction

Setting the Stage

Community safety is one of the concerns most frequently expressed by Ontarians. Although statistics point to overall falling crime rates, Ontario’s citizens want assurances that they are safe in their own communities.

The Ontario government is dedicated to making Ontarians safer in their communities by being tough on crime through effective enforcement and crime prevention. The key to enhancing personal and community security through crime prevention is to actively address the risk factors associated with crime.

Provincially, the Ministry of Community Safety and Correctional Services (MCSCS) has a strong commitment to preventing crime. MCSCS continuously delivers services and sets standards, policies and guidelines in policing, corrections and public safety to keep Ontario’s communities safe. This is evident through the extensive work undertaken in partnership with various municipal police services, the Ontario Provincial Police (O.P.P.), all levels of government and community agencies in promoting crime prevention through community policing and community mobilization throughout the province.

In addition, a number of ministries are involved in the support and delivery of community well-being and social development related programs that contribute to crime prevention. Strong legislative, policy and program ground work has been laid throughout the province and communities across Ontario have built varying degrees of local crime prevention capacity.

In Spring 2009, MCSCS partnered with the Ontario Association of Chiefs of Police (OACP) to initiate the development of a provincial response to crime and victimization through a collaborative and integrated crime prevention approach. The OACP is a strong proponent of provincial leadership in the area of crime prevention and reiterated this position at the 2009 OACP Conference by passing a resolution that calls for the establishment of a coordinated response to preventing crime.

As a first step, MCSCS, in partnership with the OACP, has developed the Crime Prevention in Ontario: A Framework for Action booklet, which is intended to:

- Raise awareness and generate a dialogue on crime prevention in Ontario;
- Highlight the opportunities to move forward;
- Set the stage for the development of further crime prevention work which will: build and enhance crime prevention partnerships; encourage the development of coordinated, multi-sectoral responses; and promote community leadership and participation in crime prevention.
Section 2 - Nature and Extent of Crime

Ontario Profile

In order to understand the complexities of undertaking crime prevention in Ontario, it is important to put crime-related statistics into context by providing an overall profile of the jurisdiction. Our province is home to over 13 million individuals, which translates into approximately 1 out of 3 Canadians residing in Ontario. Over 85% of the population lives in urban centres and 90% live in southern Ontario, with the largest concentration of people and cities falling into the ‘Golden Horseshoe’ region along Lake Ontario. The remaining 15% live in rural and/or remote communities. Spatially, over 440 municipalities and 133 First Nation communities span across more than 900,000 square km of land and water.

Ontario’s population is as diverse as its geography. About 2.7 million individuals in Ontario self-identify as members of a visible minority group and about 6.8 million individuals belong to one or more of over 200 ethnic groups. Since 2001 this number has increased by 27.5%. Much of this growth is attributed to immigration. The population aged 65 and over is expected to double to 3.5 million by the year 2031.

Roughly 242,000 Aboriginal people (which includes First Nations, Inuit and Métis) reside in Ontario and 105,205 or 43% of these are under 25 years old. Approximately 80% of First Nation people live off reserve and 20% live on reserve in Ontario.

Crime Rates

According to crime data, between 2007 and 2009, Ontario had one of the lowest violent and non-violent crime rates in Canada. Despite the notable decrease in overall crime volume and severity, the perception Ontarians have of crime deserves attention. As 2001 data shows, a significant segment of our society – over 80% - feels that crime in their neighbourhoods is either increasing or remaining the same year over year.

Statistics pertaining to the nature and extent of crime in Ontario can be derived from multiple provincial and national sources. In 2011, Statistics Canada released a report based on 2010 data, which analyzed police-reported violent and non-violent crimes. For that year, police-reported crime

The overall rates for offences in Ontario are as follows:
- homicide – 1.4 per 100,000 population
- serious assaults – 114 per 100,000 population
- break and enters – 414 per 100,000 population
- motor vehicle theft – 171 per 100,000 population

- Statistics Canada (2010)
dropped by 6% from the previous year in Canada. Almost all *Criminal Code* and federal offences declined in 2010.8.

In addition to these statistics, it is important to account for unreported or undiscovered crime. In order for an incident to be included in police-reported crime statistics a victim must be aware that a crime has occurred and it must be reported to the police. A disruption at any one of these stages can result in the incident not being captured by police-reported crime statistics, resulting in the rate of reported crime being lower than the actual state of crime. This dilemma becomes apparent when we look at the *2004 Statistics Canada General Social Survey* which states the unofficial crime rate of 28,000 per 100,000 while the official crime statistics showed a rate of only 8,951 per 100,000 population9.

**Crime Trends**

- In 2006, over 38,000 incidents of spousal violence were reported to police in Canada and approximately 1/3 of these incidents occurred in Ontario10. In 2009, of the nearly 19 million Canadians who had a current or former spouse, 1.2 million reported they have been a victim of physical or sexual abuse by their partner in the previous five years11.

- In 2009, 176 out of 100,000 seniors were the victims of elder violence with the majority of the abusers being an adult child12.

- Alcohol impairment accounts for almost 25% of all fatalities on Ontario’s roads. In 2005, 174 people were killed and 3,852 were injured in motor vehicle collisions involving a drunk driver13. In 2010 there was a 6% decrease in the rate of impaired driving incidents over the previous year14.


- Cyber crime is a complex and quickly increasing crime trend. Cyber crime includes new crimes (phishing) as well as a variety of traditional crimes (extortion, fraud, intimidation, sexual exploitation) that are carried out on-line using a computer. The Canadian anti-fraud call centre
– Phonebusters – received 332 reports of losses of over $12.5 million in 419 scams over the internet in Ontario alone. Further, 24,479 Ontarians reported being victims of identity theft with an estimated total loss of over $46 million16.

• Bullying is an issue encountered in Ontario schools and communities, with studies showing that children who bully others are 37% more likely than those who do not bully to commit offences as adults17. In terms of victimization, approximately one in three students in Grades 7 to 12 reports having been bullied at school18.

• In 2006, 60,616 youth (aged 12-17 years) in Ontario were implicated in a violation of the Criminal Code (excluding traffic) bringing Ontario’s youth crime rate to 5,956 per 100,000 youth. This represents a 1% increase over the previous year19.

• Knives were the most common weapon students brought to school with 1 in 5 students reporting that they carried a knife to school20. Further, knives are the most commonly used weapon to commit violent offences, with three in 10 homicides being committed using a knife. Knife-related crime is on the rise in Ontario. According to the Canadian Centre Justice Statistics (CCJS), police reported 23,500 victims of violent crime with instances involving a knife in Canada in 2008. Of these, 7,111 were in Ontario21.

• Over 2,400 high school students in Toronto carried a gun to school in the 2004/05 academic year. The problems associated with guns and gangs were highlighted by Toronto’s ‘Summer of the Gun’ in 2005, when the gun-related homicide rate doubled to 52 in total, of which 11.4% were gang-related22.

• Results from the 2002 ‘Canadian Police Survey on Youth Gangs’ indicate that Ontario has the highest number of youth gangs (approximately 216) and youth gang members (approximately 3,320) of all jurisdictions in Canada. Reports indicate that males compose 97% of the gang member population23. Ottawa, Toronto and Thunder Bay are considered the focal points for street gang activity which ranges from drug trafficking to violence24. Further, First Nation-based gangs represent about 4% of total gang members in Ontario25 and continue to exist mainly in Northern Ontario26.

• The 2009 Report on Organized Crime confirms that organized crime is a major crime issue for Ontario. Contraband tobacco, environmental crime, financial crime (money laundering, fraud), illicit drugs and synthetics, as well as illicit firearms and theft of intellectual property rights are some of the major activities requiring intervention27. These newer trends build upon existing issues such as: human trafficking, motor vehicle theft, street gangs28, and illegal immigration and weapons trafficking29. Due to technological advancements in the past decade, organized crime has become increasingly trans-national, harder to detect and requires the cooperation
of multiple jurisdictions\textsuperscript{30}. *Out of the Shadows: An Overview of Organized Crime in Ontario, 2007*, points to the fact that there is growing diversity among the groups and individuals engaging in organized crime activity in Ontario. In terms of its composition, research shows that the face of organized crime has morphed to include various ethno-cultural and socio-economic groups as well as both genders\textsuperscript{31}.

- Aboriginal people continue to be overrepresented in Ontario’s correctional system, as is the case nationally. In 2007, Aboriginal people represented 1.8% of the adult population in Ontario, but accounted for 9% of the remand population and 8.5% of the sentenced population\textsuperscript{32}.

- The table below illustrates overall charges laid in Ontario by offence type during the period January 2009 to December 2009.

<table>
<thead>
<tr>
<th>OFFENCE TYPE (Ontario)</th>
<th>CHARGES RECEIVED BY COURT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration of Justice Offences*</td>
<td>139,349</td>
</tr>
<tr>
<td>Attempted Murder</td>
<td>395</td>
</tr>
<tr>
<td>Break &amp; Enter</td>
<td>15,763</td>
</tr>
<tr>
<td>Criminal Harassment</td>
<td>5,386</td>
</tr>
<tr>
<td>Drug Possession &amp; Trafficking</td>
<td>52,179</td>
</tr>
<tr>
<td>Fraud</td>
<td>41,078</td>
</tr>
<tr>
<td>Homicide</td>
<td>417</td>
</tr>
<tr>
<td>Impaired Driving</td>
<td>29,713</td>
</tr>
<tr>
<td>Major &amp; Common Assault</td>
<td>70,190</td>
</tr>
<tr>
<td>Mischief</td>
<td>26,480</td>
</tr>
<tr>
<td>Prostitution</td>
<td>1,721</td>
</tr>
<tr>
<td>Robbery</td>
<td>8,445</td>
</tr>
<tr>
<td>Sexual Assault &amp; Other Sexual Offences</td>
<td>10,762</td>
</tr>
<tr>
<td>Theft</td>
<td>46,946</td>
</tr>
<tr>
<td>Uttering Threats</td>
<td>19,761</td>
</tr>
<tr>
<td>Weapons Offences</td>
<td>24,572</td>
</tr>
<tr>
<td>Youth Criminal Justice Act Offences</td>
<td>13,711</td>
</tr>
</tbody>
</table>

* Includes: Fail to Appear, Breach of Probation, Unlawfully at Large, Fail to Comply with Order and Other Administration of Justice Offences.
Section 3 - What is Crime Prevention?

Definition

Crime prevention speaks to a desire to circumvent a crime before it occurs. Extensive research has been done in defining crime prevention. The definition guiding crime prevention in Ontario reads as follows:

“The anticipation, recognition and appraisal of a crime risk and the actions taken – including the integrated community leadership required – to remove or reduce it”.

The intent of this definition is to take an inclusive and truly preventative approach in order to predict, identify, prevent and reduce crime by addressing the risk factors associated with crime and victimization. This definition encourages communities to focus on the factors that precipitate the onset of criminal and anti-social behaviour through the proactive provision of measures that target all members of society including children and youth, the elderly, offenders, and victims.

‘Integrated community leadership’ is an essential part of crime prevention. Effective crime prevention strategies involve a multi-sectoral approach (academic institutions, community agencies, government, mental health agencies and police services among others) in an effort to build strong, cohesive, localized community capacity to effectively prevent crime.

Risk Factors of Crime

Risk factors are the negative characteristics and/or conditions present in individuals, families, communities or society that may increase the presence of crime or fear of crime in a community. These factors may also increase the likelihood that individuals engage in crime and/or become victims. It is important to note that these risk factors are multi-dimensional and overlap with each other.

Any one single risk factor does not work in isolation to cause crime. Instead, research shows that “…the interaction and accumulation of risk factors increase the likelihood…” of delinquent or criminal behaviour “…not only because the effect of risk factors is cumulative, but also because they interact.”

- Public Safety Canada

Examples of these are listed in the table below.
Risk Factors

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family/Peers</th>
<th>Community</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural problems</td>
<td>Abuse</td>
<td>Crime in area</td>
<td>Cultural norms supporting violence</td>
</tr>
<tr>
<td>Poor educational achievement</td>
<td>Few economic resources</td>
<td>Few social services</td>
<td>Social disorganization</td>
</tr>
<tr>
<td>Poor mental health</td>
<td>Neglect</td>
<td>High poverty concentration</td>
<td>Negative media messaging</td>
</tr>
<tr>
<td>Prior criminal behaviour</td>
<td>Negative parenting</td>
<td>Poor housing</td>
<td></td>
</tr>
<tr>
<td>Racism/Marginalization</td>
<td>Poor peer influences</td>
<td>Parent/sibling criminality</td>
<td></td>
</tr>
<tr>
<td>Victimization/Abuse</td>
<td>Parent/sibling criminality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A research study conducted by Public Safety Canada on *Risk Factors for Aboriginal Offenders* showed that while the risk factors listed above are applicable to Aboriginal people, there are also additional environmental risk factors that should be considered. Access to services, isolation and the impact of assimilation policies have all been proposed as risk factors specific to Aboriginal people. Cultural differences may play an important role in the development of treatment strategies and the delivery of appropriate interventions.

Protective Factors

Protective factors are positive elements that can mediate or moderate the effect of being exposed to risk factors and can help to foster healthier individuals, families and communities thereby increasing the safety of a community. Listed below are a number of general protective factors, including individual, familial and societal variables that may decrease the likelihood of crime and victimization. For a more complete list of risk and/or protective factors please refer to APPENDIX 1.

<table>
<thead>
<tr>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Personal coping strategies</td>
</tr>
<tr>
<td>Strong attachment to adult Positive school experience</td>
</tr>
<tr>
<td>Self-esteem Self-efficacy Sense of responsibility</td>
</tr>
</tbody>
</table>
By focusing on building and improving protective factors and decreasing risk factors identified throughout this section, Ontarians can create healthier, stronger, safer communities and provide required supports and opportunities for individuals, thereby decreasing crime to a considerable degree.

Crime Prevention Approaches

Crime prevention can be achieved in various ways and at various points in time. Each stage in the chart illustrated below is extremely valuable and serves an important purpose. From the preventative perspective, the two key stages are:

(a) Prevention prior to occurrence; and,
(b) Post-incarceration/community supervision.

<table>
<thead>
<tr>
<th>Crime Prevention Opportunity</th>
<th>Prevention prior to occurrence of crime</th>
<th>Arrest and Post-Arrest*</th>
<th>Sentencing</th>
<th>Incarceration</th>
<th>Post incarceration/community supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target risk factors of crime</td>
<td>Identify and suppress crime</td>
<td>Identify opportunities for alternative measures, diversion programs and mandatory programming</td>
<td>Rehabilitate and treat offenders</td>
<td>Reduce recidivism and influence offender decisions</td>
</tr>
<tr>
<td>Actions</td>
<td>Predict Intervene Treat</td>
<td>Enforce Investigate Apprehend</td>
<td>Applying the appropriate sentencing option</td>
<td>Incapacitate Control Rehabilitate</td>
<td>Reintegrate Predict Intervene Treat</td>
</tr>
<tr>
<td>Scope</td>
<td>Risk factors of crime</td>
<td>Criminal Act</td>
<td>Criminal act &amp; risk factors of crime</td>
<td>Criminal act &amp; risk factors of crime</td>
<td>Risk factors of criminality Recidivism</td>
</tr>
<tr>
<td>Focus</td>
<td>Potential victims and potential offenders</td>
<td>Accused/Actual Offender</td>
<td>Actual offender</td>
<td>Actual offender and actual victim</td>
<td>Actual offender and actual victim</td>
</tr>
</tbody>
</table>

* Refers to the period between being arrested and being sentenced (if applicable). For example, being held in remand falls within the post-arrest category.

Crime prevention is not a static concept, its parameters change over time. Current crime prevention practices focus largely on targeting the risk factors that contribute to crime through social development approaches. The emphasis is on early intervention and focuses on combining two main types of crime prevention: situational and social development.
Situational crime prevention seeks to reduce the opportunity to commit crime in a particular time and place. As part of this approach, situations are altered to make it less likely that the potential offender will commit a crime.

Crime Prevention through Social Development (CPSD) recognizes that the intersection of multiple, complex social, economic, health and environmental factors lead to criminality. CPSD involves long-term, sustainable, multi-agency, integrated actions that deal with the risk factors and divert people from the path of crime, and build protective factors that may mitigate those risks.

A strong community policing framework currently exists in Ontario and works concurrent to situational and social development crime prevention methods. The OACP defines community policing as the process by which police and other community members partner to improve community wellbeing, safety and security through joint problem identification, analysis, response and evaluation. The Ontario Police College training for new and existing recruits currently includes community policing.

Examples of Situational Crime Prevention

- Surveillance and monitoring systems
- Crime Prevention through Environmental Design
- Car and home alarm systems

Examples of Crime Prevention through Social Development

- Teach parenting skills
- Improve literacy rates
- Provide aggression management and counselling
- Increase employment opportunities
- Community Engagement in developing pro-active initiatives
Section 4 - Rationale for Engaging in Crime Prevention

“Crime prevention today is an essential instrument for bringing down the crime rate, including crimes that are reported to police and those that remain undisclosed. It makes neighborhoods safe and at the same time ensures that people’s rights and freedoms are respected.”

Address Crime Before It Occurs

‘Prevention is better than cure.’ The intention is to work with communities to identify the risk factors that may lead to criminality even before it occurs. Crime prevention allows communities to work to reduce the motivation and risk factors associated with crime thereby safeguarding potential victims.

“Although it seems contradictory, a violence prevention plan cannot focus on violence. Instead it must focus on human and social development. This is because violence is a symptom of a society out of balance, and unless and until that balance is created, violence will continue at an unacceptable level.”

- Waterloo Crime Prevention Council (2006)

In addition, programs that reduce recidivism are an essential part of crime prevention. There is value in working with individuals who have been convicted to reduce future criminality. Ultimately, addressing crime before it occurs for the first, second or any subsequent time will enhance the safety of Ontarians.

Cost-Effective

The overall financial and social costs of crime are increasingly important for society and government. Crime places a large financial burden on Ontarians. There are both tangible and intangible costs associated with crime. Tangible costs can be assigned a financial value and include medical, mental health, criminal justice, victim services, protective services costs and the value of stolen or damaged property. Intangible, or non-monetary costs, are generally more difficult to measure and include pain and suffering, fear of crime, hindering economic development, and lost quality of life. Significant also are the negative implications in terms of costs to the victims’ and offenders’ families.

“Thorough economic evaluation has shown that preventing just one career criminal can save society over $2 million. It is easy to see how a prevention program that costs $1.5 million to deliver services to 100 participants would be successful from an economic standpoint even if it only prevents 1% of program participants from a life of crime.”

- Pennsylvania State University (2008)
• In 2003, crime and victimization cost Canadians over $70 billion, of which, $13 billion was spent on the criminal justice system. In 2008, the cost of crime was estimated at $100 billion.

• A study released in 2009 showed that for an average municipality of 900,000 people, the estimated annual costs of crime to victims and the public is more than $1.3 billion.

From a cost-benefit perspective, extensive research shows that crime prevention programs have proven to have significant returns on investment and are a cost-effective manner in which to address crime. It is fiscally responsible to work collaboratively and allocate resources in a balanced manner to target the risk factors of crime.

Studies confirm that a dollar invested now in crime prevention and early intervention avoids seven dollars spent on incarceration, victim services and other associated costs in the future. Another study found that one dollar allocated for enriched child care saves $17 in criminal justice costs in the future.

The Perry School Program provides evidence that the crime prevention through social development approach is cost-effective. “...for every dollar spent on the program, the community gained roughly $7 dollars worth of benefits in crime reduction and improvement of life opportunities.” This includes the benefits realised by participants and the costs avoided for criminal justice and victims services.

- Australian Institute of Criminology (2000)

The ‘Better Beginnings, Better Futures Program’ serves as a local example of crime prevention through social development and illustrates the cost-effectiveness of implementing this type of program. It costs approximately $2,960 to put a child through the program. Through an extensive research project, Queens University found that Better Beginnings resulted in cost savings by: lowering the number of visits children made to their physician; decreasing grade repetitions; decreasing the need to use special education programs; lowering arrests; decreasing instances of individuals requiring welfare and/or disability services.

As illustrated below, an extensive evaluation of six crime prevention programs in Pennsylvania – each of which targets risk factors associated with crime – revealed a considerable return on investment.
Life Skills Training
Multi-Dimensional Training Foster Care
Multisystemic Therapy
Functional Family Therapy
Nurse-Family Partnerships
Strengthening Families Program 10-14

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<th>Life Skills Training</th>
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<th>Strengthening Families Program 10-14</th>
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<td>Per Dollar Return on Investment</td>
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Supported By Research

Evidence shows that social development approaches are cost effective and are effective at reducing crime and victimization. Research and current practices internationally, nationally and locally indicate that social development activities that target the risk factors of crime are the best way to address crime. Numerous provincial, national and international governments and agencies are increasingly focusing on social development by developing and delivering integrated multi-disciplinary strategies to this end.

Public Support

The public is highly supportive of prevention. When asked to identify the principal goal of the criminal justice system, twice as many Canadians supported prevention as opposed to punishment. Furthermore, while people recognize and value the strong need for a robust corrections system and processes to control and incapacitate offenders, only 16% believe that corrections actually help prisoners become productive, law abiding citizens.42
Reducing crime and victimization requires localized, collaborative and comprehensive planning. In Ontario, existing programs and services intended to build safer communities are delivered by a network of partners, including government, non-profit organizations, law enforcement, and the private sector.

The causes of crime are complex and interrelated, and so must be the response. Strong partnerships, centralized planning, and alignment with other crime prevention efforts are the key drivers in realizing an effective crime prevention strategy.

Provincial Government

Current Government Initiatives

Provincially-led strategies contributing to community well-being include:

- Ministry of Children and Youth Services – Ontario Poverty Reduction Strategy;
- Ministry of Health and Long Term Care – Mental Health and Addictions Strategy;
- Ministry of Municipal Affairs and Housing – Long-Term Affordable Housing Strategy;
- Ministry of Community and Social Services – Aboriginal Healing and Wellness Strategy;
- Ministry of Attorney General – Victims Services Secretariat and Alternative Measures Programs; Aboriginal Justice Strategy;
- Ministry of Education – Safer Schools Strategy;
- Ministry of Aboriginal Affairs – New Approach to Aboriginal Affairs.

Other Ontario government actions include:

- Developing a Youth Policy Framework;
- Responding to the Ipperwash Inquiry and the Hate Crimes Community Working Group Report;
- Implementation of full day kindergarten and improvements to the immunization program for children and adolescents;
- Expanding the Guns and Gangs Task Force as well as the OPP-led Provincial Weapons Enforcement Unit;
- Hiring more police officers, more crown attorneys, more victims services staff, and more adult probation and parole officers;
- Increases in social assistance and Ontario Child Benefit rates;
- Investing in community initiatives with a focus on youth-based crime prevention programs; and
- Targeting organized crime through focused intelligence-gathering efforts.
Further, MCSCS ensures all of Ontario’s communities are safe, supported and protected by law enforcement, and that community safety and correctional services are secure, effective and accountable. Each year the ministry leads a number of police and community-based programs that promote community safety in priority areas. Examples of programs include:

• Community Policing Partnerships (CPP) Program
• Crime Stoppers Centralized After-Hours Phone Service
• Hate Crime and Extremism Investigative Team (HCEIT)
• Provincial Anti-Violence Intervention Strategy (PAVIS)
• Provincial Strategy to Protect Children from Sexual Abuse and Exploitation on the Internet
• Reduce Impaired Driving Everywhere (R.I.D.E.)
• Safer Communities – 1,000 Officers Partnership Program
• Safer and Vital Communities

MCSCS supports and emphasizes holding offenders and inmates accountable in order to create healthier and safer communities. Correctional services offer rehabilitation, treatment, training, life skills and education as a way to support inmates in institutions and those under community supervision to address their offending behaviour and reduce recidivism. Addressing their offending behaviour, and assisting those who have been in institutions to integrate back into the workforce or school can have positive impacts on recidivism.

While all of these efforts support our common objective of making Ontario safer, we continue to believe that effectively fighting crime requires mobilizing and organizing within communities.

Federal Government

The National Crime Prevention Strategy (NCPS) is an integral part of the federal government’s efforts to tackle crime in order to build safer communities.

The NCPS provides a policy framework for the implementation of crime prevention interventions in Canada. It is administered by the National Crime Prevention Centre (NCPC) within Public Safety Canada.
With an investment of $63 million annually, NCPC assists communities in developing projects that reduce crime by reducing the personal, social and economic factors that lead some individuals to commit criminal acts. NCPC focuses particularly on children, youth and young adults who show multiple risk factors known to be related to offending behaviour; high risk offenders in communities; and First Nation, remote and northern communities, especially those with high crime rates and persistent crime problems.

The NCPC administers three funding programs, including the Crime Prevention Action Fund (CPAF), the Northern and Aboriginal Crime Prevention Fund and the Youth Gang Prevention Fund. The Ontario Project Review Committee recommends projects for funding by a Project Review Committee (PRC) that includes representatives from the NCPC and provincial or territorial governments which are forwarded to the Department of Public Safety for final review and approval.

**Municipalities**

Municipalities play an important role in providing crime prevention interventions in Ontario. As the order of government closest to the public, municipalities are well positioned to work with local partners to develop effective community-based programs. They are also best able to identify local crime problems as well as the conditions that contribute to those problems. Many municipalities are well advanced in developing and delivering situational and social development crime prevention programs and practices.

**First Nation Communities**

Many First Nation communities face unique challenges with respect to crime, violence and victimization, making it difficult to move forward in positive and rewarding ways. However, some communities have experienced healing, relationship building and social and economic development. These are critical steps toward successful intervention in communities that may lack capacity to prevent crime. For example, some First Nation communities have initiated healing circle processes as a way to respond to the harms within their community.

Remedying communities at risk or in crisis requires the effective integration of personal, economic, social and political efforts that address the risk factors associated with crime and victimization. By building partnerships with those most affected all sectors will be in a better position to deliver transformative interventions that apply to Aboriginal traditions, practices and cultures. Further, crime and victimization in First Nation communities does not only affect rural and remote regions. The Ontario Federation of Indian Friendship Centres and legal organizations have a strong presence in urban communities with high percentages of Aboriginal people.
Ontario Police Services

Ontario is a leader in recognizing the pivotal role police services play in crime prevention. This is demonstrated through current legislative requirements under the Police Services Act, which mandates police services to provide community-based crime prevention initiatives in the areas that they serve. Ontario’s police services recognize that crime prevention is a key component of community mobilization and that strong community partnerships are an essential element of any crime prevention strategy.

Further, the OACP is a policing leader in the area of crime prevention and supports social development. A recent example is the review and revision of the Community Policing Model, originally developed in 1996. The new model defines community policing as “…the process by which police and other community members partner to improve community wellbeing, safety and security through joint problem identification, analysis, response and evaluation.”

First Nations Police Services

First Nations Police Services encounter unique issues when dealing with crime and victimization. Adequate and culturally appropriate policing can have a positive impact in mitigating the risk factors associated with Aboriginal offending. A mandate of the First Nations Chiefs of Police Association (FNCPA) in partnership with the Aboriginal Policing Directorate at the Department of Public Safety is to continually develop strategic partnerships to complement the delivery of culturally sensitive crime prevention services.

Community and Non-Profit Organizations

The localized approach to building healthier and safer communities relies on society’s participation in mobilizing and sustaining crime prevention initiatives. To date, communities across Ontario have established strategic partnerships with non-profit organizations in order to develop and deliver comprehensive crime prevention services that respond to local needs and conditions.

To strengthen these efforts, the Ontario Trillium Foundation has granted hundreds of millions of dollars to thousands of community and non-profit organizations across the province. The Foundation’s mission is ‘building healthy and vibrant communities throughout Ontario by strengthening the capacity of the voluntary sector, through investments in community-based initiatives’.
Private Sector

In addition to recognizing the importance of involving all levels of government, law enforcement and the community, strategic efforts to prevent and reduce crime also require private sector involvement and investment. The impact of crime on private businesses and the communities in which they are located can be substantial; i.e., affecting a company’s ability to attract customers, recruiting and retaining employees, ensuring productivity, or staying in business.

Given the overall financial impacts of crime, it is clearly in the interest of the private sector to help build stronger and safer communities. The private sector can bring its creativity, skills, and resources to assist in the development of crime prevention strategies.

Academic Institutions

A safe and positive learning environment is essential to help students succeed, reduce the fear and incidence of crime, and contribute to community safety and crime prevention. As part of the Ontario Safe Schools Strategy, changes are being made in existing curricula for all levels of the education system to ensure students feel safe at schools and on school grounds. These changes will assist students in making good personal choices and dealing positively with issues such as conflict resolution, bullying, inappropriate sexual behaviour, harassment and discrimination.

The Ontario government is also working with schools and communities to prevent youth violence by shifting away from an approach that is solely punitive towards progressive discipline. The new approach corrects inappropriate behaviour by providing early and ongoing intervention, involving parents sooner, and working with law enforcement, social workers, counsellors and psychologists to offer support to at-risk youth.

Post-secondary institutions such as universities, polytechnics and colleges also play an important role in crime prevention. They provide access to authoritative sources of crime prevention expertise, data, crime trends, proven examples of projects that have prevented crime, and the reasons for investing in crime prevention. By fostering a network of partners, and organizing conferences and workshops, higher academic institutions disseminate scientific knowledge and evidence-based practices and help relevant stakeholders enhance community safety in their local areas.
Section 6 - Ontario’s Resources

Ontario, much like any other jurisdiction in Canada, experiences various types of crime in each of its urban, rural and remote communities. Ontario has an existing vast pool of resources to support a comprehensive and integrated approach in responding to crime and victimization in communities across the province. While a more comprehensive discussion of Ontario’s partners is provided in section 5, from a provincial perspective, various government ministries play a significant role in contributing to community well-being and addressing the risk factors associated with crime and victimization. The Ontario government has taken significant steps to reduce future levels of crime and victimization by focussing on the areas of community safety, education, health care, and poverty, among others.

Overview of Ontario’s Resources

- 20 Universities, 28 community colleges, and over 1,800 elementary and high schools
- University-based Centres of Criminology and/or Crime Prevention
- About 30 provincial government ministries
- Over 50 municipal police services
- 9 First Nations Police Services
- Ontario Provincial Police
- Ontario Association of Chiefs of Police
- Over 200 hospital sites
- Over 300 community mental health organizations
- Over 150 addiction treatment organizations
- 74 Schedule 1 psychiatric facilities
- 50 Human Services and Justice Coordinating Committees
- 116 diversion and court support programs through community mental health
- 67 community crime prevention councils
- 160 residential facilities for abused women and children
- About 30 provincial adult correctional facilities
- Dedicated youth justice custody/detention facilities
- 416 community-based youth justice services and programs
- 53 Children’s Aid Societies
- 119 adult parole / probation offices; 64 youth justice probation offices
- Over 440 Municipalities
- 133 First Nation communities
- 29 Friendship Centres
- Association of Municipalities of Ontario
A sustainable crime prevention strategy is required across all sectors in Ontario to address the risk factors of crime in a holistic, consistent and integrated manner. To that end, a number of strategic opportunities have been identified that could strengthen the delivery of crime prevention services in Ontario.

Integration of Crime Prevention Efforts

Currently, there are many levels of government, groups, organizations and police services working on crime prevention that could learn from, and assist each other. The efforts and resources being spent on crime prevention could be enhanced by working as part of a network of partners where experience, expertise, and information can be readily shared. For example, some crime prevention practitioners are unaware of federal and provincial grant programs and existing projects from which they might benefit, learn, or incorporate into their own programs. This may limit the emergence of programs with great potential.

Evidence-based Research and Evaluation

There has been significant effective, reliable, and result-based evaluation of crime prevention programs which facilitates the delivery of future interventions. In-depth and qualitative evaluations of crime prevention through social development programs offer opportunity to provide an analysis of long-term prevention effects. This level of analysis is useful for gaining detailed knowledge about the positive elements that can mediate or moderate exposure to risk factors.

Information Sharing Among Crime Prevention Partners, Services and Referral Programs

All levels of government, law enforcement and the community require readily available access to credible information on crime prevention. Increased information sharing between organizations and partnerships may address the risk factors associated with crime such as treatment programs and facilities for mental health and addiction issues, temporary supportive housing and social activities. An example is Ontario 211 which is a free public information service that connects people with information, and provides access to over 56,000 community resources, social, health and related government services and programs.
Crime Prevention Education and Awareness

Public education and awareness is an important tool for preventing crime and victimization. Actions such as using social/commercial media to educate communities about how they can avoid being victimized or how to identify the early signs of risk factors for crime in an individual can go a long way. Education and awareness campaigns can also play a strong role in enhancing the community’s understanding of the benefits of social development and crime prevention.

Promising practices on rehabilitative programming for youth indicate that in order to ease a young person’s transition from custody to the community and to foster desistance from crime, the public and communities into which they are reintegrating need to be supportive. To that end, media can assist in changing public sentiments and misperceptions about the best way in which to deal with crime and victimization, thereby generating new ideas on how to make communities safer.

Publicizing crime prevention and social development through a variety of media channels can be an effective way to reach large target audiences quickly and persuasively. In this respect, the internet, print and broadcast media could be utilized to educate the public on issues of crime prevention and to deliver important messages related to community safety.
Ontarians generally look first to the police as credible authorities on crime and crime prevention issues. As a result, a large burden is placed on our police services to engage in community mobilization and crime prevention along with the traditional methods of crime control and law enforcement. While police play a strong and active role in responding to these expectations, building strong, healthy communities from the ground up requires a localized response and involvement of many partners.

In response to this challenge, MCSCS in partnership with the OACP has undertaken the development of this booklet. To date, the input received from many of our partners has been critical in exploring possibilities on how to move forward. The objectives, pillars, guiding principles, and priority groups identified in this section have all been developed based on existing crime prevention strategies across Canada and internationally and on research findings. These have been further refined to reflect Ontario’s unique needs after consultation with multiple stakeholders. Gathering input and feedback from a variety of sources will be essential and MCSCS will continue to engage municipalities and Aboriginal communities as we move forward.

Objectives

- Strengthen sense of safety in communities across Ontario.
- Demonstrate provincial leadership in crime prevention and community wellness.
- Bring together various levels of government, police, community agencies, individual community members, business, educators and health care professionals to create an integrated approach to crime prevention.
- Ensure federal/provincial/municipal initiatives are complementary and aligned.
- Assist Ontario’s communities in developing their own, region-specific crime prevention/social development activities.
- Enhance community level involvement, ownership and control in the development and implementation of crime prevention activities.
- Identify priority areas and vulnerable groups affected by crime and target the socio-economic risk factors of crime and reduce the opportunity to commit crime.
Pillars

The pillars of a coordinated, multi-disciplinary approach to crime prevention.

1. **Prevention through Social Development** by targeting risk factors associated with crime and victimization.

2. **Prevention through Situational Measures** by reducing opportunity to commit crime.

3. **Prevention through Education and Awareness** of all Ontarians, including building knowledge about local communities and their needs.

4. **Prevention through Community Policing** by enhancing policing efforts and supporting police in their crime prevention activities.

Guiding Principles

The guiding principles outline fundamental ways in which crime prevention can be undertaken.

**Prevent crime through community leadership and a local approach**

- Each community is unique in its capabilities and needs. Communities are best placed to provide the most accurate and relevant information pertaining to their crime problems and can best create responses that are applicable to the specific needs of their region.

- Through community leadership, citizens are given ownership and responsibility for creating safe communities and neighbourhoods by complementing current police work.

- Community responsibility and engagement are essential aspects of developing and delivering effective crime prevention programs.

- The localized approach strongly emphasizes that the existence of crime in a particular community is not solely the result of actions by a small number of individuals but is rather the interplay of a multitude of determinants present within communities. The goal is to identify how all citizens can contribute positively.

"Many crime and community safety issues emerge from local, specific contexts and thus are rightfully 'owned' at the community level. Communities experience crime problems first hand and thus have valuable knowledge that may be critical to the success of an intervention. Moreover, the long term success and sustainability of positive changes are seen as inextricably linked to the level of community involvement and ownership of strategies."

Prevent crime through evidence and evaluation – based experience

- Evidence-based crime prevention refers to the collection of reliable and valid data that provide factual information regarding the effectiveness of crime prevention programs and/or policy.

- Evaluation is a key component that should be built into all crime prevention programs so that effectiveness can be assessed.

- Evidence-based crime prevention ensures that public funds are being spent on programs that actually work and allows decision makers to determine where funding should be allocated.

Prevent crime by establishing integrated, multi-sectoral, multi-disciplinary responses and partnerships

- Crime prevention cannot be undertaken by one agency or sector alone. Crime prevention partnerships – formalized at the local level – are essential to coordinating efforts among the relevant sectors and disciplines, and ensuring that the risk factors associated with crime are attacked from every angle.

- There are numerous risk factors associated with crime – each of which is addressed by different agencies, sectors and areas of responsibility. To ensure that a comprehensive approach is taken, each of these risk factors must be addressed by the various sectors and disciplines best suited to provide expertise. Each of these sectors needs to be kept apprised of what has transpired with individual cases.

- Evidence shows that police are most effective when their crime prevention efforts are combined with multi-sectoral collaborations. Schools, governments, communities and numerous other key players all have vital roles to play.

“Partnerships are an integral part of effective crime prevention, given the wide-ranging nature of the causes of crime and the skills and responsibilities required to address them. This includes partnerships working across ministries and between authorities, community organizations, non-governmental organizations, the business sector and private citizens.”

Preventing crime through sustainable responses

- Sustainable crime prevention creates lasting conditions, structures, programs and policies required to respond to crime and victimization.
• Risk factors that may contribute to crime did not emerge overnight. It took years, decades and generations to develop. Similarly, building protective factors will not happen overnight. It will take years, decades and generations to develop these through sustained and long-term approaches to create safer communities in the long run.

• Sustainable responses enable communities to build capacity and be prepared for crime. Without sustainable, long-term programs in place, crime and victimization will come back.

**Prevent crime by increasing knowledge and sharing information among police, criminal justice and community agency partners**

• A vast amount of information and knowledge exists on crime prevention efforts that are effective. Facilitating the sharing of this information allows communities to build capacity using existing resources, ideas and practices.

• Information sharing allows for the development and delivery of programs and strategies that may be working well elsewhere, instead of dedicating resources to re-invent the wheel.

• It is important to share information among agencies and partners about individuals who are at risk for offending. The more information that is shared, the greater the likelihood that the individual can be assessed and targeted by multiple sectors at multiple fronts, thereby building lasting protective factors.

**Prevent crime by recognizing the diversity of Ontarians**

• Diversity refers to the differences in race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language, beliefs, values, behavioural patterns, or customs among various groups within Ontario.

• Ontario’s demography is diverse in many ways and is continually changing. Crime prevention approaches should develop and deliver programs, policies and strategies that recognize and apply to the diverse regions, populations and groups in Ontario.

• Ontario’s Aboriginal people have unique needs and capabilities. These must be recognized, acknowledged, engaged and partnered with when developing and delivering crime policies and programs.
Priority Groups

There is a strong need to focus on three priority groups through the combined use of a social development and situational crime prevention approach:

a) children and youth;
b) individuals convicted of a criminal offence, and
c) victims of crime.

Early Intervention with Children & Youth

The propensity to offend is significantly higher among one of our youngest demographic groups, with almost 50% of crime being committed by individuals between the ages 12-24.46 Research shows that 15-18 is the peak age period for delinquent acts.47

“Young men of 15 to 24 are the age group with the highest rate of offending and victimisation worldwide.”

Although youth in Ontario represent only 23% of Ontario’s population, they account for 56% of those charged with a crime and 52% of those charged with a violent crime in 2007.48

Most importantly, it has been found that the earlier the onset of criminal and delinquent behaviour, and the longer it is allowed to continue without effective intervention, the greater the likelihood that a child will go on to committing crime in adulthood.

Both crime prevention theory and practice point to the fact that focusing on early intervention – that is, when problems often first begin to appear – is more effective in the long-term than responses that seek to address immediate issues. Intervening at critical points in a child’s life ensures that they are offered positive opportunities to lead safe and productive lives into adulthood.49

As such, there is a strong case to be made for early intervention. The social development approach seeks to place a high value on early intervention which naturally applies to all children and youth in Ontario. This must start at a young age.

“Identifying children and young people who are on the cusp of getting involved in offending is crucial in preventing them escalating rapidly into more serious crime, and in preventing them becoming victims of crime. The success of early intervention depends on services recognising individual risk, discussing potential solutions in a multi-agency forum and responding in a co-ordinated way.”

- United Kingdom Home Office (2008)
Those Convicted of Criminal Offences

People convicted of a criminal offence do not necessarily receive a sentence that is served in a correctional facility. Of those that do, they come from our communities and most will return to our communities after serving their time in correctional institutions. On any given day, provincial corrections in Ontario has approximately 8,500 people in custody and another 56,000 under community supervision (probation, conditional sentences, parole). There are some significant consequences – both from a financial and community safety point of view – to the unsuccessful reintegration of offenders into society. It is to each community’s benefit to assist in the successful reintegration of current and former offenders.

A small number of people commit a disproportionately large number of crimes. Of those who have been convicted nearly 75% have had multiple prior convictions. As such, it is in society’s best interests to work with those who commit crime repeatedly. A key feature of successful crime prevention includes a focus on those who are responsible for committing crime repeatedly.

When offenders leave the correctional system and return to their communities, they face a vast number of pressing challenges including housing, employment, treatment and building pro-social networks. Former offenders rely on the resources and services available in their community to successfully reintegrate.

While offenders receive valuable treatment and intervention within the correctional system, a continuum of care that extends into the community and outside of the programming provided in correctional facilities is important. This should be provided collaboratively by the criminal justice system, health and social services, the offender’s family and/or friends, and community-based organizations. In addition, the offender’s family often requires support to cope. Parental/sibling criminality is often related to crime. Working closely with the families of offenders is a key to preventing crime.

“In the absence of material, psychological and social support at the time of their release, offenders may have a very difficult time breaking the cycle of release and re-arrest.”

- International Centre for Criminal Law Reform and Criminal Justice Policy (2007)
Victims

In 2004, 5% of the Canadian population reported being a victim of violent crime with one third reporting being victims more than once. Victimization can be attributed to various individual, environmental and social factors. There are a number of predictors that point to victimization, with age being one of the strongest. Individuals between the ages of 15 and 24 were 9 times more likely than those aged 55 and older to be victims of violent crime. Other personal characteristics such as being male, being single/separated/divorced, or having a low household income are also significant predictors. It was also found that rates of violent victimization are 2½ times higher among Aboriginal people than the national rate. Many crimes victimize not only one individual but entire families and communities.

In Ontario, 187 victim services agencies reported serving approximately 3,000 individuals in 2005/06. 74% of these were female and 14% were male. 88% of those served were victims of crime against the person with 35% being victims of sexual assault. Most victims of violent crime knew the offender with 70% victimized by a spouse, ex-spouse or intimate partner, 24% by another family member and 6% by a friend, acquaintance or stranger.

Victimization is a risk factor for crime and further victimization and as such, examining victimization is an important part of crime prevention. Studies show that there is a consistent link between juvenile offending and a history of violent victimization. Victimization can have severe financial, emotional and physical impacts on the actual victim, family and friends. Focusing on victims of crime prevents re-victimization by identifying the factors that make some individuals/groups more susceptible than others. Victim Services organizations can contribute to developing a more accurate understanding of the factors that contribute to victimization allowing crime prevention activities to be targeted towards the areas of greatest need. Reducing repeat victimization reduces re-offending and responding to victims requires a holistic approach.
As outlined at the outset, the intention of the *Crime Prevention in Ontario: A Framework for Action* booklet is to enhance and build upon the current crime prevention dialogue, knowledge, partnerships and efforts in Ontario and encourage communities to engage in crime prevention.

The next step is to begin the consultation process with a view to developing a comprehensive crime prevention response to the crime issues faced by Ontario.

MCSCS welcomes your thoughts, comments and input on this document. These can be sent to:

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## Appendix 1: Risk and Protective Factors

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<tr>
<td><strong>Individual</strong></td>
<td>• A need for recognition and belonging&lt;br&gt;• Aggression&lt;br&gt;• Behavioral problems&lt;br&gt;• Difficult temperament&lt;br&gt;• Early or precocious sexual activity&lt;br&gt;• Feeling of hopelessness&lt;br&gt;• Feeling of powerlessness&lt;br&gt;• Fetal Alcohol Syndrome&lt;br&gt;• Gender&lt;br&gt;• Impulsivity&lt;br&gt;• Involvement in the child welfare system&lt;br&gt;• Learning difficulties&lt;br&gt;• Limited attachment to the community&lt;br&gt;• Low academic aspirations&lt;br&gt;• Low literacy&lt;br&gt;• Low self-esteem&lt;br&gt;• Negative influences in the youth's life&lt;br&gt;• Negative labeling by teachers&lt;br&gt;• Over-reliance on anti-social peers&lt;br&gt;• Poor anger management&lt;br&gt;• Poor educational potential&lt;br&gt;• Poor employment potential&lt;br&gt;• Poor mental health&lt;br&gt;• Poor school performance&lt;br&gt;• Premature and low birth weight&lt;br&gt;• Pre-teen exposure to stress&lt;br&gt;• Prior delinquency&lt;br&gt;• Sense of alienation&lt;br&gt;• Sexual abuse&lt;br&gt;• Street socialization&lt;br&gt;• Violent victimization</td>
<td>• Average to above average intelligence&lt;br&gt;• Close friendships with positive peers&lt;br&gt;• Effective problem solving skills&lt;br&gt;• Optimism and positive expectations for future&lt;br&gt;• Participation in extracurricular activities&lt;br&gt;• Personal coping strategies&lt;br&gt;• Positive interpersonal skills&lt;br&gt;• Positive pro-social behaviors&lt;br&gt;• Positive relationship with an adult&lt;br&gt;• Positive school experiences&lt;br&gt;• Secure attachment with caregiver as infant&lt;br&gt;• Self efficacy&lt;br&gt;• Self esteem&lt;br&gt;• Sense of responsibility</td>
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<tr>
<td><strong>Family</strong></td>
<td>• Anti-social parents&lt;br&gt;• Failure to provide basic care/necessities&lt;br&gt;• Families with few resources&lt;br&gt;• Family mobility&lt;br&gt;• Family violence&lt;br&gt;• Mistreatment during childhood&lt;br&gt;• Neglect&lt;br&gt;• Parent and/or sibling criminality&lt;br&gt;• Parent’s own abuse/neglect as a child&lt;br&gt;• Parents with substance abuse problems&lt;br&gt;• Parental attitudes that support violence&lt;br&gt;• Physical abuse and neglect&lt;br&gt;• Single parent family&lt;br&gt;• Teen parenthood&lt;br&gt;• Unstable family income&lt;br&gt;• Unsupportive/abusive spouses&lt;br&gt;• Young mother</td>
<td>• Adequate parental behavior and practices&lt;br&gt;• Adequate parental supervision&lt;br&gt;• Both parents involved in childcare&lt;br&gt;• Caregiver expectation of positive future for children&lt;br&gt;• Maternal employment and education&lt;br&gt;• Parental level of education&lt;br&gt;• Positive marriage&lt;br&gt;• Positive parent-child attachment and interactions&lt;br&gt;• Positive perceptions of mother&lt;br&gt;• Positive support within the family&lt;br&gt;• Presence of a strong father or mother figure in single parent families&lt;br&gt;• Relationship based on family bond&lt;br&gt;• Respect for friends by parents&lt;br&gt;• Stability of the family unit</td>
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<tr>
<td>Level</td>
<td>Risk Factors</td>
<td>Protective Factors</td>
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| **Community** | • Availability of drugs and firearms  
• Crime in the area  
• Few or no positive role models  
• Feeling unsafe in neighbourhood  
• High concentration of poverty  
• High residential mobility  
• Lack of affordable housing  
• Limited access to health care  
• Neighbourhood characterized by poor housing, lack of recreational, health and educational facilities  
• Peer pressure  
• Poor community design  
• Poor living facilities  
• Poverty  
• Presence of young offenders  
• Presence of youth gangs  
• Racism and marginalization | • Access to resources, professional services and social support  
• Appropriate housing in close proximity to services  
• Caring school environment  
• High employment  
• Integration of families into the life of the community  
• Involvement in culturally-based activities  
• Positive, cohesive communities  
• Recreational facilities and programs for children and youth  
• Relationships established with neighbours  
• School activities involving the family |
| **Societal** | • Cultural norms supporting violence  
• In and out migration  
• Lack of accessibility to a continuum of services  
• Lack of accessible, affordable child care  
• Negative messaging in the media  
• Social disorganization – e.g. high poverty and residential mobility  
• Traditional gender roles | • High awareness of determinants of well-being  
• Low social tolerance of violence  
• Strong social awareness of maltreatment  
• Supportive social policies, including:  
  • Child allowances  
  • Child care  
  • Education  
  • Housing benefits  
  • Job sharing  
  • Parental leaves  
  • Prenatal and postnatal supports  
  • Universal health care |
| **Systemic** | • Low level of public trust in police/justice system  
• Low level of perceived police/justice system legitimacy, i.e., inequitable access to the system, lack of transparency  
• Ineffectiveness of police/justice system in carrying out its full mandate  
• Ineffectiveness of police/justice system in engaging/mobilizing/partnering with community | • High level of public trust in police/justice system  
• High level of justice system transparency; equal access to criminal justice system services.  
• Effective/efficient delivery of police/justice system services  
• Strong police/justice system engagement/partnerships with community |
Endnotes


24 Ambitious Outsiders: The Evolution of Criminal Gangs and the Emergence of the Contemporary Street Gang by the Criminal Intelligence Service of Ontario.


26 Ambitious Outsiders: The Evolution of Criminal Gangs and the Emergence of the Contemporary Street Gang by the Criminal Intelligence Service of Ontario.


34 Ibid


44 Ibid.


COMMUNITY SAFETY AND WELL-BEING IN ONTARIO

A Snapshot of Local Voices

Booklet 2
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Local involvement and input from Ontario communities is critical for successful community safety and well-being practices across Ontario and is the foundation of this snapshot.

Throughout 2013, staff from the Ministry of Community Safety and Correctional Services travelled across the province and visited with a number of different communities to build upon current crime prevention dialogue and to learn about locally-identified promising practices, as well as community challenges. My sincere appreciation goes out to those communities who participated.

During the engagement process it became evident that a shift has occurred in the way organizations and communities look at crime prevention. More than ever, different sectors are advocating for collaboration and integration across all human service sectors to effectively and efficiently address the root causes of crime and social disorder, and increase safety and well-being in Ontario.

I am pleased to see meaningful collaboration on community safety and well-being initiatives taking place across the province, and I encourage all sectors to continue working together to build a stronger and safer Ontario.

Honourable Yasir Naqvi
Minister of Community Safety and Correctional Services
Building safe, healthy communities is a goal that all Ontarians share. Individuals from all walks of life agree that when we work together to prevent crime and victimization and increase community safety and well-being, the result is a better quality of life for everyone. That is why Ontario’s police leaders are strongly committed to working with government and community partners to develop crime prevention, community safety and well-being practices that work for all Ontarians.

This document highlights dialogue among community members facilitated by the Ministry of Community Safety and Correctional Services in 2013. During these discussions, community members brought forward issues and priorities, and local promising practices in their communities. It is evident that Ontarian’s care deeply about crime prevention and having strong, healthy communities. Dialogue and collaboration are powerful tools, which is why this document is so important.

I hope you will take the time to read what members of the community had to say and consider how you can become involved in building a stronger Ontario. As police leaders, members of the Ontario Association of Chiefs of Police are acutely aware that our success in preventing crime and increasing community safety and well-being depends on our collaboration with Ontario’s diverse communities. Police cannot do it alone, and together we can make a difference in the lives of the people of our great province.

Thank you for your interest in crime prevention and building strong and healthy communities. Let’s continue to work together to build a safe and healthy Ontario.

Chief Jennifer Evans
President, Ontario Association of Chiefs of Police
Section 1 - Introduction

Setting the Stage

The Ministry of Community Safety and Correctional Services (Ministry) has been working with federal, provincial and municipal partners and local community stakeholders to develop a provincial approach to increase community safety and well-being.

The dialogue initially used the terminology “crime prevention” which has traditionally been seen as mainly a police responsibility. But it is clear that Ontario communities recognize the essential leadership roles played by a wide variety of sectors. Part of this clarity comes from the understanding that while those in the policing sector tend to use the phrase “crime prevention”, educators may identify “safe schools” and health professionals may focus on the “social determinants of health”. What these sectors are all referring to, in their own way, is community safety and well-being. As a result, the provincial dialogue has been refocused.

The Ministry encourages communities to move away from relying solely on reactionary and incident driven responses, and implement social development practices by identifying and responding to risks that increase the likelihood of criminal activity, victimization or harm, and working together to build local capacity and strong networks to implement proactive measures.

The provincial approach requires integrated community leadership and the flexibility to be responsive to local circumstances, needs and priorities. In order to plan for the future, community safety and well-being must be a shared commitment that is grounded in local leadership, meaningful multi-sectoral collaboration and must include responses that are community focused, rooted in evidence and outcome-based.

Purpose

*Community Safety and Well-Being in Ontario: A Snapshot of Local Voices* has been written as a follow-up to the *Crime Prevention in Ontario: A Framework for Action* (Framework for Action), which was released broadly in 2012. The Framework for Action was the first booklet in this series, and was developed to raise awareness and promote the benefits of community safety and well-being among Ontario communities.

As local input from Ontario is a critical component to the success of the provincial approach, this second booklet is based entirely on information gathered from communities across the province.

This booklet is intended to act as an additional resource for local communities. It highlights locally-identified challenges to community safety and well-being that are shared across communities and locally-identified promising practices that respond to noted challenges. It also sheds light on Ontario’s way forward in strengthening community safety and well-being on a sustainable basis and introduces the Ministry’s third and final booklet in this series which will take the shape of a framework for community safety and well-being planning.
Section 2 - Methodology

Community Engagement Sessions

As community engagement is vital to the success of the provincial approach, the Ministry worked with its inter-ministerial, policing and community partners throughout 2013 to organize and facilitate over 30 engagement sessions in urban, rural, remote and Aboriginal communities across the province. Ministry staff travelled as far north as Eabametoong, as far south as Kingsville, as far west as Kenora and as far east as Cornwall.

As this booklet is based entirely on information gathered from the community engagement sessions it is important to note that the information included is a reflection of some of these community voices, and is not intended to represent the perspectives of all Ontario communities, or the policy or position of the Ministry or Government of Ontario. In addition, the locally-identified promising practices highlighted in this booklet have not been evaluated by, and are not endorsed by the Ministry or Government of Ontario.

Structure and Design

The community engagement sessions were structured to provide an opportunity for the Ministry to inform participants on the Framework for Action and initiate open-ended dialogue to learn about community safety and well-being needs, challenges, gaps and locally-identified promising practices. The sessions were intended to engage community members about their roles in community safety and well-being, and identify the shared benefits that can be realized from undertaking multi-sectoral approaches. The Ministry’s local policing and community partners volunteered, through various methods, to host a multi-sectoral community engagement session. Further outreach was conducted locally to allow for a wide variety of perspectives and feedback. Individuals in attendance included, but were not limited to, representatives from municipal governments, police services and police services boards, community and social services, schools and school boards, the academic community, health and mental health, corrections and youth justice, Band Councils and First Nations, the private sector and the general public. The number of participants varied from community to community, and ranged from 15 – 80 individuals, with an average of approximately 30 community members per session.

Collecting and Selecting Information

The local challenges and promising practices identified by participants at the community engagement sessions were documented. Information regarding local challenges was reviewed and analyzed to identify common occurrences across sectors and communities. The promising practices were also reviewed and validated by community leads. Practices (including programs, strategies and initiatives) were qualitatively assessed for alignment with the following six foundational principles to achieve community safety and well-being, and those highlighted demonstrate strengths with at least one:
• Diversity;
• Community leadership;
• Integrated, multi-sectoral, multi-disciplinary partnerships;
• Knowledge and information sharing;
• Evidence and evaluation; and
• Sustainable responses.

Methodological Limitations

The sample is limited. The locally-identified challenges and promising practices highlighted within this booklet are self-reported, time-limited and the amount of local information communicated at each community engagement session varied. The comments made by those in attendance at the sessions are not attributed to specific stakeholders, sectors or communities; rather, the information gathered is a reflection of some community voices. The information received and validated by community leads on their locally-identified promising practices varied in detail and complexity, and the qualitative assessment was based on this information.
Section 3 - Locally-Identified Challenges

Participants at the community engagement sessions spoke about their local community safety and well-being challenges from a wide variety of perspectives. Some tried to capture the overarching needs of the community, while others spoke as individuals and identified specific challenges that impact them personally. Conversely, some participants spoke on behalf of the particular organization for which they work or volunteer and others from the perspective of the broader sector to which those organizations belong. Despite the wide variety of perspectives, many common challenges were highlighted by various participants, across multiple sectors and communities. More specifically, the challenges mentioned most often at the engagement sessions relate to the following four themes:

• Collaboration;
• Service gaps;
• Service accessibility; and
• Resources and sustainability.

This section includes references to some of the locally-identified promising practices noted at the community engagement sessions, as well as current Ontario government programs that may assist with addressing some of the above noted challenges.

Collaboration

The benefits of collaboration were acknowledged by many communities at the engagement sessions, but not without mention of the following significant challenges they face when attempting to build and maintain effective partnerships:

• Silos;
• Information sharing; and
• Community empowerment.

Some communities noted that service providers often work in isolation, otherwise known as silos. This creates divisions not only between sectors, but also between providers working within the same sector. A few communities indicated that silos are often reinforced by funding systems that compel agencies to compete with one another, making them less likely to initiate partnerships or share information. Additionally, many communities identified difficulties building partnerships with specific sectors. However, the sectors identified differed across communities, indicating that a few key agencies or individuals representing these sectors may need to be engaged at the local level.
While the absence of a partnership does not necessarily prevent the flow of information between sectors, it may create additional challenges. It logically follows that when relationships are strengthened, collaborators operate as partners and tend to be more comfortable sharing information. Even in instances where established partnerships exist, other factors may still prevent sectors from sharing information.

A few communities suggested that legislative amendments are needed in order for sectors to effectively collaborate and share information, while others have found innovative ways to work within the existing legislative framework. In some instances, legislation may appear to prohibit sectors from sharing information among themselves and/or across sectors in order to protect their clients’ privacy rights. However, some pieces of legislation are specifically designed to enable sectors to share information in order to avoid risk-driven incidents from occurring. The inconsistencies sometimes result in sectors choosing to simply err on the side of caution when it comes to privacy.

Ontario communities have implemented community safety and well-being practices that work within the existing legislative framework and one such example includes the Rapid Mobilization Table. This is an example of a Situation Table that uses a four-filter approach to share information. More information on this approach is described in detail on pages 25 and 26.

The Ontario Working Group on Collaborative, Risk-Driven Community Safety (OWG), a co-operative effort of the Ministry, various Ontario police services and their community partners, have developed An Interpretive Guide to Information Sharing Practices in Ontario…within the Context of Collaborative, Risk-driven Community Safety and Well-being. It focuses exclusively on some of the challenges inherent in exchanging personal and confidential information to address the immediate needs of those at risk of harm or victimization. The guide was made available through the Ontario Association of Chiefs of Police (OACP) in July 2014, as part of a collection of documents entitled New Directions in Community Safety: Consolidated Lessons Learned about Risk and Collaboration. The entire collection is available online at the following website: http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg.

While partnership building and information sharing are concepts often associated with a more formalized level of collaboration, the need for informal collaboration among community members and groups was also acknowledged at many community engagement sessions. It is generally understood that members of a community should not simply report a crime once it has occurred, but should also be actively engaged in its prevention. It was noted that some of the most successful community safety and well-being initiatives are often led by community members and groups. A few communities indicated, however, that their members do not feel empowered to make a difference in their community and sometimes rely on professionals such as the police and other service providers to assume responsibility for the community’s safety and well-being. Additionally, some community members that become engaged may find it challenging to make the time to volunteer on a consistent, ongoing basis. Other communities identified their successes and highlighted the emergence of grassroots initiatives in which mobilized community members seek to encourage and empower other citizens to engage in positive community-building activities.
Shifting the dialogue from preventing crime to achieving community safety and well-being certainly makes the conversation more accessible to a broader audience. But, with more voices and perspectives, come new challenges. After identifying respective roles in achieving community safety and well-being, community members and local service providers are encouraged to consider how their roles relate, overlap and complement one another to ensure meaningful collaboration. The engagement sessions provided the opportunity for the Ministry to build new relationships with, and between, multiple service providers, and helped to increase collaboration at the local level. While recognizing these challenges, communities continue to work together to address these barriers and some are finding great collaborative success.

Service Gaps

Participants at the community engagement sessions identified service gaps particular to their needs; some of those mentioned were highly specific and not shared across communities. Common service gaps were also identified in several locations, often by multiple sectors, including:

- Mental health;
- Poverty, homelessness and economic opportunities; and
- Youth.

The local priority most frequently identified at the community engagement sessions was mental health. Communities identified mental health issues as a significant risk factor that can lead individuals to either engage in crime, social disorder incidents or activities and/or become victims of crime. Some communities noted that a significant service gap exists in this area. In addition, some communities also highlighted the need for more services, such as enhancing emergency response by ensuring the presence of trained mental health specialists, for individuals with mental health needs. A few communities specifically spoke about the need for additional resources for youth with mental health needs, to provide services early on in life. Some communities also noted that addictions and substance abuse create additional challenges for those with mental health needs.

The Ministry has used this information to select “Prevention Through the Promotion of Mental Health” as the theme for the 2014/15 – 2015/16 Safer and Vital Communities (SVC) Grant. This grant provides funding to community-based, not-for-profit, incorporated organizations and First Nations’ Chiefs and Band Councils to develop and deliver community safety and well-being initiatives. More information about this grant and other grants can be found at www.ontario.ca.
Many communities also identified poverty and homelessness as contributing factors to crime and victimization, and recognize the need for adequate, affordable and stable housing. It was suggested that more services are needed, and should be targeted to those who face the greatest risk of homelessness. Some communities identified their vulnerable, at-risk populations as youth, people newly released from custody/jail and individuals with mental health needs. Individuals falling into more than one of these groups, such as a youth in conflict with the law with mental health needs may face even greater challenges with achieving adequate housing. In addition, some communities highlighted a lack of employment related opportunities and/or a need for more education and employment programs for youth and people newly released from custody/jail.

In recognition of the fact that many individuals and families experiencing homelessness often face complex and co-occurring challenges related to mental health, addictions and poverty, one Ontario community has implemented a Community Addiction Response Strategy. This strategy uses a collaborative community-based approach to assist individuals and families experiencing homelessness to achieve stable housing. More information about this strategy can be found on page 24.

Overall, the most common priority group identified at the community engagement sessions as requiring additional services was youth. A few communities noted the negative impacts of social media, including cyberbullying, and other communities expressed concern with the issue of youth suicide. Some communities indicated that more programming is required to support positive parenting and preventative counselling services related to domestic violence and healthy relationships, as well as early childhood development. Other communities made reference to the need for more programming for seniors to provide opportunities to connect with youth in an attempt to reduce intergenerational gaps.

A community has responded to the need for healthy relationship programming by assisting school boards to implement an interactive classroom curriculum specifically for youth called The Fourth R. The Fourth R aims to reduce dating violence by teaching youth about healthy relationships. Further details about this program can be found on page 33.

Some communities have responded to the need for early childhood development by implementing a program for children in their early years called Stop Now And Plan (SNAP), which helps to regulate angry feelings by getting participants to stop, think and plan positive alternatives before acting impulsively. For additional information on this program refer to pages 27 and 28.

The provincial government also offers funding through the Seniors Community Grant for projects that encourage greater social inclusion, volunteerism and community engagement for seniors across the province. This grant is open to non-profit seniors’ organizations, local service boards, municipalities, Aboriginal groups and individuals representing seniors groups. More information about this grant and other grants can be found at www.ontario.ca.
Some Ontario communities have also responded to the need for parenting programs and have implemented:

- Strengthening Families for the Future, which aims to facilitate change within the family, and can be found on pages 30 and 31;
- Caring Dads, which seeks to improve fathers’ parenting skills, and can be found on pages 22 and 23; and
- the Triple P - Positive Parenting Program (Triple P), that aims to prevent and treat problems in the family, school and community before they arise, and can be found on page 28.

The provincial government offers Parents Reaching Out Grants to support parents in identifying barriers to community engagement, and to find local solutions to become more involved in supporting student achievement and well-being. Grant recipients may include school councils, parent organizations and involvement committees, publicly funded school boards, non-profit organizations and post-secondary institutions operating in Ontario. More information about this grant and other grants can be found at www.ontario.ca.

Although it is important for communities to assess their own specific service gaps to help identify local priorities, by sharing common service gaps communities have an opportunity to work together and learn from one another when attempting to address common gaps.

Service Accessibility

Service accessibility is an important consideration in addressing a community’s priority service gaps. At the community engagement sessions, many communities identified a lack of access to existing programs and services as a significant challenge. Communities acknowledged the following reasons for their accessibility issues:

- Lack of knowledge, awareness and coordination;
- Waitlists;
- Location and transportation; and
- Low uptake of services.

One reason that creates service accessibility challenges that was noted by many communities is a lack of knowledge and awareness about existing programs and services. In many instances, up-to-date information is not readily available, making it more difficult for people to access services on their own and impacting the ability of agencies to make referrals to other available services. This lack of awareness may be a contributing factor to the overall lack of coordination among human service providers and in response have implemented community safety and well-being practices with that intention. Some examples include New Opportunities and Hope Supportive Partnerships Advocating Community Empowerment (page 17) and Situation Tables (pages 19, 20, 25 and 26).
among services that was referenced by several communities. It was suggested that better coordination among human service providers would make it easier for people to connect with the supports they need, and help to avoid service duplication across agencies.

Many communities also identified lengthy waitlists as a significant barrier to accessing existing programs and services. In some instances, it was noted that programs and services may be reactive rather than preventative, meaning that, for example, priority may be given to those who have already come into contact with the law. Additionally, a few communities indicated that the limited hours during which some services are available (e.g., weekdays and during standard business hours) can affect an individual’s ability to access the appropriate services when they are needed. It was suggested that extending and expanding service hours to include evenings, weekends and/or holidays could help to improve service accessibility.

Generally, communities also cited location as a barrier to service accessibility. Many communities indicated that people must travel out of the region to access certain programs and services. Often services exist in central, urban locations, leaving parts of the community un-served or under-served. This can be of particular concern when the under-served areas overlap with the high risk areas of the community, which are home to vulnerable individuals and groups who most need the services. Many communities also indicated that there are challenges related to accessing transportation to services. In some communities there is a lack of available transportation to service locations, while in other communities transportation is available, but too costly. A few communities suggested partnering with local service clubs to respond to local transportation needs.

It was noted that even in instances where it appears that programs and services are both available and accessible, low uptake of services can present a significant challenge. People may not be accessing services on a consistent and/or continuous basis and, therefore, programs and services may not be achieving the intended results. This issue is of particular concern when uptake is low or infrequent among those who most need the programs and services being offered, such as high risk vulnerable populations. It was suggested that better outreach strategies are needed in some communities.
It is clear that simply establishing a program or a service is not enough to ensure that all members of a community who require the program or service can and will access them. Reasons for service accessibility issues are varied and the complexity of the causes suggests that multi-dimensional solutions are required.

Resources and Sustainability

A contributing factor to the overall availability and accessibility of services identified by communities may be related to their challenges with ensuring the sustainability of the programs and services offered. Generally, communities indicated that current resources are either insufficient or unsustainable due to challenging:

- Funding structures;
- Funding criteria; and
- Limited evaluation.

Specific challenges were identified with the structure of grant funding. Grants often have specific criteria that outline the areas in which funding can be spent. In some instances, funding may only be used for program start-up costs, rather than for on-going operations such as staffing or evaluation. Other grant criteria can also make it difficult for communities to target funding towards locally-identified priorities if they are unrelated to the priorities of the funding organization. Failure to abide by grant funding criteria may result in a loss of funding. Many grants are short-term, which means that grant recipients must either develop programs that fit within the timeframe for funding, or find ways to adapt and continue the program with other resources once the grant has finished. Additionally, knowledge and awareness of some grants may be low and as a result, potential recipients may miss opportunities to access funding.

Some communities also noted that it can be challenging to meet the expectations placed on grant recipients. If a program is funded through multiple grants from more than one source, reporting and other expectations are multiplied and can be difficult to manage for some community organizations. In a few instances, communities indicated that recipients are required to provide a substantial amount of information, sometimes related to the resources to be used to implement the program, or evaluation of the model upon which the program is based.

In response to the overwhelming sustainability concerns identified at the community engagement sessions, the Ministry extended the term of the SVC Grant from one to two years, for the period of 2014/15 – 2015/16, in order to support the sustainability of initiatives funded. More information about this grant and other grants can be found at www.ontario.ca.
Fulfilling these requirements can be particularly challenging if recipients are utilizing the funding to initiate pilot projects that aim to test out an innovative, new approach. Overall, there is a significant need for a coordinated funding system which both streamlines administrative requirements and ensures the accountability of funding.

Communities’ challenges related to resources and sustainability are very closely linked to their challenges related to program evaluation. It was recognized that conducting meaningful evaluations can be complex, time consuming and require significant resources. For example, it is difficult for police services and other community safety and well-being partners to prove that an individual did not commit a crime or become a victim because he or she was involved in a specific program. Similarly, it is difficult for a health care agency to prove that an individual did not develop a disease because he or she followed a particular diet and exercise routine, or a school to prove that a student avoided expulsion because he or she participated in a specific extracurricular program. Generally, prevention initiatives are simply more difficult to evaluate. Because finding a way to demonstrate the social value of an investment is essential to illustrating societal savings, and validate funding decisions, some communities have acknowledged the opportunity to leverage their local academic community to assist in conducting evaluations.

Although some communities are finding challenges with obtaining resources and ensuring sustainability, many others are using existing resources in an innovative and collaborative way to achieve greater efficiency and effectiveness in their community safety and well-being practices. Communities are encouraged to partner with others, and learn from those who have developed new ways to ensure the needs of their community are being met on an ongoing basis.

The OWG has also developed a guidance document that identifies examples of effective and appropriate performance indicators for measuring community safety and well-being. The performance measures are derived from the applied research and evaluation efforts of municipalities, university departments, provincial agencies and offices. The measures have been shown to work and be of value to those who are interested in strengthening community capacities to develop and care for the safety and well-being of Ontarians. The guidance document, *Performance Measures…for Community Safety and Well-being*, was made available through the OACP in July 2014, as part of a collection of documents entitled *New Directions in Community Safety: Consolidated Lessons Learned about Risk and Collaboration*. The entire collection is available online at [http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg](http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg).

Two Ontario based programs mentioned at the community engagement sessions, SNAP and Triple P, have had return on investment evaluations, and have shown positive results in obtaining value for money spent. More information about these programs can be found on pages 27 and 28.
Conclusion

The local involvement and input received at the community engagement sessions shed light on many common challenges experienced by multiple participants, across various sectors and communities when aiming to increase community safety and well-being. The sessions have shown that communities are working together in partnership to shrink service gaps, increase service accessibility and use existing resources in a more innovative way to create sustainable responses. When developing community safety and well-being practices, communities are encouraged to be proactive in considering the challenges outlined above in order to mitigate and/or avoid them if possible. Encouragingly, and perhaps most importantly, the sessions also gave communities the opportunity to share and celebrate their successes, and identify the following local promising practices.
Section 4 - Locally-Identified Promising Practices

It is evident from the community engagement sessions that there is a tremendous amount of great work happening in local settings across Ontario to increase community safety and well-being. Although there were many community safety and well-being promising practices mentioned at the community engagement sessions, the following section represents a snapshot of those practices that exhibit an assessed strength with at least one of the following six foundational principles of achieving community safety and well-being:

- Diversity;
- Community leadership;
- Integrated, multi-sectoral, multi-disciplinary partnerships;
- Knowledge and information sharing;
- Evidence and evaluation; and
- Sustainable responses.

This section is organized by the above noted principles and the practices are highlighted underneath the principle that represents its greatest assessed strength. The Ministry encourages communities to consider the foundational principles, and learn from one another when developing and implementing local community safety and well-being practices.

The locally-identified promising practices highlighted in this section do not reflect a full compendium, and have not been evaluated by, and are not endorsed by the Ministry or Government of Ontario. The practices highlighted below identify the communities which mentioned and validated the information, and those communities referenced below also do not represent a conclusive list of where the engagement sessions were held.

For more information on the following practices please conduct research and you may also contact SafetyPlanning@Ontario.ca. To determine whether these practices are suitable to respond to local circumstances and needs within your community, it is encouraged that a thorough examination be undertaken.

Diversity

Ontario’s demography is diverse in many ways and continually changing. Community safety and well-being practices should be developed and delivered to recognize and respond to the diverse needs of the regions, populations and groups in Ontario as a one size fits all approach is not appropriate. It is imperative that practices demonstrate an understanding of how people are excluded and marginalized, acknowledge cultural appropriateness and reference research regarding the local demographics to understand community needs. As such, each of the promising practices identified in this section respond to the diverse needs of the communities in which they were mentioned.
Community Leadership

Community safety and well-being is a community-wide responsibility and it requires dedication and input from everyone. Communities are in the best position to accurately identify risk factors and as a result, can best create responses to address their specific needs. It is through strong community leadership that everyone can identify their role and take ownership and responsibility for helping to create safe and healthy communities.

The following initiatives are examples of community mobilization at the grassroots level. These initiatives demonstrate that when community members work together to address local issues, they can have a positive impact on their respective neighbourhoods.

East Side Pride

East Side Pride, created by a group of citizens in Chatham-Kent in 1999, is a grassroots organization with a mission to build and maintain a safe and healthy neighbourhood. It was established by a group of volunteers who wanted to take a stand to reclaim their neighbourhood and continues to be run by volunteers who develop programs that proactively address crime and promote community engagement. Collaborating regularly and with multiple sectors, including police, the municipality, various non-profit organizations, a community centre, a local women’s centre and several local businesses, they engage in activities to better their community and encourage positive behaviour in their neighbourhood.

Our West End Initiative

Our West End Initiative is a grassroots organization located in Windsor that is made up of community members committed to making their neighbourhood a safe place to live, work and play. They work with and empower residents through collaborative roundtable discussions to identify local assets and community needs. As a result of these discussions, Our West End Initiative is able to support residents by providing the tools and opportunities necessary for the development of programs and creation of additional resources. Supplementary research and focus groups are on-going and will be used in the development of a multi-dimensional plan for improvement, driven by the needs of the neighbourhood and local residents.
New Opportunities and Hope Supportive Partnerships Advocating Community Empowerment

New Opportunities and Hope (N.O.A.H.) was formed by Sudbury residents interested in working together to make their neighbourhoods healthier and more productive places to live. Through N.O.A.H., it was determined that a ‘one stop shop’ offering a number of different supportive services through a single point of access under one roof would be beneficial for the residents living in the involved neighbourhoods. As a result, the concept of ‘The Neighbourhood Resource Centre’ was born, which has since evolved into N.O.A.H.’s Supportive Partnerships Advocating Community Empowerment (S.P.A.C.E.).

N.O.A.H.’s S.P.A.C.E. is a collaborative partnership among more than 40 different community agencies working together to create hope and provide inclusive services to community residents. This includes educational and cultural workshops, community barbeques, flu vaccine clinics and other community events. Core partners of N.O.A.H.’s S.P.A.C.E. include community organizations, a child welfare organization, police, a district health unit and an Aboriginal organization. Through N.O.A.H.’s S.P.A.C.E., community partners come together under one roof to share knowledge, meet residents with identified needs, provide accessible resources and referrals, develop opportunities and implement sustainable solutions that will create healthier outcomes for all.

These community leadership practices primarily target the following risk factors and enhance the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• crime in the area;</td>
<td>• access to resources, professional services and social support;</td>
</tr>
<tr>
<td>• social disorganization – e.g., high poverty and residential mobility; and</td>
<td>• positive cohesive communities; and</td>
</tr>
<tr>
<td>• neighbourhood characterized by poor housing, lack of recreational, health</td>
<td>• strong police/justice system engagement/partnership with the community.</td>
</tr>
<tr>
<td>and educational facilities.</td>
<td></td>
</tr>
</tbody>
</table>

Muslim Family Support Service

The Muslim Family Support Service is designed to assist individuals, couples and families in the Muslim community in London in their efforts to resolve personal and interpersonal difficulties. This is done through culturally sensitive outreach to the Muslim community and mainstream services, with the aim to build bridges of understanding and to facilitate connection. This service encourages agencies to be more flexible and provides
information to assist in understanding cultural appropriateness. This service is sensitive to language and religious
differences, and recognizes that the needs of one group may be different from another. It is oriented to short-term
crieses and assists families in learning about and accessing mainstream services.

The Muslim Family Support Service was developed to meet community needs identified during a Family Safety
Project. An advisory committee consisting of members of the Muslim community and representatives from
social service organizations was established to support and guide the work of the service.

The Muslim Family Support Service primarily targets the following risk factors and enhances the subsequent
protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• feeling of powerlessness;</td>
<td>• integration of families into the life of the community;</td>
</tr>
<tr>
<td>• sense of alienation;</td>
<td>• access to resources, professional services and social</td>
</tr>
<tr>
<td>• limited attachment to the community.</td>
<td>support; and</td>
</tr>
<tr>
<td></td>
<td>• positive cohesive communities.</td>
</tr>
</tbody>
</table>

Integrated, Multi-Sectoral, Multi-Disciplinary Partnerships

Everyone plays a role in community safety and well-being. Therefore, it is essential for these practices to be a
coordinated and integrated effort between relevant human service providers and sectors at the local level.

The following programs include meaningful multi-sectoral partnerships that address risk factors associated with
crime, victimization and harm from various angles.

Youth Outreach Under 18 Response Services

Youth Outreach Under 18 Response Services (YOURS) was created in 2005 to help eliminate the service gaps for
youth who are on waitlists by providing them with short-term support and referrals until other services may be
accessed. Specifically, YOURS targets unattached or disengaged male and female youth in Port Hope between
the ages of 12 and 18 who exhibit behavioural issues, desperation, frustration, anger management issues, eating
disorders, sexual abuse, substance abuse, are involved in the criminal justice system and/or are at risk of dropping
out of school.
YOURS is an example of multiple sectors working collaboratively to coordinate service delivery. Program referrals are provided by local school boards, health organizations, youth justice participants and families of youth, or the youth themselves. In addition, child and family services, counselling centres, community mental health and child welfare organizations provide supportive services to youth involved in the program to ensure the youth receive the assistance they require.

YOURS primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• feelings of hopelessness;</td>
<td>• access to resources, professional services and social</td>
</tr>
<tr>
<td>• behavioural issues; and</td>
<td>support;</td>
</tr>
<tr>
<td>• prior delinquency.</td>
<td>• personal coping strategies and optimism; and</td>
</tr>
<tr>
<td></td>
<td>• positive expectations for the future.</td>
</tr>
</tbody>
</table>

Furthering Our Communities Uniting Services

Furthering Our Communities Uniting Services (FOCUS) was implemented in Toronto in 2013 and aims to reduce/prevent crime and social disorder and increase community safety and well-being, while building meaningful collaborative, multi-sectoral partnerships. FOCUS is an example of a Situation Table that is being implemented across Ontario. A Situation Table consists of human service providers from different sectors working together to provide immediate, coordinated and integrated responses to address situations facing individuals and/or families at acutely elevated risk, as recognized across a broad range of service providers. Situation Tables convene to discuss acutely elevated risk situations that have been brought forward by an agency sitting at the table and within 24 to 48 hours, the relevant service providers stage an intervention to help connect that individual and/or family with the appropriate supports and services to address their acute needs.

FOCUS involves multiple sectors coming together once a week, including but not limited to, housing, social services, health, justice and education. Participants may vary depending on the community. Each partner has a different expertise and brings with them knowledge of resources, programs and services that are available in the community. After a situation has been identified, the group determines the most appropriate agency to provide assistance. FOCUS aims to connect individuals and/or families to resources before they are victimized and/or engage in criminal activity, thereby reducing the likelihood for solely emergency response.
Situation Tables primarily target the following risk factors and enhance the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• marginalization;</td>
<td>• access to resources, professional services and social support;</td>
</tr>
<tr>
<td>• lack of accessibility to a continuum of services; and</td>
<td>• strong police/justice system engagement/partnership with the community; and</td>
</tr>
<tr>
<td>• ineffectiveness of police/justice system in engaging/mobilizing/partnering with the community.</td>
<td>• effective/efficient delivery of police/justice system services.</td>
</tr>
</tbody>
</table>

**Community Outreach and Support Team**

Community Outreach and Support Teams (COAST) provide an integrated, community-based response to individuals aged 16 and over who are marginalized, vulnerable and experiencing mental health and/or addictions issues. Located in Halton, COAST aims to reduce the amount of time police officers spend dealing with calls that would be better handled by the health care system, and divert individuals experiencing a mental health crisis from emergency rooms and the criminal justice system. COAST also enables individuals in crisis who have a serious mental illness to remain safely within their own environment where management plans can be developed to diffuse a crisis situation.

COAST involves a partnership between the justice and health sectors. It generally consists of a plain clothes police officer and a mental health crisis worker. In other communities, patrol officers respond to calls and, based on information obtained, determine if reaching out to a COAST is appropriate. Some provide follow-up and outreach to family members and support agencies.

COAST primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• poor mental health;</td>
<td>• access to resources, professional services and social support;</td>
</tr>
<tr>
<td>• feelings of powerlessness; and</td>
<td>• effective/efficient delivery of police/justice system services; and</td>
</tr>
<tr>
<td>• ineffectiveness of police/justice system in engaging/mobilizing/partnering with the community.</td>
<td>• high awareness of determinants of well-being.</td>
</tr>
</tbody>
</table>
Niigan Mosewak

Niigan Mosewak, mentioned in Orillia, is an Ojibway phrase meaning “Walking Forward” and is used as the descriptor for an Aboriginal youth diversion program developed in 2008 that targets at-risk youth aged 13 to 17 from Aboriginal communities in Nipissing, Manitoulin, Parry Sound and Sudbury. This program is delivered as a summer camp that includes youth and adult mentors and provides youth with the tools they need to develop into healthy and contributing citizens in their community. Following the traditional teachings of the Medicine Wheel, this program encompasses a holistic approach and incorporates physical, emotional, spiritual and mental aspects of being.

Walking the Path

With its inception in 1996, Walking the Path, also mentioned in Orillia, teaches youth across Ontario in kindergarten to grade 12 about the history, beliefs and cultural traditions of Aboriginal people. Based on Anishnawbe cultural teachings, the program can be altered to suit the needs of various communities and is designed to provide students with insight into indigenous culture and to instill pride in Aboriginal youth by teaching them about where they came from. In ten modules, Walking the Path includes youth empowerment strategies, promotes self-concept, self-esteem and respect for others, and also deals with issues including healing from trauma, abuse, racism and combating stereotypes, prejudice and biases.

Niigan Mosewak and Walking the Path

Youth are referred to Niigan Mosewak by the police, courts, probation and parole services, local schools and community and health organizations. In addition, Walking the Path was developed in partnership between a local police service, the provincial police and a local school board. Families, teachers, police and communities are also involved in planning and delivering educational initiatives to youth. Elders are engaged in the development and delivery of both programs, ensuring that Aboriginal people’s needs and capabilities are recognized. It is important for programs to acknowledge the diverse needs of Aboriginal people in particular, as First Nation and Aboriginal communities face unique challenges with respect to crime, violence and victimization. Acknowledging these challenges and their unique history by involving the public and elders will help to ensure that Aboriginal communities are receiving assistance that is culturally appropriate.
Niigan Mosewak and Walking the Path both primarily target the following risk factors and enhance the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• victimization/abuse;</td>
<td>• personal coping strategies;</td>
</tr>
<tr>
<td>• isolation; and</td>
<td>• positive relationship with an adult; and</td>
</tr>
<tr>
<td>• impact of assimilation policies.</td>
<td>• access to resources, professional services and social</td>
</tr>
<tr>
<td></td>
<td>support.</td>
</tr>
</tbody>
</table>

**Caring Dads**

Caring Dads is a specialized program for men seeking to improve their parenting skills through counselling and educational sessions. Implemented in Halton, the goal of Caring Dads is to create healthy parenting and eliminate family violence by prioritizing the needs of children and ensuring men understand the impact of their behaviour on their children and partner. On a weekly basis, men are encouraged to take responsibility for their actions, while being taught how to engage with their children in an empathetic and nurturing way. Caring Dads includes a mother contact component, where mothers of the men’s children are contacted on a minimum of two occasions and provided with referrals, supports, advocacy services and, if necessary, immediate safety planning. Program facilitators also spend considerable time communicating with referral agents to share information about the men’s progress and potentially ongoing risk to their children or their children’s mothers. This program acknowledges gender differences, as men and women often do not have the same experiences and face different challenges. Participants in this program develop skills for interacting with their children in healthy ways, including learning to recognize and avoid the use of controlling, intimidating and abusive actions.

Caring Dads was developed in collaboration by university professors, community organizations, child protective services, batterer intervention programs, children’s mental health agencies, women’s advocates, centres of children and families involved in the justice system, family resource agencies and probation and parole services. The partnerships between academia and community organizations in the development of this program created a strong foundation of theory and practice. In addition, referrals to the program are provided by a local child welfare organization, courts, probation and parole offices; family and self-referrals are also accepted.
Caring Dads primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• parental attitudes that support violence;</td>
<td>• adequate parental behaviours and practices;</td>
</tr>
<tr>
<td>• mistreatment during childhood; and</td>
<td>• stability of the family unit; and</td>
</tr>
<tr>
<td>• neglect.</td>
<td>• positive support within the family.</td>
</tr>
</tbody>
</table>

Knowledge and Sharing Information

A lot of information already exists on community safety and well-being efforts. Facilitating the sharing of this knowledge and information allows communities to build capacity using existing resources, ideas and practices and avoid the duplication of services. It is also important to share information within the existing legislative framework with relevant partners about individuals who are at risk of victimization or offending, as this creates a greater likelihood that individuals will be connected with the appropriate services.

The following practices highlight various ways of sharing knowledge and information between partners, stakeholders, clients and the public, including formal protocols, public meetings and informal sharing agreements that align with the existing legislative framework.

New Directions Treatment Program

The New Directions Treatment Program was created in 2010 and provides counselling services to youth aged 12 to 18 in Barrie who have been convicted of a sexual offence or related charge. It aims to reduce risk factors for sexual offending among youth and strengthen their families by educating parents and increasing their level of pro-social engagement with their families, peers and the broader community. The program includes a comprehensive risk assessment, and individual and family counselling. It is delivered in partnership between a community organization and probation services. While this program is generally only provided to youth for the duration of their probation order, if they have not completed their treatment, their involvement in the program may be extended.

The New Directions Treatment Program has developed policies and procedures for the sharing of client’s personal information with other service providers. For example, release of information forms must be signed by participants before program staff can contact certain professionals. At the beginning of the program, youth are required to
sign consent to service forms that outline the organization’s practices regarding confidentiality. Program staff also have conversations with participants regarding information that needs to be shared with their parent/guardian (e.g., safety concerns about themselves or towards others) and information that can be kept between them.

The New Directions Treatment Program primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• prior delinquency;</td>
<td>• sense of personal responsibility;</td>
</tr>
<tr>
<td>• aggression; and</td>
<td>• adequate parental supervision; and</td>
</tr>
<tr>
<td>• poor emotional regulation.</td>
<td>• positive support within the family.</td>
</tr>
</tbody>
</table>

**Community Addiction Response Strategy**

The Community Addiction Response Strategy (CAReS) was implemented in London in 2008 and aims to improve the housing and health outcomes of individuals and families experiencing homelessness. CAReS seeks to alleviate demands on the health, social and criminal justice systems by using a collaborative, community-based approach to achieve housing stability when assisting those experiencing homelessness or those at risk of being homeless. Recognizing often complex and co-occurring challenges associated with addictions, mental health, trauma and poverty, responses are provided based on the results of an assessment and individual priorities. CAReS is funded by the municipality and delivered in partnership with a local public health organization, addiction centre and a homeless shelter.

To ensure that community partners, stakeholders and the public are aware of CAReS, updates are provided at quarterly community committee meetings. Community members and organizations that provide services to people experiencing homelessness and have shared goals are invited to attend the meetings where they will receive status updates on CAReS programming, activities and emerging community trends.

CAReS primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• lack of affordable housing;</td>
<td>• access to resources, professional services and social support;</td>
</tr>
<tr>
<td>• poverty; and</td>
<td>• positive cohesive communities; and</td>
</tr>
<tr>
<td>• poor mental health.</td>
<td>• effective/efficient delivery of police/justice system services.</td>
</tr>
</tbody>
</table>
Violent Threat Risk Assessment Protocol

Violent Threat Risk Assessment (VTRA) Protocols aim to reduce violence, manage threats of violence and promote individual, school and community safety through early intervention, support and the sharing of information. The VTRA Protocol has been implemented in Belleville, Cornwall, Halton, York and Sarnia, and support collaborative planning among schools, community partners, families, children and youth, and the development of safe, caring and restorative approaches. Specifically, they promote the immediate sharing of information about a child or youth who pose a risk of violence to themselves or to others.

The foundation upon which the VTRA Protocol rests, is that schools, police, health and community agencies will work together and identify/develop strategies to mitigate potential threats of violence. While information sharing practices vary between communities, in most circumstances formal information sharing protocols are signed between partners in order to facilitate the process.

VTRA Protocols primarily target the following risk factors and enhance the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• negative influences in the youth’s life;</td>
<td>• caring school environment;</td>
</tr>
<tr>
<td>• sense of alienation; and</td>
<td>• positive relationship with an adult; and</td>
</tr>
<tr>
<td>• cultural norms supporting violence.</td>
<td>• access to resources, professional services and social</td>
</tr>
<tr>
<td></td>
<td>support.</td>
</tr>
</tbody>
</table>

Rapid Mobilization Table

The Rapid Mobilization Table (RMT) is another example of a Situation Table that has been operationalized in Ontario. Implemented in Sudbury, it consists of human service providers from different sectors collaborating to provide immediate, coordinated and integrated responses to support individuals, families, groups or locations that have been identified by partners to be at acutely elevated risk. RMT convenes twice a week to identify and discuss situations that place community members at a high risk of harm. Once a situation is identified, all necessary agency partners participate in a coordinated, joint response ensuring that those at risk are connected to appropriate, timely and effective supports. RMT data is used to identify trends, common risk factors and
potential gaps in community services. This information, including potential opportunities and recommendations, is shared with community leaders to inform community planning and decision-making.

In order for Situation Tables to be successful, they require participating agencies to share the most basic and limited personal information about individuals or families at acutely elevated risk, to best address their needs and offer the appropriate support services. Obtaining consent to share personal and confidential information is the first priority of a Situation Table. In cases where consent cannot be obtained at the outset, RMT uses a four filter approach to ease the flow of limited personal information, working within existing legislation. This approach sets parameters on what information is being shared and with whom to guide each discussion and limit the disclosure of personal information. The following four filter approach was developed and refined by the Community Mobilization Prince Albert team in Saskatchewan and was quickly adopted by all operational Situation Tables across their province:

1. **Filter One - Preliminary Screening**
   - Agencies understand they can only bring forward a situation for discussion once they have exhausted their means to be able to appropriately handle the situation within their own agency.
   - If the agency determines the risk factors are beyond their scope to mitigate, and could be better handled by a larger discussion across multiple human service sectors, then the situation is brought to the table.

2. **Filter Two - Identifying Acutely Elevated Risk**
   - When a situation is brought forward to the table it is first presented in a de-identified manner.
   - After a brief discussion around the table, a consensus decision-making process is used to determine whether or not the situation meets the threshold of an acutely elevated risk.

3. **Filter Three - Limited Information Shared**
   - If there is consensus at the table that an acutely elevated risk exists, limited personal information is shared about the individual and/or family, including but not limited to, a name, date of birth and address.
   - This provides an opportunity for the agencies around the table to see if they already provide services to the individual and/or family as well as identify which agencies should be involved in the intervention stage.

4. **Filter Four - Full Discussion with Relevant Agencies**
   - Agencies named as a result of filter three take the discussion offline at the end of the meeting and share further information amongst each other as needed to determine the appropriate next steps.

See page 20 for the risk factors and protective factors that Situation Tables primarily target and enhance.
Evidence and Evaluation

Developing community safety and well-being practices based on evidence helps to validate their significance and ensure investments are yielding benefits to the community. It is also important to identify and understand the needs of the local community and use practices that will meet those needs, based on research. Intended outcomes must be identified in the development stage in order to measure performance and progress made towards addressing identified issues both during and after implementation. Outcomes should be used to measure the impacts or changes the practices are expected to make in the community. Monitoring and evaluation should be ongoing as some outcomes may be evident immediately after practices are implemented and some may take more time to achieve. When performance measurement focuses on the achievement of outcomes, as well as completion of activities, it presents opportunities for ongoing learning and adaptation to proven good practice.

The following are examples of community safety and well-being practices that incorporate research and/or evaluation in their development, implementation and/or refinement.

Stop Now And Plan

Utilized in several communities, including Barrie and Toronto, Stop Now And Plan (SNAP) is a gender sensitive, cognitive behavioural family-focused program that provides a framework for effectively teaching children and their parents how to regulate emotions, exhibit self-control and use problem-solving skills. It was developed for children between the ages of six and 12 who have come into contact with the law and/or show early signs of serious anti-social, aggressive or delinquent behaviour.

Over the course of the intervention, SNAP helps to regulate angry feelings by getting participants to stop, think and plan positive alternatives before acting impulsively. Training manuals have also been developed to help Aboriginal communities implement this program, recognizing their unique challenges. In order for an organization to offer SNAP, they must obtain a license from the originating organization and complete a training and consultation agreement.

SNAP primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor self-control and problem solving;</td>
<td>effective problem solving skills;</td>
</tr>
<tr>
<td>aggression; and</td>
<td>sense of responsibility; and</td>
</tr>
<tr>
<td>impulsivity.</td>
<td>pro-social behaviours.</td>
</tr>
</tbody>
</table>
**Triple P - Positive Parenting Program**

Triple P - Positive Parenting Program (Triple P) is a parenting and family support system run by an accredited Triple P practitioner and delivered to parents with children up to 16 years of age in communities including Barrie, Windsor and York. It aims to prevent and treat problems in the family, school and community before they arise and create family environments that help children realize their potential.

This program draws on social learning, cognitive behavioural and developmental theory, as well as research into the risk factors associated with the development of social and behavioural problems in children. Triple P provides parents with the skills and confidence they need to be self-sufficient and independently manage family issues by teaching them effective parenting strategies, including how to promote child development and manage common child behavioural problems.

Triple P primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• family violence;</td>
<td>• personal coping strategies;</td>
</tr>
<tr>
<td>• parental attitudes that support violence; and</td>
<td>• pro-social behaviours; and</td>
</tr>
<tr>
<td>• few or no positive role models.</td>
<td>• adequate parental behaviour and practices.</td>
</tr>
</tbody>
</table>

**SNAP and Triple P**

SNAP and Triple P are evidence-based practices that were developed more than 25 years ago with ongoing research. They have each been evaluated extensively by the central agencies (and others) that originally developed the practices and issue licences to implement them in communities across Ontario. Through ongoing pre/post/follow-up evaluations, random control trials and cost benefit-analysis with participants, results of SNAP evaluations are positive. Some successes include that SNAP has been found to have positive impacts on a parent’s ability to use effective child management strategies, reduced child behaviour problems and the likelihood that a child will become involved in the criminal justice system. Third party external evaluations have also been conducted to ensure successes are repeated and return on investment is obtained. Evaluation results for Triple P are also promising and have shown positive effects on observed and parent-reported child behavioural problems and parenting practices at the family and community level. Triple P has also demonstrated positive influences on population-level child maltreatment indices.
Positive Alternatives to School Suspension Program

The Positive Alternatives to School Suspension (PASS) Program began in 1999 as part of an endorsed progressive discipline intervention plan of the local boards of education. It is an alternative to student home suspension offered to youth in grades four through 12 in Sarnia that aims to reduce the number of school suspensions, increase their focus on school, help youth feel comfortable in seeking support and improve their coping and social skills. Students are required to complete school work and engage in practices to help develop social competency skills. Participating schools provide youth with academic materials to ensure they make progress in their studies at their grade level. This program is a collaborative partnership between the local school boards, college placement students and a community organization.

The PASS Program was developed in response to community research that identified a need for structured suspension based supports and re-integration plans for youth with complex needs and/or involvement in the criminal justice system. In the early stages of development, a detailed logic model was created to outline the program goals, short, medium and long-term outcomes and on-going activities that would be implemented to help achieve the noted outcomes. In addition, on-going evaluations of program content and delivery are conducted by asking youth and their parents/guardians to assess the program at the end of each suspension. Results to date have been reported as positive and the majority of participants and their parents/guardians have indicated that the PASS Program has helped them deal with the reasons they were suspended. Youth have also suggested that going forward they are more likely to think about the consequences of their actions. The program continues to evolve based on emerging trends and evaluations received.

The PASS Program primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>low academic inspirations;</td>
<td>effective problem solving skills;</td>
</tr>
<tr>
<td>low self-esteem; and</td>
<td>positive school experiences; and</td>
</tr>
<tr>
<td>sense of alienation.</td>
<td>sense of responsibility.</td>
</tr>
</tbody>
</table>

Neighbourhood Based Crime Prevention

Established in 2006 in Ottawa, Neighbourhood Based Crime Prevention evolved out of a crime analysis led by a municipal crime prevention council in partnership with the police, city departments and a local university that helped identify high-risk neighbourhoods in the area. Based on the analysis, the municipal crime prevention
council engaged multi-sectoral stakeholders in three priority neighbourhoods and provided funding for a staff member at three agencies in the respective neighbourhoods to help address locally identified issues. In each neighbourhood, agency staff brought together a table of residents and community partners to analyze specific issues and priorities in that neighbourhood and develop initiatives to meet the diverse needs of the community and cater to the local demographic. Some stakeholders involved in Neighbourhood Based Crime Prevention include police, resident and business associations, community agencies, education, health, housing and social services.

The municipal crime prevention council provided technical and research support, funding and assisted in outreach to ensure communities access city resources and services. In addition to using local research to determine where supplemental resources would be most effective, an external consultant was hired to assess the overall effectiveness. Results were extremely positive, including reduced levels of crime in the targeted neighbourhoods between 20 and 27 per cent, and improved relationships between citizens, various services and the police.

Neighbourhood Based Crime Prevention primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• crime in the area;</td>
<td>• access to resources, professional services and social support;</td>
</tr>
<tr>
<td>• feeling unsafe in a neighbourhood; and</td>
<td>• positive cohesive communities; and</td>
</tr>
<tr>
<td>• poor community design.</td>
<td>• integration of families into the life of the community.</td>
</tr>
</tbody>
</table>

**Strengthening Families for the Future**

Created in 2007, Strengthening Families for the Future is a prevention program for families with children between the ages of seven and 11 who are at risk of substance abuse, depression, violence, delinquency and dropping out of school. In Kenora, it is delivered over nine to 14 consecutive weekly sessions each lasting for approximately three hours. This program involves parents and children coming together to share a meal, followed by a one hour individual session for parents and their children, and a session with the entire family where they practise the skills they learned in their individual sessions. This program is powerful in that it facilitates change within the family by involving the whole family and not just parents or children.

Strengthening Families for the Future is modelled on a successful program developed in 1988 by a professor at the University of Utah. The original program has been evaluated extensively in various countries across the globe. Since being implemented in Ontario, the program has been updated to include information from local treatment
agencies. This adaptation of the program has also undergone extensive evaluation and has been identified as a best practice program by Health Canada. Preliminary results show that Strengthening Families for the Future is a promising intervention for fostering significant improvements in family functioning, parenting and a child’s psychological functioning.

Strengthening Families for the Future primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• behavioural problems;</td>
<td>• self-esteem;</td>
</tr>
<tr>
<td>• feeling of hopelessness; and</td>
<td>• personal coping strategies; and</td>
</tr>
<tr>
<td>• families with few resources.</td>
<td>• positive parent-child attachment and interactions.</td>
</tr>
</tbody>
</table>

**Sustainable Responses**

While lasting conditions, structures, programs and policies take time to establish, sustainable responses are critical to supporting communities’ ongoing ability to build capacity and respond to harm. Without sustainable, long-term practices in place, crime and victimization will reoccur, and the health and well-being of the community will not be maximized.

The following practices have elements that are important to ensuring sustainability, such as addressing co-occurring challenges at the system level, using volunteers to reduce financial pressures, building local capacity to develop strategies and establishing a train-the-trainer model to help ensure longevity of the practice.

**Aspire**

Established in 2010, Aspire seeks to prevent violent youth crime by improving academic achievement and building peer relationships. This program provides children in kindergarten to grade six in under-serviced neighbourhoods in Mississauga with one-on-one after school tutoring and peer mentoring sessions at no-cost. Students are paired with a peer tutor that is in high school or college/university, meeting once a week after school to work on areas of academic need. In partnership with other community agencies, the municipality and local police service, students are provided with a convenient location for tutoring and attending events.
Aspire is structured around a community operated model, where youth and young adults are encouraged to take ownership of the program. While agency staff provide support in program delivery, volunteers ensure that the program does not solely rely on funding. Volunteers are provided with incentives to participate in the program; for example, they can earn volunteer hours as part of their educational requirements.

Aspire primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• low self-esteem;</td>
<td>• optimism and positive expectations for the future;</td>
</tr>
<tr>
<td>• low academic aspirations; and</td>
<td>• positive school experiences; and</td>
</tr>
<tr>
<td>• negative influences in the youth’s life.</td>
<td>• participation in extra-curricular activities.</td>
</tr>
</tbody>
</table>

**Community Crisis Response Program**

Since 2008, the Community Crisis Response Program (CCRP) has provided support and resources to Toronto communities impacted by violent and traumatic incidents (e.g., a shooting). This program is activated when a violent incident occurs in a neighbourhood and involves helping communities develop localized strategies, including the development of a coordinated community crisis response protocol. CCRP leads an integrated response by coordinating municipal services, school boards, police, the public, community/faith-based organizations and residents to assist with a neighbourhood’s response and recovery. It operates under three key components: crisis intervention, prevention and preparation.

CCRP seeks to improve the safety and well-being of neighbourhoods by increasing the local capacity to develop collaborative strategies to intervene, prevent and prepare for violent and traumatic incidents. It connects community stakeholders in order to address locally identified safety challenges by enhancing local service delivery and leveraging inter-sectoral linkages. The success of CCRP has resulted in it being embedded into the core business of the municipality in which it originated.

CCRP primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• violent victimization;</td>
<td>• personal coping strategies;</td>
</tr>
<tr>
<td>• feeling unsafe in a neighbourhood; and</td>
<td>• positive cohesive communities; and</td>
</tr>
<tr>
<td>• low level of perceived police/justice system legitimacy.</td>
<td>• high awareness of detriments of well-being.</td>
</tr>
</tbody>
</table>
The Fourth R

The Fourth R is an optional interactive classroom curriculum that aims to promote healthy relationships, reduce youth relationship violence and decrease substance misuse in Ottawa. It was developed and evaluated by an addictions and mental health centre in partnership with a local school board. The Fourth R focuses on relationship goals and challenges that influence youth decision-making through a gendered approach by emphasizing gender-specific patterns and aligning them with activities. It is integrated into existing grade seven, eight and nine health and physical education curricula and is administered in co-ed or sex-segregated classrooms. In addition, there are Aboriginal and alternative education versions of The Fourth R that align with cross-curricular expectations. Each of these programs seek to involve community members in delivering positive messages to youth about healthy relationships. Teachers and parents are engaged using strategies that assist in building bridges between community agencies and schools to increase access to resources and services for youth.

Using a longer-term approach of working with youth, The Fourth R consists of 21 sessions delivered over the course of a school year. Teachers are trained to deliver the program and are provided with curriculum materials. After they are trained, they do not need to be re-trained, but are provided with program updates as they are made available. In addition, “Master Trainers” are also trained within each school board in the community to ensure that they have the capacity to offer the training themselves. The Fourth R addresses co-occurring challenges by teaching lessons and using activities that teach youth negotiation, delay and refusal skills, help youth define and rehearse responsibilities associated with healthy relationships, and allow the use of role-playing to increase interpersonal problem-solving skills.

The Fourth R primarily targets the following risk factors and enhances the subsequent protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>peer pressure;</td>
<td>personal coping strategies;</td>
</tr>
<tr>
<td>negative influences in the youth’s life; and</td>
<td>pro-social behaviours; and</td>
</tr>
<tr>
<td>family violence.</td>
<td>sense of responsibility.</td>
</tr>
</tbody>
</table>

Conclusion

Whether it is demonstrating strong community leadership, meaningful partnerships or comfort with sharing knowledge and information, using research and evaluation, or being innovative to achieve sustainable solutions that are responsive to the diversity of the community, it is evident that Ontario communities are implementing social development approaches to achieve greater community safety and well-being.
Section 5 - Ontario’s Way Forward

Overall, the most significant learning from the community engagement sessions is the strong recognition across the province of the need to change the way we look at service delivery in all sectors moving forward in order for Ontarians to get the services they need, when they need them. Relying solely on reactionary and incident driven responses to community safety and well-being is inefficient, ineffective and unsustainable. It is encouraging that communities continue to move towards innovative, collaborative and risk-driven approaches to prevent crime and victimization and increase safety and well-being in a more effective and efficient way.

In response to this learning, the third and final booklet in the Ministry’s provincial approach will take the shape of a framework for community safety and well-being planning. This framework will set the stage for service delivery and the development of local community safety and well-being plans that encourage meaningful multi-sectoral partnerships to respond to crime and complex social issues on a sustainable basis. The framework will also respond to the common challenges and build on the principles and local strengths of community safety and well-being practices identified in this booklet. It will continue to inspire communities to refocus their efforts to work towards meaningful collaboration, an environment that promotes information and data sharing, and holistic performance measurement that is outcomes-based. In addition to the framework, the Ministry will provide guidance to assist communities in developing and evaluating local community safety and well-being plans that leverage existing community strengths and resources to respond to local circumstances, needs and priorities.
Thank you for your commitment to community safety and well-being. As community safety and well-being is ever evolving, the Ministry would like to continue to hear about novel practices being developed or implemented in local communities. The Ministry also welcomes your thoughts, comments and input on this booklet. Please send your novel practices and comments to SafetyPlanning@Ontario.ca.

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COMMUNITY SAFETY AND WELL-BEING PLANNING FRAMEWORK

A Shared Commitment in Ontario

Booklet 3, Version 2
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The safety and well-being of Ontarians is, and will always be, a top priority for our government.

That is why we have committed to providing our front-line police officers with the tools and resources they need to combat violence and increase public safety.

But fighting crime head-on is only one part of the equation. We also need to address the root causes of crime and complex social issues by focusing on social development, prevention and risk intervention.

Community safety and well-being cannot rest solely on the shoulders of the police. It is a shared responsibility by all members of the community and requires an integrated approach to bring municipalities, First Nations and community partners together to address a collective goal. Breaking down existing silos and encouraging multi-sectoral partnerships are essential in developing strategies, programs and services to help minimize risk factors and improve the overall well-being of our communities.

This booklet, which includes a framework and toolkit, is designed to support municipalities, First Nations and their partners – including the police – in this undertaking. We need to combat the cycle of crime from happening at all. We need to develop effective crime prevention methods that will improve the quality of life for all.

Our government is committed to fighting crime, victimization and violence on every front because each and every person deserves to live in a safe, secure community. On behalf of Cabinet, we are committed to supporting our local and provincial partners - to keep Ontario safe today, tomorrow and for future generations.

Honourable Sylvia Jones
Minister of Community Safety and Correctional Services
Message from the Deputy Minister of Community Safety on Behalf of the Deputy Ministers’ Social Policy Committee

As ministry leaders, we are dedicated to promoting a coordinated, integrated sphere for the development and management of the human services system. We recognize the many benefits of community safety and well-being planning within Ontario communities, including the coordination of services. This booklet provides an excellent platform for communities to undertake collaborative planning, resulting in the development of local community safety and well-being plans.

We have been working hard at the provincial level to mirror the type of collaboration that is required for this type of planning at the municipal level, and we strongly encourage community agencies and organizations that partner with our respective ministries to become involved in the development and implementation of their local plans. Our hope is that this booklet will inspire Ontario communities to form and enhance multi-sectoral partnerships and align policies and programs in all sectors through the community safety and well-being planning process. By working together, we can more efficiently and effectively serve the people of Ontario.

I would like to thank those dedicated to ensuring the safety and well-being of Ontario communities for their involvement in local initiatives and continued support in the development of this booklet.

Mario Di Tommaso, Deputy Minister of Community Safety, on behalf of:

Deputy Minister of Correctional Services/Responsible for Anti-Racism
Deputy Minister of Training, Colleges and Universities
Deputy Attorney General
Deputy Minister Cabinet Office Communications and Intergovernmental Affairs
Deputy Minister Cabinet Office Policy and Delivery
Deputy Minister of Children, Community and Social Services/Responsible for Women’s Issues
Deputy Minister of Education
Deputy Minister of Treasury Board Secretariat

Deputy Minister of Consumer Services/Responsible for ServiceOntario and Open Government
Deputy Minister of Finance
Deputy Minister of Francophone Affairs/Seniors and Accessibility
Deputy Minister of Health and Long-Term Care
Deputy Minister of Municipal Affairs and Housing
Deputy Minister of Indigenous Affairs
Deputy Minister of Labour
Deputy Minister of Tourism, Culture and Sport
Deputy Minister of Transportation/Infrastructure
Deputy Minister of Government Services
Section 1 – Introduction

Setting the Stage

The ministry has been working with multi-sectoral government partners and local community and policing stakeholders to develop the Provincial Approach to Community Safety and Well-Being.

As ministry staff travelled across our diverse province throughout 2013 to 2016, we listened closely to local voices that spoke about the need to change the way we look at service delivery in all sectors. The common goal for Ontarians is to get the services they need, when they need them, in an effective and efficient way. Police are often called upon to respond to complex situations that are non-criminal in nature as they operate on a 24/7 basis. We also know that many of these situations, such as an individual experiencing a mental health crisis, would be more appropriately managed through a collaborative service delivery model that leverages the strengths of partners in the community. After engaging Ontario communities on our way forward, we have affirmed that all sectors have a role in developing and implementing local community safety and well-being plans. By working collaboratively at the local level to address priority risks and needs of the community through strategic and holistic planning, we will be better prepared to meet current and future expectations of Ontarians.

This type of planning requires less dependance on reactionary, incident-driven responses and re-focusing efforts and investments towards the long-term benefits of social development, prevention, and in the short-term, mitigating acutely elevated risk. It necessitates local government leadership, meaningful multi-sectoral collaboration, and must include responses that are centred on the community, focused on outcomes and evidence-based (i.e., derived from or informed by the most current and valid empirical research or practice). It is important to note that although there is a need to rely less on reactionary, incident-driven responses, there continues to be a strong role for the police, including police services boards, in all parts of the planning process.

The ultimate goal of this type of community safety and well-being planning is to achieve sustainable communities where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression. The success of society is linked to the well-being of each and every individual.

Purpose

Communities across the province are at varying levels of readiness to develop and implement a community safety and well-being plan. As such, this booklet is intended to act as a resource to assist municipalities, First Nations and their partners at different stages of the planning process, with a focus on getting started. More specifically, it highlights the benefits of developing a plan, the community safety and well-being planning framework that supports a plan, critical success factors, and connects the framework to practice with a toolkit of practical guidance documents to assist in the development and implementation of a plan. It also incorporates advice from Ontario communities that have started the process of developing a plan that reflects their unique local needs, capacity and governance structures. Planning partners in Bancroft, Brantford, Chatham-Kent, Kenora, Rama, Sault Ste. Marie, Sudbury and Waterloo tested aspects of the community safety and well-being planning framework and the toolkit to ensure that they are as practical and helpful as possible.

Legislative Mandate

This booklet supports the legislative requirements related to mandating community safety and well-being planning under the Police Services Act (effective January 1, 2019). As part of legislation, municipalities are required to develop and adopt community safety and well-being plans working in partnership with a multi-sectoral advisory committee comprised of representation from the police service board and other local service providers in health/mental health, education, community/social services and children/youth services. Additional requirements are also outlined in legislation pertaining to conducting consultations, contents of the plan, and monitoring, evaluating, reporting and publishing the plan. This approach allows municipalities to take a leadership role in defining and addressing priority risks in the community through proactive, integrated strategies that ensure vulnerable populations receive the help they need from the providers best suited to support them.

Municipalities have the flexibility to engage in community safety and well-being planning individually, or in partnership with neighbouring municipalities and/or First Nation communities to develop a joint plan. When determining whether to develop an individual or joint plan, municipalities may wish to consider various factors, such as existing resources and boundaries for local service delivery. It is important to note that First Nation communities are also encouraged to undertake this type of planning, however, they are not required to do so by legislation.

Benefits

Through the ministry’s engagement with communities that are developing a plan, local partners identified the benefits they are seeing, or expect to see, as a result of their work. The following benefits are wide-ranging, and impact individuals, the broader community, and participating partner agencies and organizations:

- enhanced communication and collaboration among sectors, agencies and organizations;
- stronger families and improved opportunities for healthy child development;
- healthier, more productive individuals that positively contribute to the community;
- increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods;
- transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs;
- increased engagement of community groups, residents and the private sector in local initiatives and networks;
• enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community;
• increased awareness, coordination of and access to services for community members and vulnerable groups;
• more effective, seamless service delivery for individuals with complex needs;
• new opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes; and
• reduced investment in and reliance on incident response.

“I believe that community safety and well-being planning situates itself perfectly with many other strategic initiatives that the City is currently pursuing. It has allowed us to consider programs and activities that will produce synergistic impacts across various areas of strategic priority in our community such as poverty reduction, educational attainment and building stronger families. Planning for simultaneous wins is efficient public policy.” - Susan Evenden, City of Brantford
Section 2 – The Community Safety and Well-Being Planning Framework

The community safety and well-being planning framework outlined in this section will help to guide municipalities, First Nations communities and their partners as they develop their local plans. It is crucial for all members involved in the planning process to understand the following four areas to ensure local plans are as efficient and effective as possible in making communities safer and healthier:

1. Social Development;
2. Prevention;
3. Risk Intervention; and
4. Incident Response.

Social Development
Promoting and maintaining community safety and well-being

Social development requires long-term, multi-disciplinary efforts and investments to improve the social determinants of health (i.e., the conditions in which people are born, grow, work, live, and age such as education, early childhood development, food security, quality housing, etc.) and thereby reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies, and organizations bring different perspectives and expertise to the table to address complex social issues, like poverty, from every angle. The key to successful social development initiatives is working together in ways that challenge conventional assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families, and communities are safe, healthy, educated, and have housing, employment, and social networks that they can rely on. Social development relies on planning and establishing multi-sectoral partnerships. To work effectively in this area, all sectors need to share their long-term planning and performance data so they have a common understanding of local and systemic issues. Strategies need to be bolstered or put into place that target the root causes of these issues. Social development in action will be realized when all community members are aware of services available to them and can access those resources with ease. Knowing who to contact (community agency versus first-responder) and when to contact them (emerging risk versus crisis incident) allows communities to operate in an environment where the response matches the need. Communities that invest heavily in social development by establishing protective factors through improvements in things like health, employment, and graduation rates, will experience the social benefits of addressing the root causes of crime and social disorder.
The municipality in Sault Ste. Marie has partnered with a local business owner, college and school board to develop the Superior Skills program. Superior Skills provides eight-week intensive skills training to individuals in receipt of social assistance. Skills training is provided based on identified market gaps in the community; such as sewing, light recycling, spin farming, etc. At the end of the training program, the local business owner incorporates a new company for program graduates to begin employment. The goal is to employ 60% of program graduates at the newly formed businesses.

Prevention

*Proactively reducing identified risks*

Planning in the area of prevention involves proactively implementing evidence-based situational measures, policies or programs to reduce locally-identified priority risks to community safety and well-being before they result in crime, victimization and/or harm. In this area, community members who are not specialists in “safety and well-being” may have to be enlisted depending on the priority risk, such as business owners, if the risk is retail theft, and property managers, if the risk is occurring in their building. Service providers, community agencies and organizations will need to share data and information about things like community assets, crime and disorder trends, vulnerable people and places, to identify priority risks within the community in order to plan and respond most effectively. Successful planning in this area may indicate whether people are participating more in risk-based programs, are feeling safe and less fearful, and that greater engagement makes people more confident in their own abilities to prevent harm. While planning in this area is important, municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the social development area to ensure that risks are mitigated before they become a priority that needs to be addressed through prevention.

Based on an identified priority risk within their community, Kenora has implemented Stop Now And Plan, which teaches children and their parents emotional regulation, self-control and problem-solving skills. Partners involved in this initiative include a local mental health agency, two school boards and the police. Additional information on this program, and others that could be used as strategies in the prevention area of the plan (e.g., Caring Dads and Triple P – Positive Parenting Program), can be found in the *Snapshot of Local Voices* booklet.

Risk Intervention

*Mitigating situations of elevated risk*

Planning in the risk intervention area involves multiple sectors working together to address situations where there is an elevated risk of harm - stopping something bad from happening, right before it is about to happen. Risk intervention is intended to be immediate and prevent an incident, whether it is a crime, victimization or harm, from occurring, while reducing the need for, and systemic reliance on, incident response. Collaboration and information sharing between agencies on things such as types of risk has been shown to create partnerships and allow for collective analysis of risk-based data, which can inform strategies in the prevention and social development areas. To determine the success of strategies in this area, performance metrics collected may demonstrate increased access to and confidence in social supports, decreased victimization rates and the number of emergency room visits. Municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the prevention area to ensure that individuals do not reach the point of requiring an immediate risk intervention.
Chatham-Kent has developed a Collaborative, Risk-Identified Situation Intervention Strategy, involving an agreement between local service providers to support a coordinated system of risk identification, assessment and customized interventions. Service providers bring situations of acutely elevated risk to a dedicated coordinator who facilitates a discussion between two or three agencies that are in a position to develop an intervention. The Snapshot of Local Voices booklet includes information on other risk intervention strategies like Situation Tables and threat management/awareness services in schools.

**Incident Response**

*Critical and non-critical incident response*

This area represents what is traditionally thought of when referring to crime and safety. It includes immediate and reactionary responses that may involve a sense of urgency like police, fire, emergency medical services, a child welfare organization taking a child out of their home, a person being apprehended under the Mental Health Act, or a school principal expelling a student. Many communities invest a significant amount of resources into incident response, and although it is important and necessary, it is reactive, and in some instances, enforcement-dominated. Planning should also be done in this area to better collaborate and share relevant information, such as types of occurrences and victimization, to ensure the most appropriate service provider is responding. Initiatives in this area alone cannot be relied upon to increase community safety and well-being.

Mental Health Crisis Intervention Teams provide an integrated, community-based response to individuals experiencing mental health and/or addictions issues. They aim to reduce the amount of time police officers spend dealing with calls that would be better handled by a trained mental health specialist, and divert individuals experiencing a mental health crisis from emergency rooms and the criminal justice system. Additional information on a local adaptation of these teams, the Community Outreach and Support Team, can be found in the Snapshot of Local Voices booklet.

**Refocusing on Collaboration, Information Sharing and Performance Measurement**

In order for local plans to be successful in making communities safer and healthier, municipalities, First Nations and their partners need to refocus existing efforts and resources in a more strategic and impactful way to enhance collaboration, information sharing and performance measurement. This can be done by identifying the sectors, agencies and organizations that need to be involved, the information and data required, and outcomes to measure the impacts of the plan. Different forms of collaboration, information sharing and performance measurement will be required in each of the planning areas (i.e., social development, prevention, risk intervention and incident response). Those involved in the plan should be thinking continuously about how their respective organizational strategic planning and budgeting activities could further support strategies in the plan.

**Conclusion**

Planning should occur in all four areas, however, the majority of investments, time and resources should be spent on developing and/or enhancing social development, prevention and risk intervention strategies to reduce the number of individuals, families and communities that reach the point of requiring an incident response. Developing strategies that are preventative as opposed to reactive will ensure efficiency,
effectiveness and sustainability of safety and well-being service delivery across Ontario. It is also important to explore more efficient and effective ways of delivering services, including front-line incident response, to ensure those in crisis are receiving the proper supports from the most appropriate service provider. Keeping in mind the focus on the community safety and well-being planning framework, the next section will highlight critical success factors for planning.
Section 3 – Critical Success Factors

The community safety and well-being planning framework is intended to get municipalities, First Nations and their partners thinking in new ways about local issues and potential solutions by exploring options to address risks through social development, prevention and risk intervention. While this may spark interest in beginning a local collaborative planning process, there are several factors that will be critical to the successful development and implementation of a plan.

The following critical success factors should be taken into consideration when developing a plan:

- Strength-Based;
- Risk-Focused;
- Awareness and Understanding;
- Highest Level Commitment;
- Effective Partnerships;
- Evidence and Evaluation; and
- Cultural Responsiveness.

Strength-Based

Community safety and well-being planning is not about reinventing the wheel – it’s about recognizing the great work already happening within individual agencies and organizations, and using collaboration to do more with local experience and expertise. Ontario communities are full of hard-working, knowledgeable and committed individuals who want to make their communities safe and healthy places, and it is important to leverage these individuals when developing a plan. Helpful information and guidance may also be found by talking to other communities in order to build on their successes and lessons learned.

“Community safety and well-being touches every resident and is important to all aspects of our community - from education to health to economic development. It is an area of community planning in which many community members are greatly interested and excited to be involved.” - Lianne Sauter, Town of Bancroft

Risk-Focused

Community safety and well-being planning is based on an idea that has been a focus of the health sector for many years – it is far more effective, efficient and beneficial to an individual’s quality of life to prevent something bad from happening rather than trying to find a “cure” after the fact. For that reason, local plans should focus on risks, not incidents, and should target the circumstances, people and places that are most
vulnerable to risk. As a long-term prevention strategy, it is more effective to focus on why something is happening (i.e., a student has undiagnosed Attention Deficit Disorder and challenges in the home) than on what is happening (e.g., a student is caught skipping school). Risks should be identified using the experiences, information and data of community members and partners to highlight the issues that are most significant and prevalent in the community. For example, many communities are engaging a wide range of local agencies and organizations to discuss which risks they come across most often, and are compiling available data to do additional analysis of trends and patterns of risk to focus on in their plan.

**Awareness and Understanding**

Community safety and well-being planning requires that each community member understands their role in making the community a safe and healthy place to live. It is important to engage individuals, groups, agencies, organizations and elected officials to work collaboratively and promote awareness and understanding of the purpose and benefits of a strategic, long-term plan to address community risks. For example, it may be more helpful to speak about outcomes related to improved quality of life in the community – like stronger families and neighbourhoods – rather than reduced crime. This is not just about preventing crime. This is about addressing the risks that lead individuals to crime, and taking a hard look at the social issues and inequalities that create risk in the first place. Potential partners will likely need to understand what they are getting into – and why – before they fully commit time and resources.

“I think it is important to change the conversation early on in the process. A social development approach to community safety and well-being is a marathon rather than a sprint.” - Susan Evenden, City of Brantford

**Highest Level Commitment**

As the municipality has the authority, resources, breadth of services and contact with the public to address risk factors and to facilitate community partnerships, Ontario communities confirmed that municipalities are best placed to lead the community safety and well-being planning process. In First Nations communities, obtaining buy-in from the Chief and Band Council will provide a strong voice in supporting community safety and well-being planning. This type of planning is a community-wide initiative that requires dedication and input from a wide range of sectors, agencies, organizations and groups. To ensure that all the right players are at the table, it is critical to get commitment from local political leadership, heads of agencies and organizations, as well as other key decision-makers who can champion the cause and ensure that their staff and resources are available to support the planning process.

**Effective Partnerships**

No single individual, agency or organization can fully own the planning exercise – a plan will only be as effective as the partnerships and multi-sector collaboration that exist among those developing and implementing the plan. Due to the complex nature of many of the issues that impact the safety and well-being of individuals, families and communities, including poverty, mental health issues, addictions, and domestic violence, a wide range of agencies, organizations and services need to be involved to create comprehensive, sustainable solutions. This may begin through **communication** between service providers, where information is exchanged to support meaningful relationships while maintaining separate objectives and programs. **Cooperation** between agencies and organizations is mutually beneficial because it means that they provide assistance to each other on respective activities. **Coordination** takes partnerships a step further.
through joint planning and organization of activities and achievement of mutual objectives. **Collaboration** is when individuals, agencies or organizations are willing to compromise and work together in the interest of mutual gains or outcomes. Working in this way will be critical to the development of an effective, multi-sector plan. Many municipalities, First Nations and their partners that are developing local plans have found that having a dedicated coordinator is very helpful in supporting and facilitating collaboration among all the different partners involved in the development of the plan. As partners work together and find new and more effective ways of tackling common challenges, they may begin to operate in **convergence**, which involves the restructuring of services, programs, budgets, objectives and/or staff.

In Sault Ste. Marie, a local multi-agency service delivery model focuses on providing vital services and programs under one roof, and acts as a support to a specific neighbourhood through the Neighbourhood Resource Centre – a collaborative effort of 32 local agencies and groups.

**Evidence and Evaluation**

Before a plan can be developed, it will be important to gather information and evidence to paint a clear picture of what is happening in the community to support the identification of local priority risks. Some communities have already started to gather and analyze data from various sources, including Statistics Canada, police and crime data, as well as data on employment levels, educational attainment rates, social services and health care information. If gaps in service or programming are found in locally-identified areas of risk, research should be done to determine the most appropriate evidence-based response to be put into place. On the other hand, communities that already have evidenced-based strategies in place that directly respond to a local priority risk identified in their plan should review each strategy to ensure outcome measures are established and that they are showing a positive impact. Depending on these results, enhancing or expanding these strategies should be considered. Once a completed plan is implemented, data and information will be equally critical in order to evaluate how effective it has been in addressing the priority risks and creating positive changes in the community. The same data and information sources that indicated from the beginning that housing and homelessness, for example, was a priority risk in the community, should be revisited and reviewed to determine whether that risk has been reduced. Sharing evidence that the plan is creating better outcomes for community members will help to build trust and support for the implementing partner agencies and organizations, the planning process, and the plan itself.

**Cultural Responsiveness**

Cultural responsiveness is the ability to effectively interact with, and respond to, the needs of diverse groups of people in the community. Being culturally responsive is a process that begins with having an awareness and knowledge of different cultures and practices, as well as one’s own cultural worldview. It involves being open to, and respectful of, cultural differences and developing skills and knowledge to build effective cross-cultural relationships. It also includes developing strategies and programs that consider social and historical contexts, systemic and interpersonal power imbalances, acknowledge the needs and worldviews of different groups, and respond to the specific inequities they face.
As part of the planning process, community safety and well-being plans should take into consideration, at a minimum, the following elements of diversity, as well as how these elements intersect and shape the experiences of individuals/groups (e.g., increasing risks to harm, victimization and crime):

- Ethnicity (e.g., racialized communities, Indigenous communities);
- Gender identity and sexual orientation (e.g., lesbian, gay, bisexual, transgender, transsexual, 2 spirited, intersex, queer and questioning);
- Religion;
- Socioeconomic status;
- Education;
- Age (e.g., seniors, youth);
- Living with a disability;
- Citizenship status (e.g., newcomers, immigrants, refugees); and/or
- Regional location (e.g., living in northern, rural, remote areas).

Communities should tailor programs and strategies to the unique needs and strengths of different groups, as well as to address the distinct risk factors they face. Planners should strive towards inclusion in their communities by proactively removing barriers to participation and engaging diverse groups in meaningful ways.

See Appendix B for Engaging Youth, Appendix C for Engaging Seniors, and Appendix D for Engaging Indigenous Partners.

Conclusion

Municipalities, First Nations and their partners should be considering the critical success factors throughout the process of developing, implementing, reviewing, evaluating and updating the plan. The next section will connect the community safety and well-being planning framework and critical success factors to practical advice and guidance when undergoing this planning process.
Section 4 – Connecting the Framework to Practice

This section is meant to connect the community safety and well-being planning framework and critical success factors of community safety and well-being planning with the operational practice of developing, implementing, reviewing, evaluating and updating the plan. There is no right or wrong first or last step. Communities have suggested that it can take anywhere between one to two years to develop a plan, and those with the municipality or Band Council in a lead role made the most headway. To provide additional operational support and resources, Section 6 includes a toolkit of guidance documents that builds on the following concepts and identifies specific tools in each area for consideration:

- Obtaining Collaborative Commitment;
- Creating Buy-In;
- Focusing on Risk;
- Assessing and Leveraging Community Strengths;
- Evidence and Evaluation; and
- Putting the Plan into Action.

Obtaining Collaborative Commitment

Demonstrated commitment from local governance, whether it is the municipality or Band Council, can have a significant impact on multi-sector buy-in, and is most effective if completed at the beginning of the planning process. This type of commitment can be demonstrated in various ways — through a council resolution, attending meetings, creating a coordinator position, realigning resources and/or creating awareness among staff. Collaboration exists in communities across Ontario, whether it is through strong bilateral partnerships or among multiple partners. The community safety and well-being planning process requires drawing on existing partnerships as well as creating new ones. This may involve leveraging an existing body, or creating a new structure to develop, refine or reaffirm outcomes, strategies and measures in social development, prevention, risk intervention and incident response. Commitment from multiple sectors will usually occur once they have an understanding of what community safety and well-being planning is meant to achieve and its benefits. Commitment may be solidified through agreeing upon goals, objectives, performance measurement and roles and responsibilities.

See Tool 1 for guidance on participants, roles and responsibilities, Tool 2 for guidance on start-up, and Tool 3 for guidance on asset mapping.
Creating Buy-In

In order to ensure that each community member, agency and organization understands what community safety and well-being planning is, and to begin to obtain buy-in and create partnerships, municipalities, First Nations and their partners may choose to start by developing targeted communication materials. They may also wish to meet with and/or bring together service providers or community members and take the time to explain the community safety and well-being planning framework and important concepts and/or get their feedback on local risks. Designing a visual identity and creating marketing and/or promotional material may also help to obtain multi-sectoral buy-in and allow community members to identify with the plan.

See Tool 4 for guidance on engagement.

Focusing on Risk

Engaging community members and service providers to document risks is the first step. The range of risks identified will be dependent on the sources of information, so it is important to engage through various methods, such as one-on-one interviews with multi-sectoral service providers, focus sessions with vulnerable groups, and/or surveys with public drop boxes. Risk identification and prioritization is the next task that should be done by looking at various sources of data and combining it with feedback from the community.

See Tool 4 for guidance on engagement and Tool 5 for analyzing community risks.

Assessing and Leveraging Community Strengths

Achieving a community that is safe and well is a journey; before partners involved in the development of a plan can map out where they want to go, and how they will get there, they need to have a clear understanding of their starting point. It is important that community members do not see community safety and well-being planning as just another planning exercise or creation of a body. It is about identifying local priority risks and examining current strategies through a holistic lens to determine if the right sectors, agencies and organizations are involved or if there are overlaps or gaps in service or programming. Some communities may find there is a lack of coordination of existing strategies. To address this they should look at existing bodies and strategies and see how they can support the development and implementation of the plan. Other communities may discover that there are gaps in service delivery, and should do their best to fill these gaps through, for example, the realignment of existing resources. As every community is different in terms of need and resources, it is recognized that some communities, such as some First Nations communities, may experience difficulties identifying existing strategies due to a lack of resources. It may be of value for some communities to collaborate with neighbouring municipalities and/or First Nations communities to create joint community safety and well-being plans. For example, where capacity and resources are limited, or many services are delivered across jurisdictions, communities can leverage the assets and strengths of neighbouring communities to create a joint plan that will address the needs of the area.

See Tool 3 for guidance on asset mapping.
Evidence and Evaluation

Once risks are prioritized, if gaps in service or programming are found in any or all areas of the plan, research should be done to determine the most appropriate evidence-based response to be put into place to address that risk, while considering local capacity and resources. Some may find after risk prioritization that they already have evidence-based strategies in place that directly respond to identified risks that will be addressed in their plan. At the planning stage, it is important to identify the intended outcomes of those activities in order to measure performance and progress towards addressing identified risks through the development of a logic model and performance measurement framework. Some outcomes will be evident immediately after activities are implemented and some will take more time to achieve. Whether planning for promoting and maintaining community safety and well-being through social development, working to reduce identified risks, or mitigating elevated risk situations or incident responses, it is equally important for planning partners to set and measure their efforts against predetermined outcomes.

See Tool 6 for guidance on performance measurement.

Putting the Plan into Action

It is important to ensure that strategies put into place in each area of the plan for each priority are achievable based on local capacity and resources. To achieve success, the right individuals, agencies and organizations need to be involved, outcomes benchmarked, and responsibilities for measurement identified. Developing an implementation plan will help municipalities, First Nations and their partners stay organized by outlining who is doing what and when, in each planning area, who is reporting to whom, and the timing of progress and final reports. The date of the next safety and well-being planning cycle should align with the other relevant planning cycles (e.g., municipal cycle) and budgeting activities to ensure alignment of partner resources and strategies. Once the plan is documented and agreed upon by multi-sector partners, it is then time to put it into action with regular monitoring, evaluation and updates to achieve community safety and well-being.

See Appendix G for a sample plan.

Conclusion

Municipalities, First Nations and their partners should consider these steps when planning for community safety and well-being. The most important considerations to remember when planning is that the framework is understood, the critical success factors exist in whole or in part, and that the plan responds to local needs in a systemic and holistic way.
Overall, this booklet responds to the most common challenge articulated by communities across the province – the need to change the way we look at service delivery in all sectors moving forward so that Ontarians can get the services they need, when they need them. To ensure that community safety and well-being planning achieves its intended outcomes, champions will need to continue to lead the way forward to address the root causes of crime and social disorder and increase community safety and well-being now and into the future.

This booklet strongly encourages municipalities, First Nations and their partners to undertake an ongoing holistic, proactive, collaborative planning process to address local needs in new and innovative ways. Developing local plans with multi-sectoral, risk-based strategies in social development, prevention and risk intervention will ensure that risk factors associated with crime and victimization are addressed from every angle. In the longer term, information and data gathered through the planning process will provide an opportunity for multi-sector partners at the local and provincial levels to evaluate and improve the underlying structures and systems through which services are delivered.

The ministry will continue to support Ontarians as they undertake community safety and well-being planning, implementation and evaluation, in collaboration with community, policing and inter-ministerial partners. To further support this shift at the provincial level, the ministry will be looking at smarter and better ways to do things in order to deliver services in a proactive, targeted manner. This will be done through the use of evidence and experience to improve outcomes, and continuing well-established partnerships that include police, education, health and social services, among others, to make Ontario communities safer and healthier.
Section 6 – Toolkit for Community Safety and Well-Being Planning

The ministry has prepared a toolkit to assist municipalities, First Nations and their partners in developing, implementing, reviewing, evaluating and updating a local plan. These tools have been tested by Ontario communities and include valuable feedback from local practitioners across the province. Overall learnings from these communities have been incorporated into the toolkit, including the processes undertaken to develop local plans.

The following toolkit includes:

- Tool 1 – Participants, Roles and Responsibilities
- Tool 2 – Start-Up
- Tool 3 – Asset Mapping
- Tool 4 – Engagement
- Tool 5 – Analyzing Community Risks
- Tool 6 – Performance Measurement
- Appendix A – Information Sharing
- Appendix B – Engaging Youth
- Appendix C – Engaging Seniors
- Appendix D – Engaging Indigenous Partners
- Appendix E – Definitions
- Appendix F – Risk and Protective Factors
- Appendix G – Community Safety and Well-Being Plan Sample

In addition, as part of the Provincial Approach to Community Safety and Well-Being, the ministry has developed other resources that are available to municipalities, First Nations and their partners to support local community safety and well-being planning. These include:

- Crime Prevention in Ontario: A Framework for Action
- Community Safety and Well-Being in Ontario: A Snapshot of Local Voices
Tool 1 – Participants, Roles and Responsibilities

The Champion and Coordinator(s)

Each community will approach community safety and well-being planning from a different perspective and starting point that is specific to their unique needs, resources and circumstances. Some communities may have champions and others may need to engage them to educate the public and serve as a face for the plan. In municipalities, the community safety and well-being planning process should be led by a clearly identifiable coordinator(s) that is from the municipality. In First Nations communities, the coordinator(s) may be from the Band Council or a relevant agency/organization.

Role of Champion(s)

Champions are public figures who express their commitment to community safety and well-being planning and rally support from the public and community agencies/organizations. It should be an individual or group who has the ability to motivate and mobilize others to participate, often because of their level of authority, responsibility or influence in the community. The more champions the better. In many communities this will be the mayor and council, or Chief and Band Council in a First Nations community. A champion may also be a:

- Community Health Director;
- Local elected councillor at the neighbourhood level;
- Chief Medical Officer of Health;
- Municipal housing authority at the residential/building level; or
- School board at the school level.

Role of the Coordinator(s)

The coordinator(s) should be from an area that has knowledge of or authority over community safety and well-being, such as social services. As the coordinator(s) is responsible for the coordination/management of the plan, this should be someone who has working relationships with community members and agencies/organizations and is passionate about the community safety and well-being planning process.

Key Tasks of the Coordinator(s)

- The key tasks include recruiting the appropriate agencies/organizations and individuals to become members of an advisory committee. This should include multi-sectoral representation and people with knowledge and experience in responding to the needs of community members.

“The City of Brantford is best positioned in terms of resources, breadth of services and contact with the public to both address risk factors and to facilitate community partnerships. Specifically, the City can access a wide range of social services, housing, child care, parks and recreation and planning staff to come together to create frameworks that support community safety.” - Aaron Wallace, City of Brantford
Responsibilities of the Coordinator(s)

- Planning and coordinating advisory committee meetings.
- Participating on the advisory committee.
- Planning community engagement sessions.
- Ensuring the advisory committee decisions are acted upon.
- Preparing documents for the advisory committee (e.g., terms of reference, logic model(s), the plan).
- Receiving and responding to requests for information about the plan.
- Ensuring the plan is made publicly available.

See Appendix F for risk and protective factors, Tool 6 for guidance on performance measurement and Appendix G for a sample plan.

Advisory Committee

The advisory committee should be reflective of the community and include multi-sectoral representation. For example, a small community with fewer services may have seven members, and a larger community with a wide range of services may have 15 members. It may involve the creation of a new body or the utilization of an existing body. To ensure the commitment of the members of the advisory committee, a document should be developed and signed that outlines agreed upon principles, shared goals, roles and resources (e.g., terms of reference).

Members of the Advisory Committee

- Member agencies/organizations and community members recruited to the advisory committee should be reflective of the diverse make-up of the community and should have:
  - Knowledge/information about the risks and vulnerable populations in the community;
  - Lived experience with risk factors or part of a vulnerable group in the community;
  - Understanding of protective factors needed to address those risks;
  - Experience developing effective partnerships in the community;
  - Experience with ensuring equity, inclusion and accessibility in their initiatives; and
  - A proven track record advocating for the interests of vulnerable populations.
- Individual members will ideally have the authority to make decisions on behalf of their respective agencies/organizations regarding resources and priorities, or will be empowered to do so for the purposes of developing the plan.
- Advisory committees should, at a minimum, consist of the following representation:
  - An employee of the municipality or First Nations community;
  - A person who represents the education sector;
  - A person who represents the health/mental health sector;
  - A person who represents the community/social services sector;
  - A person who represents the children/youth services sector;
  - A person who represents an entity that provides custodial services to children/youth;
  - A person who represents the police service board or a Detachment Commander.

See Tool 2 for guidance on start-up and Tool 3 for guidance on asset mapping.
Responsibilities of the Advisory Committee

- Leading community engagement sessions to inform the development of the plan.
- Determining the priorities of the plan, including references to risk factors, vulnerable populations and protective factors.
- Ensuring outcomes are established and responsibilities for measurement are in place and approving performance measures by which the plan will be evaluated, as well as the schedule and processes used to implement them.
- Ensuring each section/activity under the plan, for each priority risk, is achievable.
- Ensuring the right agencies/organizations and participants are designated for each activity.
- Owning, evaluating and monitoring the plan.
- Aligning implementation and evaluation of the plan with the municipal planning cycle and other relevant sector specific planning and budgeting activities to ensure alignment of partner resources and strategies.
- Setting a future date for reviewing achievements and developing the next version of the plan.
- Thinking about ways in which the underlying structures and systems currently in place can be improved to better enable service delivery.

See Tool 4 for guidance on engagement and Tool 5 for analyzing community risks.

Key Tasks of the Advisory Committee

- Developing and undertaking a broad community engagement strategy to build on the members’ awareness of local risks, vulnerable groups and protective factors.
- Developing and maintaining a dynamic data set, and ensuring its ongoing accuracy as new sources of information become available.
- Determining the priority risk(s) that the plan will focus on based on available data, evidence, community engagement feedback and capacity.
  - After priority risks have been identified, all actions going forward should be designed to reduce these risks, or at least protect the vulnerable groups from the risks.
- Based on community capacity, developing an implementation plan or selecting, recruiting and instructing a small number of key individuals to do so to address the selected priority risk(s) identified in the plan.

Implementation Teams

For each priority risk determined by the advisory committee, if possible and appropriate, an implementation team should be created or leveraged to implement strategies (e.g., programs or services) to reduce the risk. The need for implementation team(s) will depend on the size and capacity of the community and the risks identified. For example, a small community that has identified two priority risks that can be effectively addressed by the advisory committee may not require implementation teams. On the other hand, a large community with six priority risks may benefit from implementation teams to ensure each risk is addressed. They may also establish fewer teams that focus on more than one priority risk. If planning partners determine it is appropriate for them to have a new implementation team to ensure the commitment, a document should be developed and signed that outlines agreed upon principles, shared goals and roles.

“It’s important to ensure that committee members want to be there and have a strong understanding of safety and well-being planning.” - Dana Boldt, Rama Police Service
Members of Implementation Teams

Members of the implementation team(s) should be selected based on their knowledge of the risk factors and vulnerable groups associated with the priority, and have access to relevant information and data. They may also have lived experience with risk factors or be part of a vulnerable group in the community. Members of implementation teams should have:

- In-depth knowledge and experience in addressing the priority risks and which protective factors and strategies are needed to address those risks.
- A proven track record advocating for the interests of vulnerable populations related to the risk.
- The ability to identify the intended outcomes or benefits that strategies will have in relation to the priority risk(s) and suggest data that could be used to measure achievement of these outcomes.
- Experience developing effective stakeholder relations/ partnerships in the community.
- Experience ensuring equity, inclusion and accessibility in their initiatives.

See Tool 6 for guidance on performance measurement and Appendix G for a sample plan.

Responsibilities and Tasks of Implementation Teams

- Identify strategies, establish outcomes and performance measures for all four planning areas related to the priority risk, including promoting and maintaining community safety and well-being, reducing identified risks, mitigating elevated risk situations and immediate response to urgent incidents.
- Engage community members from the vulnerable populations relevant to the priority risk to inform the development of the strategies in each area.
- Establish an implementation plan for the strategies in each area which clearly identifies roles, responsibilities, timelines, reporting relationships and requirements.
- Monitor the actions identified in the implementation plan, whether it is the creation, expansion and/or coordination of programs, training, services, campaigns, etc.
- Report back to the advisory committee.
Once partners involved in community safety and well-being planning have established an advisory committee or implementation team(s), they should document important information pertaining to each group, including background/context, goals/purpose, objectives and performance measures, membership, and roles and responsibilities. Making sure that everyone knows what they are trying to achieve will help the group(s) stay on track and identify successes of the plan.

For many planning partners, this will be done using a terms of reference. The following was created to guide the development of this type of document. Some planning partners may decide to develop a terms of reference for their advisory committee and each implementation team, while others may decide to develop one that includes information on each group; this will depend on a variety of factors such as the community’s size, their number of risk factors and implementation team(s).

**Background and Context**

When developing a terms of reference, planning partners may wish to begin by providing the necessary background information, including how they have reached the point of developing an advisory committee or implementation team, and briefly describing the context within which they will operate. This should be brief, but include enough detail so that any new member will have the necessary information to understand the project’s context.

**Goals and Purpose**

Planning partners may then wish to identify:

- the need for their advisory committee or implementation team (i.e., why the group was created and how its work will address an identified need); and
- the goal(s) of their group/project. A goal is a big-picture statement, about what planning partners want to achieve through their work – it is the change they want to make within the timeframe of their project.

**Objectives and Performance Measures**

If the planning partners’ goal is what they plan to achieve through their work, then their objectives are how they will get there – the specific activities/tasks that must be performed to achieve each goal. It is important to ensure that goals and objectives are Specific, Measurable, Achievable, Results-focused and Time-bound (SMART) so that partners will know exactly what information to look at to tell if they have achieved them. Information and data that help planning partners monitor and evaluate the achievement of goals and objectives are called performance measures or performance indicators. See Section 5 of the toolkit for more information and guidance on performance measures.

For each goal identified, planning partners may list specific objectives/deliverables that will signify achievement of the goal when finished. For each objective/deliverable, they may list the measures that will be used to evaluate the success of the results achieved. To help planning partners stay organized, they may wish to create a chart such as the one below, which includes example goals/objectives and performance measures.
These may look different for the advisory committee and implementation team(s). For example, the goals/objectives of the advisory committee may relate to the development of the plan, where the goals/objectives of an implementation team may be related to reducing a specific risk identified in the plan through the expansion of an existing program. Planning partners should develop their own goals/objectives and performance measures depending on need, resources and capacity.

<table>
<thead>
<tr>
<th>Goal/Objectives</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: To engage a diverse range of stakeholders in the development and implementation of the plan</td>
<td>Number of engagement sessions held</td>
</tr>
<tr>
<td>Objective: Develop a community engagement/communications strategy</td>
<td>Number of different sectors engaged</td>
</tr>
<tr>
<td></td>
<td>Number of community members and organizations that see their role in community safety and well-being planning</td>
</tr>
<tr>
<td></td>
<td>Knowledge of what community safety and well-being planning means and association with the plan brand</td>
</tr>
<tr>
<td>Goal: To reduce youth homelessness</td>
<td>Number of youth accessing emergency shelters</td>
</tr>
<tr>
<td>Objective: To help youth without a home address find stable housing</td>
<td>Number of youth without a home address</td>
</tr>
<tr>
<td></td>
<td>Number of youth living/sleeping on the streets</td>
</tr>
<tr>
<td></td>
<td>Number of youth living in community housing</td>
</tr>
<tr>
<td>Goal: Increased educational attainment rates</td>
<td>Number of youth dropping out of high-school</td>
</tr>
<tr>
<td>Objective: To prevent youth from leaving school and encourage higher education</td>
<td>Number of youth graduating high-school</td>
</tr>
<tr>
<td></td>
<td>Number of youth enrolling in post-secondary education</td>
</tr>
<tr>
<td></td>
<td>Number of youth graduating from post-secondary education</td>
</tr>
<tr>
<td></td>
<td>Number of education sessions held for post-secondary institutions</td>
</tr>
<tr>
<td></td>
<td>Number of youth meeting with academic advisors</td>
</tr>
</tbody>
</table>

**Membership**

Planning partners’ terms of reference should also identify the champion and coordinator(s) of their plan and members of the advisory committee or implementation team(s) by listing the names and agencies/organizations of each member in a chart (see example below). This will help to identify if there are any sectors or agencies/organizations missing and ensure each member is clear about what their involvement entails.

**Notes:**

- The champion is a public figure who expresses their commitment to developing and implementing a plan and rallies support from the public and community agencies/organizations. The coordinator(s), from the municipality or Band Council, should be responsible for the coordination/management of the plan and should be someone who has working relationships with community members and agencies/organizations and is passionate about the community safety and well-being planning process.
- Member agencies and organizations recruited to the advisory committee should have knowledge of and supporting data about the risks and vulnerable populations in the area to be covered under the plan, as well as have established stakeholder relations. Members must have the authority to make decisions on behalf of their respective agencies/organizations regarding resources and priorities, or will be empowered to do so for the purposes of developing the plan.
- Members of the implementation team(s) should be selected based on their knowledge about the risk factors and vulnerable groups associated with the priority, have access to more information about them,
have established stakeholder relations with the vulnerable groups to effectively carry out the project, experience with developing and implementing local strategies, and have the specialized knowledge and technical capacities to specify objectives, set benchmarks and measure outcomes.

- It is important to include community leaders/organizations that advocate for the interests of the vulnerable populations on both the advisory committee and implementation teams. It is also important to ensure representation from diverse communities and equity, inclusion and accessibility in the planning and implementation of initiatives.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayor John B.</td>
<td>City of X</td>
<td>Champion – advocates for the plan through public speaking engagements, etc.</td>
</tr>
<tr>
<td>Jane D.</td>
<td>City of X</td>
<td>Coordinator – coordinates meetings, assists in planning community engagement sessions, records meeting minutes, etc.</td>
</tr>
<tr>
<td>Shannon T.</td>
<td>Public Health Centre</td>
<td>Member – attends meetings, identifies potential opportunities for collaboration with organizations activities, etc.</td>
</tr>
</tbody>
</table>

**Roles and Responsibilities**

It will also be important for planning partners to define the specific functions of their advisory committee or implementation team(s) to ensure that its members understand what they are trying to achieve and ultimately what they are responsible for.

See pages 22 for examples of advisory committee responsibilities and page 23 for examples of implementation team responsibilities.

**Logistics and Process**

Planning partners should also document logistics for their advisory committee or implementation team(s) so that its members know how much of their time they are required to commit to the group and are able to plan in advance so they can attend meetings as required. This may include:

- membership (e.g., identifying and recruiting key stakeholders);
- frequency of meetings;
- quorum (how many members must be present to make and approve decisions);
- meeting location;
- agenda and materials;
- meeting minutes; and
- expectations of members.

**Support and Sign-Off**

Finally, after all members of the advisory committee or implementation team(s) agree to the information outlined above, in order to solidify their acceptance and commitment, each member should sign the terms of reference.
Achieving community safety and well-being is a journey; before partners involved in the development of a plan can map out where they want to go, and how they will get there, they need to have a clear understanding of their starting point. Early in the planning process, they may wish to engage in asset mapping to help to:

- identify where there is already work underway in the community to address a specific issue and to avoid duplication;
- identify existing strengths and resources;
- determine where there may be gaps in services or required resources; and
- capture opportunities.

Mapping community assets involves reviewing existing bodies (i.e., groups/committees/boards), analyzing social networks, and/or creating an inventory of strategies. This will help to ensure that planning is done as efficiently and effectively as possible.

**Existing Body Inventory**

When the community safety and well-being planning coordinator(s) from the municipality or Band Council is identifying members of their bodies to assist in the development and implementation of their plan, creating an inventory of existing bodies will help to determine if it is appropriate for them to take on these roles. Often there is repetition of the individuals who sit on committees, groups, boards, etc., and utilizing a body that already exists may reduce duplicative efforts and ultimately result in time savings.

Mapping existing bodies is also beneficial in order to make connections between a community’s plan and work already being done, revealing potential opportunities for further collaboration. The chart below outlines an example of how bodies may be mapped:

<table>
<thead>
<tr>
<th>Existing Body</th>
<th>Purpose/Mandate</th>
<th>Members</th>
<th>Connection to Plan</th>
<th>Opportunities for Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Homelessness Steering Committee</td>
<td>To address youth homelessness by increasing employment opportunities for youth and reducing waitlists for affordable housing</td>
<td>Municipality School Board Mental Health Agency Child Welfare Organization Employment Agency</td>
<td>Unemployment is a priority risk factor within the community that the plan will focus on addressing</td>
<td>A representative from the municipality sits on this committee as well as the advisory committee and will update on progress made</td>
</tr>
<tr>
<td>Mental Health Task Force</td>
<td>To ensure community members that are experiencing mental health issues are receiving the proper supports</td>
<td>Band Council Hospital Drop-in Health Clinic Mental Health Agency Child Welfare Organization Homeless Shelter</td>
<td>Mental health is a priority risk factor within the community that the plan will focus on addressing</td>
<td>This group will be used as an implementation team to develop and enhance strategies to address mental health in social development and prevention</td>
</tr>
</tbody>
</table>
Social Network Mapping

Social network mapping is used to capture and analyze relationships between agencies/organizations within the community to determine how frequently multi-sectoral partners are working together and sharing information, and to assess the level of integration of their work. This information may be collected through surveys and/or interviews with community agencies/organizations by asking questions such as: What agencies/organizations do you speak to most frequently to conduct your work? Do you share information? If yes, what types of information do you share? Do you deliver programs or services jointly? Do you depend on them for anything?

Relationships may be assessed on a continuum such as this:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relationship</td>
<td>No relationship of any kind</td>
<td>All sectors, agencies/organizations are working independently in silos</td>
</tr>
<tr>
<td>Communication</td>
<td>Exchanging information to maintain meaningful relationships, but individual programs, services or causes are separate</td>
<td>A school and hospital working together and sharing information only when it is required</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Providing assistance to one another with respective activities</td>
<td>The police visiting a school as part of their annual career day</td>
</tr>
<tr>
<td>Coordination</td>
<td>Joint planning and organization of schedules, activities, goals and objectives</td>
<td>Community HUBs across Ontario – Various agencies housed under one structure to enhance service accessibility, with minimal interaction or information shared between services</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Agencies/organizations, individuals or groups are willing to compromise and work together in the interest of mutual gains or outcomes</td>
<td>Situation Tables across Ontario – Representatives from multiple agencies/organizations meeting once or twice a week to discuss individuals facing acutely elevated risk of harm to reduce risk</td>
</tr>
<tr>
<td>Convergence</td>
<td>Relationships evolve from collaboration to actual restructuring of services, programs, memberships, budgets, missions, objectives and/or staff</td>
<td>Neighborhood Resource Center in Sault Ste. Marie – Agencies/organizations pool together resources for renting the space and each dedicate an individual from their agency to physically work in one office together to support wraparound needs</td>
</tr>
</tbody>
</table>
Collecting this information will allow planning partners to identify relationship gaps and opportunities. For example, through this exercise there may be one agency/organization that has consistently low levels of collaboration or convergence with others. In this case, the community safety and well-being planning coordinator(s) from the municipality or Band Council may wish to reach out to their local partners, including those represented on their advisory committee, to develop strategies for enhancing relationships with this agency/organization. If appropriate, this may involve inviting them to become involved in the advisory committee or implementation team(s).

**Strategy Inventory**

When deciding on strategies to address priority risks within a plan, it is important to have knowledge of strategies (e.g., programs, training, etc.) that are already being offered within the community. In some instances, a community may have several programs designed to reduce an identified risk, but there is a lack of coordination between services, resulting in a duplication of efforts. The community safety and well-being planning coordinator from the municipality or Band Council may then bring each agency/organization together to develop an approach to more efficiently deliver that strategy. Other planning partners may find that there are significant service gaps in relation to a specific area of risk, and that implementing a new strategy in order to close the gap may have a significant impact on the lives of the people experiencing that risk.

To assist with planning, it may be helpful to identify the risks addressed by each strategy, the area of the framework that the program falls under (i.e., social development, prevention, risk intervention and incident response), funding, and anticipated end dates. This will provide a sense of what strategies have limited resources and lifespans, as well as insight into which strategies may require support for sustainability.

When undertaking this exercise, planning partners may develop a template similar to this:

<table>
<thead>
<tr>
<th>Strategy Name/Lead</th>
<th>Description</th>
<th>Key Risk Factors Addressed</th>
<th>Area of the Framework</th>
<th>Funding/Source</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Now and Plan (SNAP)</td>
<td>SNAP is a gender sensitive, cognitive behavioural family-focused program that provides a framework for effectively teaching children and their parents how to regulate emotions, exhibit self-control and use problem-solving skills.</td>
<td>Youth impulsivity, aggression, poor self-control and problem solving</td>
<td>Prevention</td>
<td>$100,000/year</td>
<td>12/2018</td>
</tr>
<tr>
<td>Children’s Mental Health Agency</td>
<td></td>
<td></td>
<td></td>
<td>Federal Grant</td>
<td></td>
</tr>
<tr>
<td>Program Title</td>
<td>Description</td>
<td>Outcome</td>
<td>Funding</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>---------</td>
<td>---------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Threat Management/Awareness Services Protocol</td>
<td>Threat Management/Awareness Services aim to reduce violence, manage threats of violence and promote individual, school and community safety through early intervention, support and the sharing of information. It promotes the immediate sharing of information about a child or youth who pose a risk of violence to themselves or others.</td>
<td>Negative influences in the youth’s life, sense of alienation and cultural norms supporting violence</td>
<td>Risk Intervention</td>
<td>$100,000/ year Provincial Grant</td>
<td>12/2018</td>
</tr>
<tr>
<td>Age-Friendly Community Plan</td>
<td>Age Friendly Community Plan aims to create a more inclusive, safe, healthy and accessible community for residents of all ages.</td>
<td>Sense of alienation, person does not have access to housing</td>
<td>Social Development</td>
<td>$50,000/ year Provincial Grant</td>
<td>03/2017</td>
</tr>
</tbody>
</table>
In the development of local plans, municipalities or Band Councils should conduct community engagement sessions to ensure a collaborative approach and inform the community safety and well-being planning process. Partners may want to create promotional and educational materials in order to gain public support for and encourage participation in the plan. They may want to collect information from the community to contribute to the plan (i.e., identifying and/or validating risks).

This section is intended to guide planning partners as they develop communication materials and organize community engagement; each section may be used for either purpose.

Introduction and Background

Planning partners may begin by providing the necessary background and briefly describing the context of community safety and well-being planning.

Purpose, Goals and Objectives

Planning partners may then wish to identify why communication materials are being developed and/or why the community is being engaged by asking themselves questions such as: What are the overall goals of the plan? What are the specific objectives of the communication materials and/or community engagement sessions?

Stakeholders

A plan is a community-wide initiative, so different audiences should be considered when encouraging involvement in its development/implementation. For a plan to be successful in enhancing community safety and well-being, a variety of diverse groups and sectors must be involved in the planning process.

This may include:

- community members with lived experiences and neighbourhood groups, including but not limited to individuals from vulnerable groups, community youth and seniors (see Appendix B for Engaging Youth and Appendix C for Engaging Seniors), faith groups, non-for-profit community based organizations and tenant associations;
- local First Nations, Métis and/or Inuit groups, on or off reserve, and urban Indigenous organizations (see Appendix D for Engaging Indigenous Partners);
- police, fire, emergency medical and other emergency services, such as sexual assault centres and shelters for abused women/children, to collect data on the occurrences they have responded to most frequently, as well as relevant locations and vulnerable groups;
- acute care agencies and organizations, including but not limited to child welfare and programs for at-risk youth, mental health, women’s support, primary health care, addictions treatment, to collect information on the people they serve;
- health agencies and organizations, including but not limited to Public Health Units, Community Care Access Centres, Community Health Centres, Indigenous Health Access Centres, and Long-Term Care Homes;
• social development organizations, such as schools and school boards, social services, youth drop-in centres, parental support services, community support service agencies and Elderly Persons Centres, to collect information on the people they serve;
• cultural organizations serving new Canadians and/or ethnic minorities, including Francophone organizations; and
• private sector, including but not limited to bankers, realtors, insurers, service organizations, employers, local business improvement areas, local business leaders and owners, to collect information about the local economy.

“Develop an engagement strategy that is manageable and achievable given the resources available – you won’t be able to engage every single possible partner, so focus on a good variety of community organizations, agencies and individuals and look for patterns.” - Lianne Sauter, Town of Bancroft

Planning partners should consider keeping a record of the groups that they have reached through community engagement, as well as their identified concerns, to support the analysis of community risks for inclusion in their plan.

See Tool 5 for guidance on analyzing community risks.

Approach

In order to gain support and promote involvement, planning partners should think about how they can best communicate why they are developing a plan and what they want it to achieve. Some planning partners may do this through the development of specific communication tools for their plan. For example, one community that tested the framework and toolkit created a name and logo for the work undertaken as part of their plan – Safe Brantford – and put this on their community surveys, etc. This allows community members to recognize work being done under the plan and may encourage them to become involved.

Additionally, when planning for community engagement, partners involved in the plan should think about the different people, groups or agencies/organizations they plan to engage with, and the best way to engage them. They should ask themselves questions such as: what information do I want to get across or get from the community and what method of communication or community engagement would help me do this most effectively? For example, planning partners could have open town hall meetings, targeted focus groups by sector, one-on-one interviews with key people or agencies/organizations, or provide an email address to reach people who may be uncomfortable or unable to communicate in other ways. They may also distribute surveys and provide drop-boxes throughout the community. It is important to consider not only what planning partners want to get from engaging with community members, stakeholders and potential partners, but also what they might be hoping to learn or get from this process. As much as possible, partners to the plan should use these considerations to tailor their communication/community engagement approach based on the people/groups they are engaging.

See Appendix B for guidance on engaging youth and Appendix C for guidance on engaging seniors.
Materials and Messaging

Based on the type of engagement undertaken, planning partners may need to develop supporting materials to share information about their work and to guide their discussions. Materials should strive to focus the discussions to achieve the intended objectives of the engagement sessions, and may include some key messages about the community’s work that they want people to hear and remember. Regardless of the audience, partners to the plan should develop basic, consistent information to share with everyone to ensure they understand what is being done, why they are a part of it, and what comes next. It will be important to ensure that materials and messages are developed in a way that manages the expectations of community members – be clear about what can be achieved and what is unachievable within the timeframe and resources.

With that, planning partners should ensure that all materials and messaging are accessible to a wide range of audiences, so that everyone is able to receive or provide information in a fair manner. For additional information, please refer to the Accessibility for Ontarians with Disabilities Act, 2005.

Logistics

When engaging the community, it will be important to have logistics sorted out so that the individuals/groups targeted are able to attend/participate. To do this, planning partners may want to consider the following:

- scheduling (e.g., How many community engagement sessions are being held? How far apart should they be scheduled? What time of day should they be scheduled?);
- finances (e.g., Is there a cost associated with the meeting space? Will there be snacks and refreshments?);
- travel accommodations (e.g., How will individuals get to the community engagement sessions? Is it being held in an accessible location? Will hotel arrangements be required?);
- administration (e.g., consider circulating an attendance list to get names and agency/organization and contact details, assign someone to take notes on what is being said at each session); and
- accessibility issues/barriers to accessibility (e.g., information or communication barriers, technology barriers and physical barriers).

Risks and Implications

While community engagement should be a key factor of local plans, some planning partners may encounter difficulties, such as resistance from certain individuals or groups. To overcome these challenges, they should anticipate as many risks as possible, identify their implications and develop mitigation strategies to minimize the impact of each risk. This exercise should also be done when developing communication materials, including identifying potential risks to certain messaging. This may be done by using a chart such as the one below.
Organizations from various sectors do not see their role in community safety and well-being planning

<table>
<thead>
<tr>
<th>Risk</th>
<th>Implication</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations from various sectors do not see their role in community safety and well-being planning</td>
<td>Risks are not being properly addressed using a collaborative, multi-sector approach</td>
<td>Reach out to multi-sector organizations and develop clear communication materials so they are able to clearly see their role</td>
</tr>
<tr>
<td>Individuals experiencing risk will not attend or feel comfortable speaking about their experiences</td>
<td>Information collected will not reflect those with lived experience</td>
<td>Engage vulnerable groups through organizations that they may be involved with (e.g., senior’s groups, homeless shelters, etc.)</td>
</tr>
<tr>
<td>Outspoken individuals who do not believe in planning for community safety and well-being in attendance</td>
<td>Opinions of everyone else in attendance may be negatively impacted</td>
<td>Assign a strong, neutral individual who holds clout and feels comfortable taking control to lead the engagement session</td>
</tr>
</tbody>
</table>

**Community Engagement Questions**

Whether planning partners are engaging individual agencies/organizations one-on-one or through town hall meetings, they should come prepared to ask questions that will allow them to effectively communicate what they want to get across or information they want to receive. Questions asked may vary depending on the audience. For example, a neighbourhood-wide town hall session might include only a few open-ended questions that initiate a broad discussion about a range of safety and well-being concerns. A more focused community engagement session with a specific organization or sector might include questions that dive deeper into a specific risk, challenges in addressing that risk, and potential strategies to be actioned through the plan to mitigate those risks.

**Timelines**

To ensure all required tasks are completed on time or prior to engagement, planning partners may wish to develop a work plan that clearly identifies all of the tasks that need to be completed in advance.

This may be done using a chart such as this:

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Lead(s)</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a presentation with discussion questions</td>
<td>Kate T. (municipality) and Shannon F. (public health)</td>
<td>Two weeks in advance of engagement session</td>
</tr>
<tr>
<td>Reach out to community organizations that work with vulnerable groups for assistance in getting them to the sessions</td>
<td>Fionne P. (municipality) and Emily G. (education)</td>
<td>Twelve weeks in advance of engagement session</td>
</tr>
</tbody>
</table>
One of the ways partners involved in planning may choose to identify or validate local risks is through town hall meetings, where agencies/organizations and community members are provided with an opportunity to talk about their experiences with risk. Others may decide to have one-on-one meetings with community agencies/organizations or focus groups to discuss risks that are most common among those they serve.

This section is intended to assist planning partners in capturing the results of their community engagement, including who was engaged, what risks were identified, and how those risks can be analyzed and prioritized. This process will be crucial as they move towards developing risk-based approaches to safety and well-being.

**Summary of Community Engagement Sessions**

Planning partners may begin by writing a summary of their community engagement sessions, including the time period in which they were conducted, types of outreach or communication used, successes, challenges and findings, and any other key pieces of information or lessons learned. They may then record the people, agencies/organizations and sectors that were engaged and participated in their community engagement sessions in a chart similar to the one below, in order to show the diverse perspectives that have fed into their plan, and to help assess whether there are any other groups or sectors that still need to be engaged.

<table>
<thead>
<tr>
<th>Sector/Vulnerable Group</th>
<th>Organization/Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>Public Health Unit</td>
</tr>
<tr>
<td></td>
<td>Community Care Access Centre</td>
</tr>
<tr>
<td>Education</td>
<td>School Board</td>
</tr>
<tr>
<td></td>
<td>High School Principal</td>
</tr>
<tr>
<td></td>
<td>Alternative Education Provider</td>
</tr>
<tr>
<td>Housing</td>
<td>Community Housing Office</td>
</tr>
<tr>
<td></td>
<td>Landlords</td>
</tr>
<tr>
<td>Emergency responders</td>
<td>Police service/Ontario Provincial Police</td>
</tr>
<tr>
<td></td>
<td>Fire Department</td>
</tr>
<tr>
<td></td>
<td>Ambulance</td>
</tr>
<tr>
<td>Social services</td>
<td>Employment Centre</td>
</tr>
<tr>
<td></td>
<td>Family/Parenting Support Services</td>
</tr>
<tr>
<td></td>
<td>Community Recreation Centre</td>
</tr>
<tr>
<td></td>
<td>Women’s Shelters</td>
</tr>
<tr>
<td></td>
<td>Local Indigenous Agencies</td>
</tr>
<tr>
<td>Mental health and addictions</td>
<td>Treatment/Rehabilitation Centre</td>
</tr>
<tr>
<td></td>
<td>Mental Health Advocacy</td>
</tr>
<tr>
<td></td>
<td>Addiction Support Group</td>
</tr>
<tr>
<td>Indigenous peoples</td>
<td>Band/Tribal Councils</td>
</tr>
<tr>
<td></td>
<td>Local Indigenous community organizations (e.g., local Métis Councils)</td>
</tr>
<tr>
<td></td>
<td>Local Indigenous service providers (e.g., Indigenous Friendship Centres)</td>
</tr>
</tbody>
</table>
Identified Risks

Planning partners will then want to capture the risks identified through their community engagement, and indicate who has identified those risks. If a risk has been identified by many different sectors and agencies/organizations, it will demonstrate how widely the community is impacted by that risk, and will also indicate the range of partners that need to be engaged to address the risk. Examples of this kind of information are included in the table below.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Identifying Sectors/Organizations/Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing school – chronic absenteeism</td>
<td>principal, school board, police, parents in the community</td>
</tr>
<tr>
<td>Physical violence – physical violence in the home</td>
<td>women’s shelter, police services, hospital, school, child welfare agency</td>
</tr>
<tr>
<td>Housing – person does not have access to appropriate housing</td>
<td>emergency shelter, police, mental health service provider, citizens</td>
</tr>
</tbody>
</table>

Priority Risk Analysis

Once planning partners have compiled the risks identified through their community engagement, it is likely that some will stand out because they were referenced often and by many people, agencies/organizations. These risks should be considered for inclusion in the priority risks that will be addressed in the plan. The number of risks planning partners choose to focus on in their plan will vary between communities and will depend on the number of risks identified and their capacity to address each risk. For example, planning partners from larger communities where multiple risks have been identified may choose to have five priority risks in their plan. On the other hand, planning partners from smaller communities with multiple risks identified may choose to address three priority risks. Partners should not include more risks than they have the resources and capacity to address.

“There are some priorities that seem to affect many sectors on different levels through preliminary discussion. Data reports and community engagement sessions will assist in the overall identification of prioritized risks for initial focus within the plan.” - Melissa Ceglie, City of Sault Ste. Marie

Additionally, planning partners should refer to local research to support and/or add to priority risks identified during their community engagement. This is important as in order for plans to effectively increase a community’s safety and well-being, they should focus on risks that experience and evidence show are prevalent. When analyzing the identified risks to determine which ones will be priorities, and how they would be addressed in the plan, planning partners may wish to walk through and answer the following questions for each risk:
What is the risk?
- For example, is the risk identified the real problem, or is it a symptom of something bigger? As with the above example of the risk of poor school attendance, planning partners might think about what is causing students to miss school, and consider whether that is a bigger issue worth addressing.
- Which community members, agencies/organizations identified this risk, and how did they describe it (i.e., did different groups perceive the risk in a different way)?

What evidence is there about the risk – what is happening now?
- How is this risk impacting the community right now? What has been heard through community engagement?
- Is there specific information or data about each risk available?
- How serious is the risk right now? What will happen if the risk is not addressed?

What approach does the community use to address what is happening now?
- Incident response or enforcement after an occurrence;
- Rapid intervention to stop something from happening;
- Implement activities to reduce/change the circumstances that lead to the risk; or
- Ensure that people have the supports they need to deal with the risk if it arises.

How could all of the approaches above be used to create a comprehensive strategy to address each priority risk that:
- Ensures all community members have the information or resources they need to avoid this risk;
- Targets vulnerable people/groups that are more likely to experience this risk and provide them with support to prevent or reduce the likelihood or impact of this risk;
- Ensures all relevant service providers work together to address shared high-risk clients in a quick and coordinated way; and
- Provides rapid responses to incidents using the most appropriate resources/agencies?

Where will the most work need to be done to create a comprehensive strategy to address the risk? Who will be needed to help address any existing service gaps?

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**Risk-driven Tracking Database**

Many communities have already started implementing strategies in the four planning areas of the Framework to address their local risks. In support of the planning process, the ministry initiated the Risk-driven Tracking Database to provide a standardized means of gathering de-identified information on situations of elevated risk of harm in the community.

The Risk-driven Tracking Database is one tool that can be used by communities to collect information about local priorities (i.e., risks, vulnerable groups and protective factors) and evolving trends to help inform the community safety and well-being planning process. It is recommended that this data be used in conjunction with other local data sources from various sectors.

For additional information on the Risk-driven Tracking Database, please contact SafetyPlanning@Ontario.ca.
In the development stage of a plan, it is necessary to identify and understand the key risks and problems in the community and then to explore what can be done to address them.

In order to choose the best strategies and activities for the specific risk or problem at hand, partners involved in planning should seek out evidence of what works by conducting research or engaging others with experience and expertise in that area. Leverage the strengths of existing programs, services or agencies/organizations in the community and beyond to implement activities that are proven to achieve results and improve the lives of those they serve.

At the planning stage, it is also important to identify the intended outcomes of those activities in order to measure performance and progress made towards addressing identified problems. Outcomes are the positive impacts or changes activities are expected to make in a community. Some outcomes will be evident immediately after activities are implemented and some will take more time to achieve. Whether planning for incident response, mitigating elevated risk situations, working to reduce identified risks, or promoting and maintaining community safety and well-being through social development, it is equally important for planning partners to set and measure their efforts against predetermined outcomes.

When performance measurement focuses on outcomes, rather than completion of planned activities, it presents opportunities for ongoing learning and adaptation to proven good practice. Performance measurement can be incorporated into the planning process through a logical step-by-step approach that enables planning partners to consider all the components needed to achieve their long-term outcome, as outlined below.

- **Inputs**: financial, human, material and information resources dedicated to the initiative/program (e.g., grant funding, dedicated coordinator, partners, analysts, evaluators, laptop, etc.).

- **Activities**: actions taken or work performed through which inputs are used to create outputs (e.g., creation of an advisory committee and/or implementation team(s), development, enhancement or review of strategies in social development, prevention, risk intervention or incident response, etc.).

- **Outputs**: direct products or services resulting from the implementation of activities (e.g., multi-sector collaboration, clients connected to service, development of a plan, completion of a program, etc.).

- **Immediate Outcomes**: change that is directly attributable to activities and outputs in a short time frame. Immediate outcomes usually reflect increased awareness, skills or access for the target group (e.g., increased awareness among partners and the community about the plan and its benefits, increased protective factors as a result of a program being implemented like increased self-esteem, problem solving skills, etc.).
Intermediate Outcomes: Change that is logically expected to occur once one or more immediate outcomes have been achieved. These outcomes will take more time to achieve and usually reflect changes in behaviour or practice of the target group (e.g., increased capacity of service providers, improved service delivery, reduction of priority risks, etc.).

Long-term Outcome: The highest-level change that can reasonably be attributed to the initiative/program as a consequence of achievement of one or more intermediate outcomes. Usually represents the primary reason the initiative/program was created, and reflects a positive, sustainable change in the state for the target group (e.g., improved community safety and well-being among individuals, families and communities, reduced costs associated with and reliance on incident responses, etc.).

When choosing which outcomes to measure, it is important for planning partners to be realistic about what measurable impact their activities can be expected to have in the given timeframe. For example, their project goal might be to reduce the number of domestic violence incidents in the community. This would require sustainable changes in behaviour and it may take years before long-term trends show a measurable reduction. It may be easier to measure immediate to intermediate level outcomes such as increased speed of intervention in situations of high-risk for domestic violence, or increased use of support networks by victims or vulnerable groups.

A logic model should be completed during the planning phase of the plan in order to map out the above components for each identified risk or problem that will be addressed. Please see below for a logic model sample.

Following the identification of outcomes, corresponding indicators should be developed. An indicator is an observable, measurable piece of information about a particular outcome, which shows to what extent the outcome has been achieved. The following criteria should be considered when selecting indicators:

- relevance to the outcome that the indicator is intended to measure;
- understandability of what is being measured and reported within an organization and for partners;
- span of influence or control of activities on the indicator;
- feasibility of collecting reasonably valid data on the indicator;
- cost of collecting the indicator data;
- uniqueness of the indicator in relation to other indicators;
- objectivity of the data that will be collected on the indicator; and
- comprehensiveness of the set of indicators (per outcome) in the identification of all possible effects.

Outcomes, indicators and other information about the collection of indicator data should be mapped out early on in order to ensure that performance measurement is done consistently throughout the implementation of activities, and beyond, if necessary. This information forms the performance measurement framework (PMF) of the plan (or for each risk-based component of the plan). Please see below for a sample PMF template where this information may be captured.
A PMF should be completed to correspond with a logic model, as follows:

1. Specify the geographical location; a bounded geographical area or designated neighbourhood.
2. From the Logic Model, list the identified outcomes at the immediate, intermediate and long-term level, as well as the outputs. It is important to measure both outputs and outcomes – output indicators show that planning partners are doing the activities they set out to do, and outcome indicators show that their activities and outputs are having the desired impact or benefit on the community or target group.
3. Develop key performance indicators;
   a. Quantitative indicators – these are numeric or statistical measures that are often expressed in terms of unit of analysis (the number of, the frequency of, the percentage of, the ratio of, the variance with, etc.).
   b. Qualitative indicators – qualitative indicators are judgment or perception measures. For example, this could include the level of satisfaction from program participants and other feedback.
4. Record the baseline data; information captured initially in order to establish the starting level of information against which to measure the achievement of the outputs or outcomes.
5. Forecast the achievable targets; the “goal” used as a point of reference against which planning partners will measure and compare their actual results against.
6. Research available and current data sources; third party organizations that collect and provide data for distribution. Sources of information may include project staff, other agencies/organizations, participants and their families, members of the public and the media.
7. List the data collection methods; where, how and when planning partners will collect the information to document their indicators (i.e., survey, focus group).
8. Indicate data collection frequency; how often the performance information will be collected.
9. Identify who has responsibility; the person or persons who are responsible for providing and/or gathering the performance information and data.
Sample Logic Model:

**PRIORIT/RISKS:** poor school performance, low literacy, low graduation rates

**VULNERABLE/TARGET GROUP:** youth and new immigrants

**LONG-TERM OUTCOME**  
Increased Community Safety and Well-Being

**INTERMEDIATE OUTCOME**  
Increased Educational Attainment

**IMMEDIATE OUTCOMES**
- Community is better informed of issues faced related to community safety and well-being (education specifically)
- Impacts of not graduating from high-school communicated to students, community members and service providers
- Increased access to education for students in receipt of social assistance
- Expansion of lunch-time and after-school reading programs in schools

**OUTPUTS**
- Forty-seven youth and youth service providers engaged in the plan
- Awareness of evidence-based strategies to increase graduation
- Partnerships created between local university, college, social services
- Twenty-five students from low income neighbourhoods provided access to free summer tutoring

**ACTIVITIES**
- Distribution of engagement survey
- Community engagement sessions
- One-on-one meetings with local university, college and social services
- Broker partnerships between social services, neighbourhood hubs, library and school boards

**INPUTS**
- Over 1,000 hours of the community safety and well-being planning coordinator's time
- Two thousand copies of an engagement survey
- Refreshment and transportation costs for engagement sessions
- Five hundred hours of the manager of strategic planning and community development's time
- Five hours of time dedicated by representatives of the local college, university, social service center, school board and library
Sample Performance Measurement Framework:

<table>
<thead>
<tr>
<th>Expected Outcomes</th>
<th>Indicators</th>
<th>Baseline Data</th>
<th>Targets</th>
<th>Data Sources</th>
<th>Data Collection Methods</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-Term Outcomes</strong>&lt;br&gt;Use outcome from Logic Model - e.g., Increased community safety and well-being</td>
<td># of people employed</td>
<td>employment rate from the year the plan starts</td>
<td>5% increase</td>
<td>municipality</td>
<td>collect from municipality</td>
<td>every 2 years (the plan is for 4 years)</td>
<td>municipality</td>
</tr>
<tr>
<td><strong>Intermediate Outcomes</strong>&lt;br&gt;Use outcomes from Logic Model - e.g., Increased educational attainment</td>
<td># of students graduated from high-school</td>
<td>graduation rate from the year the plan starts</td>
<td>5% increase</td>
<td>school board(s)</td>
<td>collect from school boards</td>
<td>at the end of every school year</td>
<td>school board</td>
</tr>
<tr>
<td><strong>Immediate Outcomes</strong>&lt;br&gt;Use outcomes from Logic Model - e.g., Community is better informed of issues faced related to community safety and well-being (education specifically)</td>
<td># of community members that have attended engagement sessions</td>
<td>no comparison - would start from &quot;0&quot;</td>
<td>200 people</td>
<td>municipal community safety and well-being planning coordinator</td>
<td>collect attendance sheets at the end of every session</td>
<td>at the end of the first year of planning</td>
<td>municipal community safety and well-being planning coordinator</td>
</tr>
<tr>
<td><strong>Outputs</strong>&lt;br&gt;Use outputs from Logic Model - e.g., 25 students from low income neighbourhoods provided access to free tutoring</td>
<td># of students that have completed the tutoring program</td>
<td>no comparison - would start from &quot;0&quot;</td>
<td>100% completion</td>
<td>social service tutors</td>
<td>collect attendance sheets</td>
<td>each year at the end of summer</td>
<td>social services manager running the program</td>
</tr>
</tbody>
</table>
Appendix A – Information Sharing

There are many different types of activities that may be used to address priority risks in each of the four planning areas. Collaborative, multi-sectoral risk intervention models, such as Situation Tables, are one example of initiatives that are widely used across the province in risk intervention. They involve multi-sector service providers assisting individuals, families, groups and places facing acutely elevated risk of harm by connecting them to resources in the community within 24 to 48 hours. As information sharing has been identified by many communities as a barrier to the success of these models, this section was developed to provide guidance. In addition to the information sharing guidance below, the Risk-driven Tracking Database is another tool available to support communities implementing their multi-sectoral risk intervention models (see Tool 5 – Analyzing Community Risks).

While the following speaks specifically to multi-sectoral risk intervention models, the importance of sharing information in each of the four planning areas cannot be understated. In order for planning to be effective, multi-sector agencies and organizations must work together, including sharing information in social development on long-term planning and performance data between sectors, in prevention on aggregate data and trends to inform priority risks, in risk intervention on risks facing individuals, families, groups and places and in incident response on a situation at hand.

Guidance on Information Sharing in Multi-Sectoral Risk Intervention Models

Please note that not all aspects of the information sharing principles and Four Filter Approach outlined below are prescribed in legislation and many may not be mandatory for your specific agency or organization. Together, they form a framework intended to guide professionals (e.g., police officers, educators from the school boards, mental health service providers, etc.) that are engaged in multi-sectoral risk intervention models (e.g., Situation Tables) that involve sharing information.

The sharing of personal information and personal health information (“personal information”) requires compliance with the Freedom of Information and Protection of Privacy Act (FIPPA), Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA), and/or other pieces of legislation by which professionals are bound (e.g., the Youth Criminal Justice Act). With that, before engaging in a multi-sectoral risk intervention model, all professionals should familiarize themselves with the applicable legislation, non-disclosure and information sharing agreements and professional codes of conduct or policies that apply to their respective agency or organization.

Considerations should also be made for undergoing a Privacy Impact Assessment (PIA) and entering into a confidentiality agreement. Conducting a PIA and entering into information sharing agreements is recommended to ensure that adequate standards for the protection of personal information are followed.

For information on PIAs, refer to the “Planning for Success: Privacy Impact Assessment Guide” and “Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act” which are available on the Information and Privacy Commissioner of Ontario website.
Once the decision has been made to participate in a multi-sectoral risk intervention model, such as a Situation Table, agencies/organizations should also ensure transparency by making information about their participation publicly available, including the contact information of an individual who can provide further information or receive a complaint about the agency/organization’s involvement.

*Note: Information contained below should not be construed as legal advice.

**Information Sharing Principles for Multi-Sectoral Risk Intervention Models**

Information sharing is critical to the success of collaborative, multi-sectoral risk intervention models and partnerships that aim to mitigate risk and enhance the safety and well-being of Ontario communities. Professionals from a wide range of sectors, agencies and organizations are involved in the delivery of services that address risks faced by vulnerable individuals and groups. These professionals are well-placed to notice when an individual(s) is at an acutely elevated risk (see definition outlined on page 46) of harm, and collaboration among these professionals is vital to harm reduction.

Recognizing that a holistic, client-centered approach to service delivery is likely to have the most effective and sustainable impact on improving and saving lives, professionals involved in this approach, who are from different sectors and governed by different privacy legislation and policy, should consider the following common set of principles. It is important to note that definitive rules for the collection, use and disclosure of information are identified in legislation, and the following principles highlight the need for professional judgment and situational responses to apply relevant legislation and policy for the greatest benefit of individual(s) at risk.

**Consent**

Whenever possible, the ideal way to share personal information about an individual is by first obtaining that individual’s consent. While this consent may be conveyed by the individual verbally or in writing, professionals should document the consent, including with respect to the date of the consent, what information will be shared, with which organizations, for what purpose(s), and whether the consent comes with any restrictions or exceptions.

When a professional is engaged with an individual(s) that they believe is at an acutely elevated risk of harm, and would benefit from the services of other agencies/organizations, they may have the opportunity to ask that individual(s) for consent to share their personal information. However, in some serious, time-sensitive situations, there may not be an opportunity to obtain consent. In these instances, professionals should refer to pieces of legislation, including privacy legislation, which may allow for the sharing of personal information absent consent.

With or without consent, professionals may only collect, use or disclose information in a manner that is consistent with legislation (i.e., FIPPA, MFIPPA, PHIPA and/or other applicable legislation to which the agency/organization is bound), and they must always respect applicable legal and policy provisions.
**Professional Codes of Conduct**

It is the responsibility of all professionals to consider and adhere to their relevant professional codes of conduct and standards of practice. As in all aspects of professional work, any decision to share information must be executed under appropriate professional discipline. This presumes the highest standards of care, ethics, and professional practice (e.g., adherence to the policies and procedures upheld by the profession) will be applied if and when personal information is shared. Decisions about disclosing personal information must also consider the professional, ethical and moral integrity of the individuals and agencies/organizations that will receive the information. The decision to share information must only be made if the professional is first satisfied that the recipient of the information will also protect and act upon that information in accordance with established professional and community standards and legal requirements. As this relates to collaborative community safety and well-being practices, this principle reinforces the need to establish solid planning frameworks and carefully structured processes.

**Do No Harm**

First and foremost, this principle requires that professionals operate to the best of their ability in ways that will more positively than negatively impact those who may be at an acutely elevated risk of harm. Decisions to share information in support of an intervention must always be made by weighing out the benefits that can be achieved for the well-being of the individual(s) in question against any reasonably foreseeable negative impact associated with the disclosure of personal information. This principle highlights what professionals contemplate about the disclosure of information about an individual(s) in order to mitigate an evident, imminent risk of harm or victimization. This principle ensures that the interests of the individual(s) will remain a priority consideration at all times for all involved.

**Duty of Care**

Public officials across the spectrum of human services assume within their roles a high degree of professional responsibility – a duty of care – to protect individuals, families and communities from harm. For example, the first principle behind legislated child protection provisions across Canada is the duty to report, collaborate, and share information as necessary to ensure the protection of children. Professionals who assume a duty of care are encouraged to be mindful of this responsibility when considering whether or not to share information.

**Due Diligence and Evolving Responsible Practice**

The Office of the Information and Privacy Commissioner of Ontario (IPC) is available and willing to provide general privacy guidance to assist institutions and health information custodians in understanding their obligations under FIPPA, MFIPPA and PHIPA. These professionals are encouraged to first seek any clarifications they may require from within their respective organizations, as well as to document, evaluate and share their information sharing-related decisions in a de-identified manner, with a view to building a stronger and broader base of privacy compliant practices, as well as evidence of the impact and effectiveness of information sharing. The IPC may be contacted by email at info@ipc.on.ca, or by telephone (Toronto Area: 416-326-3333, Long Distance: 1-800-387-0073 (within Ontario), TDD/TTY: 416-325-7539). Note that FIPPA,
MFIPPA and PHIPA provide civil immunity for any decision to disclose or not to disclose made reasonably in the circumstances and in good faith.

**Acutely Elevated Risk**

For the purposes of the following Four Filter Approach, “acutely elevated risk” refers to any situation negatively affecting the health or safety of an individual, family, or specific group of people, where professionals are permitted in legislation to share personal information in order to eliminate or reduce imminent harm to an individual or others.

For example, under section 42(1)(h) of FIPPA, section 32(h) of MFIPPA and section 40(1) of PHIPA, the following permissions are available.

Section 42(1)(h) of FIPPA and section 32(h) of MFIPPA read:

> An institution shall not disclose personal information in its custody or under its control except,

> in compelling circumstances affecting the health or safety of an individual if upon disclosure notification is mailed to the last known address of the individual to whom the information relates.

*Note: written notification may be made through methods other than mail to the last known address. The individual should be provided with a card or document listing the names and contact information of the agencies/organizations to whom their personal information was disclosed at filters three and four, at or shortly after the time they are provided information on the proposed intervention.*

Section 40(1) of PHIPA reads:

> A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

“Significant risk of serious bodily harm” includes a significant risk of both serious physical as well as serious psychological harm. Like other provisions of PHIPA, section 40(1) is subject to the mandatory data minimization requirements set out in section 30 of PHIPA.

**Four Filter Approach to Information Sharing**

In many multi-sectoral risk intervention models, such as Situation Tables, the discussions may include sharing limited personal information about an individual(s) such that their identity is revealed. For that reason, the Ministry encourages professionals to obtain express consent of the individual(s) before the collection, use and disclosure of personal information. If express consent is obtained to disclose personal information to specific agencies/organizations involved in a multi-sectoral risk intervention model for the purpose of harm reduction, the disclosing professional may only rely on consent to disclose personal information and collaborate with the specific agencies/organizations and only for that purpose.
If it is not possible to obtain express consent and it is still believed that disclosure is required, professionals in collaborative, multi-sectoral risk intervention models are encouraged to comply with the Four Filter Approach outlined below.

Under the Four Filter Approach, the disclosing agency/organization must have the authority to disclose and each recipient agency/organization must have the authority to collect the information. The question of whether an agency/organization “needs-to-know” depends on the circumstances of each individual case.

**Filter One: Initial Agency/Organization Screening**

The first filter is the screening process by the professional that is considering engaging partners in a multi-sectoral intervention. Professionals must only bring forward situations where they believe that the subject individual(s) is at an acutely elevated risk of harm as defined above. The professional must be unable to eliminate or reduce the risk without bringing the situation forward to the group. This means that each situation must involve risk factors beyond the agency/organization’s own scope or usual practice, and thus represents a situation that could only be effectively addressed in a multi-sectoral manner. Professionals must therefore examine each situation carefully and determine whether the risks posed require the involvement of multi-sectoral partners. Criteria that should be taken into account at this stage include:

- The intensity of the presenting risk factors, as in: Is the presenting risk of such concern that the individual’s privacy intrusion may be justified by bringing the situation forward for multi-sectoral discussion?
- Is there a significant and imminent risk of serious bodily harm if nothing is done?
- Would that harm constitute substantial interference with the health or well-being of a person and not mere inconvenience to the individual or a service provider?
- Did the agency/organization do all it could to mitigate the risks before bringing forward the situation?
- Do the risks presented in this situation apply to the mandates of multiple agencies/organizations?
- Do multiple agencies/organizations have the mandate to intervene or assist in this situation?
- Is it reasonable to believe that disclosure to multi-sectoral partners will help eliminate or reduce the anticipated harm?

Before bringing a case forward, professionals should identify in advance the relevant agencies or organizations that are reasonably likely to have a role to play in the development and implementation of the harm reduction strategy.

**Filter Two: De-identified Discussion with Partner Agencies/Organizations**

At this stage, it must be reasonable for the professional to believe that disclosing information to other agencies/organizations will eliminate or reduce the risk posed to, or by, the individual(s). The professional then presents the situation to the group in a de-identified format, disclosing only descriptive information that is reasonably necessary. Caution should be exercised even when disclosing de-identified information about the risks facing an individual(s), to ensure that later identification of the individual(s) will not inadvertently result in disclosure beyond that which is necessary at filter three. This disclosure should focus on the information necessary to determine whether the situation as presented appears to meet, by consensus of the table, both the threshold of acutely elevated risk, outlined above, and the need for or benefit from a multi-agency intervention, before any identifying personal information is disclosed.
The wide range of sectors included in the discussion is the ideal setting for making a decision as to whether acutely elevated risk factors across a range of professionals are indeed present. If the circumstances do not meet this threshold, no personal information may be disclosed and no further discussion of the situation should occur. However, if at this point the presenting agency/organization decides that, based on the input and consensus of the table, disclosing limited personal information (e.g., the individual’s name and address) to the group is necessary to help eliminate or reduce an acutely elevated risk of harm to an individual(s), the parties may agree to limited disclosure of such information to those agencies/organizations at filter three.

**Filter Three: Limited Identifiable Information Shared**

If the group concludes that the threshold of acutely elevated risk is met, they should determine which agencies/organizations are reasonably necessary to plan and implement the intervention. Additionally, the presenting agency should inform the table of whether the individual has consented to the disclosure of his or her personal information to any specific agencies/organizations. All those agencies/organizations that have not been identified as reasonably necessary to planning and implementing the intervention must then leave the discussion until dialogue about the situation is complete. The only agencies/organizations that should remain are those to whom the individual has expressly consented to the disclosure of his or her personal information, as well as those that the presenting agency reasonably believes require the information in order to eliminate or reduce the acutely elevated risk(s) of harm at issue.

Identifying information may then be shared with the agencies/organizations that have been identified as reasonably necessary to plan and implement the intervention at filter four.

Any notes captured by any professionals that will not be involved in filter four must be deleted. Consistency with respect to this “need-to-know” approach should be supported in advance by way of an information sharing agreement that binds all the involved agencies/organizations.

*Note: It is important that the agencies/organizations involved in multi-sectoral risk intervention models be reviewed on a regular basis. Agencies/organizations that are rarely involved in interventions should be removed from the table and contacted only when it is determined that their services are required.

**Filter Four: Full Discussion Among Intervening Agencies/Organizations Only**

At this final filter, only agencies/organizations that have been identified as having a direct role to play in an intervention will meet separately to discuss limited personal information required in order to inform planning for the intervention. Disclosure of personal information in such discussions shall remain limited to the personal information that is deemed necessary to assess the situation and to determine appropriate actions. Sharing of information at this level should only happen to enhance care.

After that group is assembled, if it becomes clear that a further agency/organization should be involved, then professionals could involve that party bearing in mind the necessary authorities for the collection, use and disclosure of the relevant personal information.
If at any point in the above sequence it becomes evident that resources are already being provided as required in the circumstances, and the professionals involved are confident that elevated risk is already being mitigated, there shall be no further discussion by the professionals other than among those already engaged in mitigating the risk.

**The Intervention**

Following the completion of filter four, an intervention should take place to address the needs of the individual, family, or specific group of people and to eliminate or mitigate their risk of harm. In many multi-sectoral risk intervention models, the intervention may involve a “door knock” where the individual is informed about or directly connected to a service(s) in their community. In all cases, if consent was not already provided prior to the case being brought forward (e.g., to a Situation Table), obtaining consent to permit any further sharing of personal information in support of providing services must be a priority of the combined agencies/organizations responding to the situation. If upon mounting the intervention, the individual(s) being offered the services declines, no further action (including further information sharing) will be taken.

It is important to note that institutions such as school boards, municipalities, hospitals, and police services are required to provide written notice to individuals following the disclosure of their personal information under section 42(1)(h) of FIPPA and section 32(h) of MFIPPA (see note on page 46). Even where this practice is not required, we recommend that all individuals be provided with written notice of the disclosure of their personal information. This should generally be done when the intervention is being conducted. In the context of multi-sectoral risk intervention models, such written notices should indicate the names and contact information of all agencies to whom the personal information was disclosed at filters three and four, whether verbally or in writing.

**Report Back**

This “report back” phase involves professionals receiving express consent from the individual(s) to provide an update regarding their intervention to the group, including to those who did not participate in the intervention. This may involve reporting back, in a de-identified manner, on pertinent information about the risk factors, protective factors and agency/organization roles that transpired through the intervention. In the absence of express consent of the individual(s), the report back must be limited to the date of closure and an indication that the file can be closed or whether the intervening agencies need to discuss further action. If the file is being closed, limited information may be shared regarding the reason for closure (e.g., connected to service).
Many communities that tested the framework and toolkit identified youth as a priority group for their plan, facing risk factors such as coming from a single parent family, leaving care, unsupervised children, etc. There is also significant research literature that supports the active participation and inclusion of youth in decision-making as a way of addressing exclusion and marginalization. This section was developed for adults in communities that are undertaking the community safety and well-being planning process to help them understand a youth perspective and how to meaningfully engage youth.

Benefits of Youth Engagement

The following are some of the benefits to engaging youth in the community safety and well-being planning process:

- opportunity for new understanding of the lived reality of youth;
- opportunity to inform broader community safety and well-being plans, and other initiatives that may be developed to address identified risk areas;
- opportunity to breakdown stereotypes/assumptions about young people. In particular, assumptions related to risk areas that may involve youth;
- long-term opportunity for creation of on-the-ground community policies and programs that are increasingly responsive to the needs of youth;
- shared learning of current issues as youth often raise questions that have not been thought of by adults;
- new ideas, energy and knowledge;
- creates healthy and positive community connections between youth and adults, leading to social cohesion; and
- opportunity to ask what youth are traditionally excluded from and offers an opportunity to get them to the table.

Additionally, the following are benefits that youth engagement can have on the youth themselves:

- build pride/self-esteem for being contributors to a larger purpose (i.e., local plans with a youth perspective);
- opportunities to build skills, for example:
  - communication – opportunities for youth to assist in the creation of material (i.e., advertisement, pamphlets, etc.);
  - analytical – opportunities to analyze and interpret information that is gathered to inform the plan from a different perspective;
- connection to positive adult(s); and
- inclusion and a voice into what is happening in the community.

Practical Tips

The following are some practical tips for engaging youth during the community safety and well-being planning process.
Explaining the Project

- Create youth-friendly materials about community safety and well-being planning – posters, postcards and social media, such as Facebook, Twitter, etc.
- Work with youth to define how they will participate by allowing the youth to help co-create the purpose of their engagement and their role in planning.
- When young people are able to design and manage projects, they feel some sense of ownership in the project. Involvement fosters motivation, which fosters competence, which in turn fosters motivation for future projects.
- Explain upfront what their role will be. Try and negotiate roles honestly while ensuring any promises made are kept.
- Try for a meaningful role, not just token involvement, such as one-off consultation with no follow-up.

Collaboration

- Adults should collaborate with youth and not take over.
- Provide youth with support and training (e.g., work with existing community agencies to host consultation sessions, ask youth allies and leaders from communities to facilitate consultation, recruit youth from communities to act as facilitators and offer support and training, etc.).
- Partner with grassroots organizations, schools and other youth organizations. By reaching out to a variety of organizations, it is possible to gather a wider range of youth perspectives.
- Provide youth with opportunities to learn and develop skills from the participation experience. For example, an opportunity to conduct a focus group provides youth with the opportunity to gain skills in facilitation and interviewing.

Assets

- Look at youth in terms of what they have to offer to the community and their capacities – not just needs and deficits.
- Understand that working with youth who are at different ages and stages will help adults to recognize how different youth have strengths and capacities.
- Ask youth to help map what they see as community assets and community strengths.

Equity and Diversity

- Identify diverse groups of youth that are not normally included (e.g., LGBTQ (Lesbian, gay, bi-sexual, two-spirited, transgendered, questioning, queer), racialized youth, Indigenous youth, Francophone youth, youth with disabilities, immigrant youth, etc.).
- Proactively reach out to youth and seek the help of adults that the youth know and already trust.
- When working with diverse communities, find people that can relate to youth and their customs, cultures, traditions, language and practices.
- Understand and be able to explain why you are engaging with particular groups of youth and what you will do with the information that you gather.
Forming an Advisory Group

One way of gathering youth perspectives is to form a youth advisory group.

- Look for a diversity of participants from wide variety of diverse backgrounds. For example, put a call out to local youth-serving organizations, schools, etc.
- Spend time letting the youth get to know each other and building a safe space to create a dialogue.
- Depending on the level of participation, have youth and/or their parents/guardians sign a consent form to participate in the project.
- Keep parents/guardians of the youth involved and up-to-date on progress.
- Find different ways for youth to share their perspectives as not all youth are ‘talkers’. Engage youth through arts, music and taking photos.
- An advisory group provides a good opportunity for youth to socialize with peers in a positive environment and to work as a team.

Recognition and Compensation

- Youth advisory group members can be volunteers, but try to compensate through small honorariums and by offering food and covering transportation costs where possible. This will support youth that might not traditionally be able to get involved.
- Recognition does not have to be monetary. For example, meaningful recognition of the youth’s participation can include letters for community service hours or a letter that can be included in a work portfolio that describes in detail their role in the initiative.
Appendix C – Engaging Seniors

There are many reasons to engage seniors (those aged 65 and over) in the development of local plans. For example, encouraging youth and providing them with opportunities to form relationships with seniors may help to reduce intergenerational gaps. Demographic aging is also impacting many Ontario communities as older persons increasingly make up greater portions of the population. The importance of safety and security for older Ontarians has been recognized under Ontario’s Action Plan for Seniors and a growing number of initiatives present opportunities to connect community safety and well-being planning to seniors and their service providers. This section was developed to assist partners involved in the community safety and well-being planning process to identify opportunities to engage seniors and create linkages with other activities that are already underway.

Benefits of Seniors’ Engagement

Engaging seniors in the community safety and well-being planning process is a natural extension of the roles that they already play in their communities, as employees, volunteers, or members of various agencies/organizations. It may involve direct engagement with seniors themselves, senior’s agencies/organizations or service providers, and provide an:

- opportunity for new understanding of the lived reality of seniors;
- opportunity to breakdown stereotypes/assumptions about older people and the contributions they can make to their communities;
- long-term opportunity for creation of on-the-ground community policies and programs that are increasingly responsive to the needs of seniors and the shared benefits these may have for people of all ages;
- source for new ideas, energy, knowledge and experience; and
- opportunity to create healthy and positive community connections between people of all ages, leading to social cohesion.

Additionally, the following are benefits that engagement can have on the seniors themselves:

- provide opportunities to apply skills and share knowledge with other generations;
- maintain or enhance social connections; and
- build a sense of inclusion and voice into what is happening in the community as a contributor to a larger community purpose.

Building Connections

The following are some opportunities and considerations for engaging seniors during the community safety and well-being planning process.
Seniors Organizations

Seniors are members of many local agencies/organizations and a number of large senior’s agencies/organizations have local chapters across the province. Partnering with a variety of these groups will allow for a wide range of seniors’ perspectives and access to the diverse strengths and capacities of seniors from different ages and lived experience. For more information on seniors agencies/organizations that may be active in your community, please refer to the Ontario Seniors’ Secretariat website.

When reaching out to seniors, planning partners are encouraged to consider the following approaches to ensure diversity and equity:

- identify diverse groups of seniors (e.g., LGBTQ, Indigenous seniors and elders, older adults with disabilities, immigrant or newcomer seniors);
- identify individuals/groups that can relate to seniors and their customs, cultures, traditions, language and practices; and
- when forming advisory groups with seniors’ representation, consider compensation options such as small honorariums or offering food and covering transportation costs where possible (this will support seniors that might not traditionally be able to get involved).

Service Providers

When forming an advisory group or other engagement approaches that include service provider perspectives, consider reaching out to agencies/organizations that are familiar with the needs of older adults, including:

- Community Care Access Centres;
- Long Term Care Homes, Retirement Homes, or seniors housing providers;
- police services, including those with Seniors Liaison Officers and Crimes against Seniors Units;
- Elderly Person Centres;
- community support service agencies (funded by Local Health Integration Networks to provide adult day programs, meal delivery, personal care, homemaking, transportation, congregate dining, etc.);
- Municipal Recreation and Health and Social Service Departments; and
- Social Planning Councils and Councils on Aging.

Local Linkages

Existing local engagement and planning mechanisms may be leveraged to help connect seniors and service providers throughout the community safety and well-being planning process. By making these linkages, synergies and efficiencies may be achieved. Some of these mechanisms may include:

- Seniors/Older Adult Advisory Committees
  - Established by local governments to seek citizen and stakeholder input into the planning and delivery of municipal services that impact older adults.
- **Local Elder Abuse Prevention Networks**
  - There are over 50 local networks across the province that help address the needs of vulnerable seniors and the complex nature of elder abuse. They link health, social services and justice agencies/organizations to improve local responses to elder abuse and help deliver public education, training, and facilitate cross-sectoral knowledge exchange between front-line staff, often including advice on managing elder abuse cases. Contact information for local elder abuse prevention networks can be found on the Elder Abuse Ontario website.

- **Age-Friendly Community (AFC) Planning Committees**
  - Based on the World Health Organization’s eight dimension framework, the AFC concept highlights the importance of safe and secure environments, social participation and inclusion, all of which are aligned with senior’s participation in the community safety and well-being planning process.
  - Many communities are developing AFC plans to help create social and physical environments that allow people of all ages, including seniors, to participate fully in their communities. Local AFC planning committees are being established to lead the completion of needs assessments and multi-sectoral planning. To support planning, the Ontario Seniors’ Secretariat has created an AFC Planning Guide and an AFC Planning Grant Program. More information about AFCs and local activity underway can be found on the Ministry of Seniors Affairs website.

- **Accessibility Advisory Committees**
  - Under the *Ontarians with Disabilities Act, 2001*, municipalities with more than 10,000 residents have to establish local accessibility advisory committees. Most of the members of these committees are people with disabilities, including seniors.
  - Over 150 Ontario municipalities have set up local accessibility advisory committees. The committees work with their local councils to identify and break down barriers for people with disabilities.
  - Engaging accessibility advisory committees in community safety and well-being planning would contribute to the development of inclusive policies and programs that serve all members of a community. For more information about Accessibility Laws, please visit the Government of Ontario accessibility laws web page.
Engaging and collaborating with Indigenous partners, including those who are First Nations, Inuit and Métis, is an important part of local community safety and well-being efforts. Ontario has the largest Indigenous population in Canada, with 85 per cent of Indigenous peoples in Ontario living in urban and rural areas. Indigenous peoples are also the youngest, most diverse and rapidly growing population in Canada and continue to present unparalleled opportunities through their values, innovative practices and approaches that can enhance the lives of all Canadians.

Cultural responsiveness is crucial to the community safety and well-being planning process and should be captured in the development of strategies and programs that are identified in local plans. By including community specific culture and identity as part of planning, it will enable the development of sustainable and strategic programming at the local level. Communities should acknowledge that effective planning involves understanding and responding to the unique factors and inequalities that different groups face. For example, Indigenous peoples may face specific risk factors due to the impact of historical events, such as colonialism and assimilation policies. In addition, social emergencies that overwhelm services in Indigenous communities can also impact services delivered by surrounding municipalities.

Building relationships with Indigenous partners early in the planning process can help ensure that local plans incorporate the strengths, perspectives, contributions and needs of Indigenous peoples, organizations and communities. By respecting each other's priorities and perspectives, municipalities can build trust with Indigenous partners. This can also help to develop relationships, respond to potentially challenging issues and work collaboratively to achieve social and economic well-being for all community members.

This section has been developed as a guide for municipalities that are undertaking the community safety and well-being planning process in understanding how to meaningfully engage and collaborate with Indigenous partners.

Outcomes of Indigenous Engagement

The following are some of the positive outcomes that can be realized by working with Indigenous partners as part of the community safety and well-being planning process:

- Creating and supporting communities where Indigenous peoples feel safe, have a sense of belonging, and are seen as equal contributors to the decisions that affect community safety and well-being;
- Establishing partnerships and positive relationships founded in mutual respect;
- Gaining an understanding of, and better responding to, the lived realities of Indigenous peoples and the intergenerational trauma that they face;
- Acknowledging and addressing systemic biases within existing systems and breaking down stereotypes impacting Indigenous peoples;
- Co-developing culturally relevant solutions to meet the unique and diverse needs of Indigenous peoples;

1 Statistics Canada, 2016 Census
2 Statistics Canada, 2016 Census
• Creating new or supporting existing grassroots community strategies that are well-grounded in cultural recognition, led by Indigenous peoples and communities, and have shared, long-term benefits for all community members.

Key Principles for Engagement

When engaging with Indigenous partners, there is not a one-size fits all approach, as each partner offers a unique perspective and may have specific governance structures, engagement processes or protocols that should be respected.

The following are some key principles to consider when engaging and collaborating with Indigenous partners during the community safety and well-being planning process:

• **Take time to build trust and understanding:** When engaging with Indigenous partners, it may take several meetings to build a strong connection, due to factors such as historical events, cultural protocols and availability of resources. Successful engagement occurs in the context of effective working relationships, which are developed over time and built on respect and trust. Be willing to develop lasting relationships.

• **Know the history:** Before you enter the conversation, you should have some understanding of the relationships between Indigenous and non-Indigenous communities. Learn from local Indigenous community members, political/organizations' leadership, provincial Indigenous organizations, Elders, youth and others, to understand the historical and present day circumstances. The Report and Calls to Action from the Truth and Reconciliation Commission of Canada can also be a useful resource to guide discussions.

• **Understand the impact of lived experiences:** Recognize that many Indigenous peoples, communities and organizations are dealing with the intergenerational and on-going impact of colonization. Indigenous partners may be at different stages in reconnecting and reclaiming their cultural traditions and teachings and therefore engagement and collaboration may have different outcomes for everyone involved. Consideration of additional diversities that exist within and between Indigenous peoples and communities will also strengthen the outcomes of this work.

• **Be prepared for the conversation:** Step into your conversations with a good sense of what you can bring to a partnership and establish clear expectations. Invest in your staff to be ready for the conversation, for example a starting point could include participating in Indigenous cultural competency training. Further, knowledge of protocol creates a stable foundation of mutual respect, and sets the tone for the engagement. It is common practice when meeting with Indigenous partners to acknowledge the territory and follow any cultural protocol to start new relationships in a positive way.

• **Identify shared priorities and objectives:** Engagement is an opportunity to collaborate with Indigenous partners. When determining objectives for engagement, a best practice is to work with Indigenous partners to develop an engagement process that works for everyone. Be open to creating a joint agenda of issues and priorities and work together to develop initiatives and strategies.

• **Engage early and often:** Indigenous partners are often engaged at the end of a project’s development when there is little opportunity to provide meaningful input. Engage Indigenous partners early on in a project’s development and work together to determine the best approach for engagement. Ask Indigenous partners how they would like to be involved and develop clear roles and responsibilities that will support and strengthen mutual accountability. For example, invite Indigenous community representatives or organizations to participate on the advisory committee as part of the community safety and well-being planning process.
**Have reasonable timelines and create safe spaces for engagement:** Effective planning requires you to build in adequate timelines for partners to respond to requests for engagement. Recognize that different Indigenous partners may have unique circumstances which impact their ability to participate in engagement sessions. Engagement should be culturally safe and accessible for all who want to participate.

As a starting point for engagement, reach out and ask if and how Indigenous partners may wish to be involved. Municipalities may look to engage members and/or leadership of urban Indigenous communities within the municipality, neighbouring First Nation communities (e.g., Band/Tribal Councils), First Nation police services, local Indigenous community organizations (e.g., local Métis Councils), provincial Indigenous organizations (e.g., Tungasuvvingat Inuit) and local Indigenous service providers (e.g., Indigenous Friendship Centres).

For additional guidance, municipalities should refer to Ontario’s Urban Indigenous Action Plan, which has been co-developed by the Government of Ontario, the Ontario Federation of Indigenous Friendship Centres, the Métis Nation of Ontario and the Ontario Native Women’s Association. It is a resource and guide that supports the development of responsive, inclusive policies, programs and evaluations with, and that meet the needs of, urban Indigenous communities.
Appendix E – Definitions

**Acutely elevated risk**: a situation negatively affecting the health or safety of an individual, family, or specific group of people where there is a high probability of imminent and significant harm to self or others (e.g., offending or being victimized, lapsing on a treatment plan, overt mental health crisis situation, etc.). In these situations, agencies and organizations may be permitted in legislation to share personal information in order to prevent imminent harm. This often involves circumstances that indicate an extremely high probability of the occurrence of victimization from crime or social disorder, where left unattended, such situations will require targeted enforcement or other emergency, incident response.

**Collaboration**: individuals, agencies or organizations, working together for a common purpose; acknowledging shared responsibility for reaching consensus in the interest of mutual outcomes; contributing complementary capabilities; willing to learn from each other; and benefiting from diverse perspectives, methods and approaches to common problems.

**Community engagement**: the process of inviting, encouraging and supporting individuals, human services agencies, community-based organizations and government offices and services to collaborate in achieving community safety and well-being.

**Community safety and well-being**: the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

**Crime prevention**: the anticipation, recognition and appraisal of a crime risk and the actions taken – including the integrated community leadership required – to remove or reduce it.

**Evidence-based**: policies, programs and/or initiatives that are derived from or informed by the most current and valid empirical research or practice that is supported by data and measurement.

**Partners**: agencies, organizations, individuals from all sectors, and government which agree to a common association toward mutual goals of betterment through shared responsibilities, complementary capabilities, transparent relationships, and joint decision-making.

**Protective factors**: positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families and communities, thereby increasing personal and/or community safety and well-being.

**Risk factors**: negative characteristics or conditions in individuals, families, communities or society that may increase social disorder, crime or fear of crime, or the likelihood of harms or victimization to persons or property.
Social determinants of health: the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These are protective factors of health and well-being including access to income, education, employment and job security, safe and healthy working conditions, early childhood development, food security, quality housing, social inclusion, cohesive social safety network, health services, and equal access to all of the qualities, conditions and benefits of life without regard to any socio-demographic differences. The social determinants of health are the same factors which affect individual, family and community safety and well-being.
Appendix F – Risk and Protective Factors

The following definitions were adopted, created and/or refined by the ministry in consultation with its community and provincial partners. They are complementary to the risk and protective factors identified in the Crime Prevention in Ontario: A Framework for Action booklet, and are also consistent with the Risk-driven Tracking Database. They are intended to guide partners involved in the community safety and well-being planning process as they identify local risks to safety and well-being and develop programs and strategies to address those risks. These risk and protective factors are commonly used by communities across the province that have implemented multi-sectoral risk intervention models.

Risk Factors

Antisocial/Problematic Behaviour (Non-criminal)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial/Negative Behaviour - antisocial/negative behaviour within the home</td>
<td>resides where there is a lack of consideration for others, resulting in damage to other individuals or the community (i.e., obnoxious/disruptive behaviour)</td>
</tr>
<tr>
<td>Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour</td>
<td>is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community (i.e., obnoxious/disruptive behaviour)</td>
</tr>
<tr>
<td>Basic Needs - person neglecting others’ basic needs</td>
<td>has failed to meet the physical, nutritional or medical needs of others under their care</td>
</tr>
<tr>
<td>Basic Needs - person unable to meet own basic needs</td>
<td>cannot independently meet their own physical, nutritional or other needs</td>
</tr>
<tr>
<td>Elder Abuse - person perpetrator of elder abuse</td>
<td>has knowingly or unknowingly caused intentional or unintentional harm upon older individuals because of their physical, mental or situational vulnerabilities associated with the aging process</td>
</tr>
<tr>
<td>Gambling - chronic gambling by person</td>
<td>regular and/or excessive gambling; no harm caused</td>
</tr>
<tr>
<td>Gambling - chronic gambling causes harm to others</td>
<td>regular and/or excessive gambling that causes harm to others</td>
</tr>
<tr>
<td>Gambling - chronic gambling causing harm to self</td>
<td>regular and/or excessive gambling; resulting in self-harm</td>
</tr>
<tr>
<td>Housing - person transient but has access to appropriate housing</td>
<td>has access to appropriate housing but is continuously moving around to different housing arrangements (i.e., couch surfing)</td>
</tr>
<tr>
<td>Missing - person has history of being reported to police as missing</td>
<td>has a history of being reported to police as missing and in the past has been entered in the Canadian Police Information Centre (CPIC) as a missing person</td>
</tr>
<tr>
<td>Risk Factor</td>
<td>Definition</td>
</tr>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Missing - person reported to police as missing</td>
<td>has been reported to the police and entered in CPIC as a missing person</td>
</tr>
<tr>
<td>Missing - runaway with parents’ knowledge of whereabouts</td>
<td>has run away from home with guardian’s knowledge but guardian is indifferent</td>
</tr>
<tr>
<td>Missing - runaway without parents knowledge of whereabouts</td>
<td>has run away and guardian has no knowledge of whereabouts</td>
</tr>
<tr>
<td>Physical Violence - person perpetrator of physical violence</td>
<td>has instigated or caused physical violence to another person (i.e., hitting, pushing)</td>
</tr>
<tr>
<td>Sexual Violence - person perpetrator of sexual violence</td>
<td>has been the perpetrator of sexual harassment, humiliation, exploitation, touching or forced sexual acts</td>
</tr>
<tr>
<td>Threat to Public Health and Safety - person's behaviour is a threat to public health and safety</td>
<td>is currently engaged in behaviour that represents danger to the health and safety of the community (i.e., unsafe property, intentionally spreading disease, putting others at risk)</td>
</tr>
</tbody>
</table>

**Criminal Involvement**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Involvement - animal cruelty</td>
<td>has been suspected, charged, arrested or convicted of animal cruelty</td>
</tr>
<tr>
<td>Criminal Involvement - arson</td>
<td>has been suspected, charged, arrested or convicted of arson</td>
</tr>
<tr>
<td>Criminal Involvement - assault</td>
<td>has been suspected, charged, arrested or convicted of assault</td>
</tr>
<tr>
<td>Criminal Involvement - break and enter</td>
<td>has been suspected, charged, arrested or convicted of break and enter</td>
</tr>
<tr>
<td>Criminal Involvement - damage to property</td>
<td>has been suspected, charged, arrested or convicted of damage to property</td>
</tr>
<tr>
<td>Criminal Involvement - drug trafficking</td>
<td>has been suspected, charged, arrested or convicted of drug trafficking</td>
</tr>
<tr>
<td>Criminal Involvement - homicide</td>
<td>has been suspected, charged, arrested or convicted of the unlawful death of a person</td>
</tr>
<tr>
<td>Criminal Involvement - other</td>
<td>has been suspected, charged, arrested or convicted of other crimes</td>
</tr>
<tr>
<td>Criminal Involvement - possession of weapons</td>
<td>has been suspected, charged, arrested or convicted of possession of weapons</td>
</tr>
<tr>
<td>Criminal Involvement - robbery</td>
<td>has been suspected, charged, arrested or convicted of robbery (which is theft with violence or threat of violence)</td>
</tr>
<tr>
<td>Criminal Involvement - sexual assault</td>
<td>has been suspected, charged, arrested or convicted of sexual assault</td>
</tr>
<tr>
<td>Criminal Involvement - theft</td>
<td>has been suspected, charged, arrested or convicted of theft</td>
</tr>
<tr>
<td>Criminal Involvement - threat</td>
<td>has been suspected, charged, arrested or convicted of uttering threats</td>
</tr>
</tbody>
</table>
### Education/Employment

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing School - chronic absenteeism</td>
<td>has unexcused absences from school without parental knowledge, that exceed the commonly acceptable norm for school absenteeism</td>
</tr>
<tr>
<td>Missing School - truancy</td>
<td>has unexcused absences from school without parental knowledge</td>
</tr>
<tr>
<td>Unemployment - person chronically unemployed</td>
<td>persistently without paid work</td>
</tr>
<tr>
<td>Unemployment - person temporarily unemployed</td>
<td>without paid work for the time being</td>
</tr>
</tbody>
</table>

### Emotional Violence

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Violence - emotional violence in the home</td>
<td>resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.</td>
</tr>
<tr>
<td>Emotional Violence - person affected by emotional violence</td>
<td>has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.</td>
</tr>
<tr>
<td>Emotional Violence - person perpetrator of emotional violence</td>
<td>has emotionally harmed others by controlling their behaviour, name-calling, yelling, belittling, bullying, intentionally ignoring them, etc.</td>
</tr>
<tr>
<td>Emotional Violence - person victim of emotional violence</td>
<td>has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied, intentionally ignored them, etc.</td>
</tr>
</tbody>
</table>

### Family Circumstances

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting - parent-child conflict</td>
<td>ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties</td>
</tr>
<tr>
<td>Parenting - person not providing proper parenting</td>
<td>is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child</td>
</tr>
<tr>
<td>Parenting - person not receiving proper parenting</td>
<td>is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child</td>
</tr>
<tr>
<td>Physical Violence - physical violence in the home</td>
<td>lives with threatened or real physical violence in the home (i.e., between others)</td>
</tr>
<tr>
<td>Sexual Violence - sexual violence in the home</td>
<td>resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur</td>
</tr>
<tr>
<td>Risk Factor</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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</tr>
<tr>
<td>Supervision - person not properly supervised</td>
<td>has not been provided with adequate supervision</td>
</tr>
<tr>
<td>Supervision - person not providing proper supervision</td>
<td>has failed to provide adequate supervision to a dependant person (i.e., child, elder, disabled)</td>
</tr>
<tr>
<td>Unemployment - caregivers chronically unemployed</td>
<td>caregivers are persistently without paid work</td>
</tr>
<tr>
<td>Unemployment - caregivers temporarily unemployed</td>
<td>caregivers are without paid work for the time being</td>
</tr>
</tbody>
</table>

**Gang Issues**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gangs - gang association</td>
<td>social circle involves known or supported gang members but is not a gang member</td>
</tr>
<tr>
<td>Gangs - gang member</td>
<td>is known to be a member of a gang</td>
</tr>
<tr>
<td>Gangs - threatened by gang</td>
<td>has received a statement of intention to be injured or have pain inflicted by gang members</td>
</tr>
</tbody>
</table>

**Housing**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing - person doesn't have access to appropriate housing</td>
<td>is living in inappropriate housing conditions or none at all (i.e., condemned building, street)</td>
</tr>
</tbody>
</table>

**Mental Health and Cognitive Functioning**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Functioning - diagnosed cognitive impairment/limitation</td>
<td>has a professionally diagnosed cognitive impairment/limitation</td>
</tr>
<tr>
<td>Cognitive Functioning - suspected cognitive impairment/limitation</td>
<td>suspected of having a cognitive impairment/limitation (no diagnosis)</td>
</tr>
<tr>
<td>Cognitive Functioning - self-reported cognitive impairment/limitation</td>
<td>has reported to others to have a cognitive impairment/limitation</td>
</tr>
<tr>
<td>Mental Health - diagnosed mental health problem</td>
<td>has a professionally diagnosed mental health problem</td>
</tr>
<tr>
<td>Mental Health - grief</td>
<td>experiencing deep sorrow, sadness or distress caused by loss</td>
</tr>
<tr>
<td>Mental Health - mental health problem in the home</td>
<td>residing in a residence where there are mental health problems</td>
</tr>
<tr>
<td>Mental Health - not following prescribed treatment</td>
<td>not following treatment prescribed by a mental health professional; resulting in risk to self and/or others</td>
</tr>
<tr>
<td>Risk Factor</td>
<td>Definition</td>
</tr>
<tr>
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</tr>
<tr>
<td>Mental Health - self-reported mental health problem</td>
<td>has reported to others to have a mental health problem(s)</td>
</tr>
<tr>
<td>Mental Health - suspected mental health problem</td>
<td>suspected of having a mental health problem (no diagnosis)</td>
</tr>
<tr>
<td>Mental Health - witnessed traumatic event</td>
<td>has witnessed an event that has caused them emotional or physical trauma</td>
</tr>
<tr>
<td>Self-Harm - person has engaged in self-harm</td>
<td>has engaged in the deliberate non-suicidal injuring of their own body</td>
</tr>
<tr>
<td>Self-Harm - person threatens self-harm</td>
<td>has stated that they intend to cause non-suicidal injury to their own body</td>
</tr>
<tr>
<td>Suicide - affected by suicide</td>
<td>has experienced loss due to suicide</td>
</tr>
<tr>
<td>Suicide - person current suicide risk</td>
<td>currently at risk to take their own life</td>
</tr>
<tr>
<td>Suicide - person previous suicide risk</td>
<td>has in the past, been at risk of taking their own life</td>
</tr>
</tbody>
</table>

### Neighbourhood

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty - person living in less than adequate financial situation</td>
<td>current financial situation makes meeting the day-to-day housing, clothing or nutritional needs, significantly difficult</td>
</tr>
<tr>
<td>Social Environment - frequents negative locations</td>
<td>is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms</td>
</tr>
<tr>
<td>Social Environment - negative neighbourhood</td>
<td>lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms</td>
</tr>
</tbody>
</table>

### Peers

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Peers - person associating with negative peers</td>
<td>is associating with people who negatively affect their thoughts, actions or decisions</td>
</tr>
<tr>
<td>Negative Peers - person serving as a negative peer to others</td>
<td>is having a negative impact on the thoughts, actions or decision of others</td>
</tr>
</tbody>
</table>

### Physical Health

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Needs - person unwilling to have basic needs met</td>
<td>person is unwilling to meet or receive support in having their own basic physical, nutritional or other needs met</td>
</tr>
<tr>
<td>Physical Health - chronic disease</td>
<td>suffers from a disease that requires continuous treatment over a long period of time</td>
</tr>
</tbody>
</table>
### Risk Factor

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health - general health issue</td>
<td>has a general health issue which requires attention by a medical health professional</td>
</tr>
<tr>
<td>Physical Health - not following prescribed treatment</td>
<td>not following treatment prescribed by a health professional; resulting in risk</td>
</tr>
<tr>
<td>Physical Health - nutritional deficit</td>
<td>suffers from insufficient nutrition, causing harm to their health</td>
</tr>
<tr>
<td>Physical Health - physical disability</td>
<td>suffers from a physical impairment</td>
</tr>
<tr>
<td>Physical Health - pregnant</td>
<td>pregnant</td>
</tr>
<tr>
<td>Physical Health - terminal illness</td>
<td>suffers from a disease that cannot be cured and that will soon result in death</td>
</tr>
</tbody>
</table>

### Substance Abuse Issues

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol - alcohol abuse by person</td>
<td>known to excessively consume alcohol; causing self-harm</td>
</tr>
<tr>
<td>Alcohol - alcohol abuse in home</td>
<td>living at a residence where alcohol has been consumed excessively and often</td>
</tr>
<tr>
<td>Alcohol - alcohol use by person</td>
<td>known to consume alcohol; no major harm caused</td>
</tr>
<tr>
<td>Alcohol - harm caused by alcohol abuse in home</td>
<td>has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home</td>
</tr>
<tr>
<td>Alcohol - history of alcohol abuse in home</td>
<td>excessive consumption of alcohol in the home has been a problem in the past</td>
</tr>
<tr>
<td>Drugs - drug abuse by person</td>
<td>known to excessively use illegal/prescription drugs; causing self-harm</td>
</tr>
<tr>
<td>Drugs - drug abuse in home</td>
<td>living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often</td>
</tr>
<tr>
<td>Drugs - drug use by person</td>
<td>known to use illegal drugs (or misuse prescription drugs); no major harm caused</td>
</tr>
<tr>
<td>Drugs - harm caused by drug abuse in home</td>
<td>has suffered mental, physical or emotional harm or neglect due to drug abuse in the home</td>
</tr>
<tr>
<td>Drugs - history of drug abuse in home</td>
<td>excessive consumption of drugs in the home has been a problem in the past</td>
</tr>
</tbody>
</table>

### Victimization

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Needs - person being neglected by others</td>
<td>basic physical, nutritional or medical needs are not being met</td>
</tr>
<tr>
<td>Crime Victimization - arson</td>
<td>has been reported to police to be the victim of arson</td>
</tr>
<tr>
<td>Crime Victimization - assault</td>
<td>has been reported to police to be the victim of assault (i.e., hitting, stabbing, kicking, etc.)</td>
</tr>
<tr>
<td>Risk Factor</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Crime Victimization - break and enter</td>
<td>has been reported to police to be the victim of break and enter (someone broke into their premises)</td>
</tr>
<tr>
<td>Crime Victimization - damage to property</td>
<td>has been reported to police to be the victim of someone damaging their property</td>
</tr>
<tr>
<td>Crime Victimization - other</td>
<td>has been reported to police to be the victim of other crime not mentioned above or below</td>
</tr>
<tr>
<td>Crime Victimization - robbery</td>
<td>has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)</td>
</tr>
<tr>
<td>Crime Victimization - sexual assault</td>
<td>has been reported to police to be the victim of sexual assault (i.e., touching, rape)</td>
</tr>
<tr>
<td>Crime Victimization - theft</td>
<td>has been reported to police to be the victim of theft (someone stole from them)</td>
</tr>
<tr>
<td>Crime Victimization - threat</td>
<td>has been reported to police to be the victim of someone uttering threats to them</td>
</tr>
<tr>
<td>Elder Abuse - person victim of elder abuse</td>
<td>has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process</td>
</tr>
<tr>
<td>Gambling - person affected by the gambling of others</td>
<td>is negatively affected by the gambling of others</td>
</tr>
<tr>
<td>Gangs - victimized by gang</td>
<td>has been attacked, injured, assaulted or harmed by a gang in the past</td>
</tr>
<tr>
<td>Physical Violence - person affected by physical violence</td>
<td>has been affected by others falling victim to physical violence (i.e., witnessing; having knowledge of)</td>
</tr>
<tr>
<td>Physical Violence - person victim of physical violence</td>
<td>has experienced physical violence from another person (i.e., hitting, pushing)</td>
</tr>
<tr>
<td>Sexual Violence - person affected by sexual violence</td>
<td>has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching or forced sexual acts (i.e., witnessing; having knowledge of)</td>
</tr>
<tr>
<td>Sexual Violence - person victim of sexual violence</td>
<td>has been the victim of sexual harassment, humiliation, exploitation, touching or forced sexual acts</td>
</tr>
</tbody>
</table>

**Protective Factors**

**Education**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic achievement</td>
<td>successful at school (i.e., obtains good grades)</td>
</tr>
<tr>
<td>Access to/availability of cultural education</td>
<td>availability of programming and/or curriculum that includes cultural diversity, including First Nations, Francophone, etc.</td>
</tr>
<tr>
<td>Adequate level of education</td>
<td>has obtained at least their high school diploma</td>
</tr>
<tr>
<td>Protective Factor</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Caring school environment</td>
<td>attends a school that demonstrates a strong interest in the safety and well-being of its students</td>
</tr>
<tr>
<td>Involvement in extracurricular activities</td>
<td>engaged in sports, school committees, etc., that provide stability and positive school experience</td>
</tr>
<tr>
<td>Positive school experiences</td>
<td>enjoys/enjoyed attending school and generally has/had a positive social experience while at school</td>
</tr>
<tr>
<td>School activities involving the family</td>
<td>school and family supports are connected through activities</td>
</tr>
</tbody>
</table>

**Family Supports**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate parental supervision</td>
<td>caregivers are actively involved in ensuring safety and well-being</td>
</tr>
<tr>
<td>Both parents involved in childcare</td>
<td>two parents that are both strong, positive figures in their life</td>
</tr>
<tr>
<td>Family life is integrated into the life of the community</td>
<td>family life is integrated into the life of the community, creating strong social bonds</td>
</tr>
<tr>
<td>Open communication among family members</td>
<td>communication among family members allows for open and honest dialogue to discuss problems</td>
</tr>
<tr>
<td>Parental level of education</td>
<td>parents have at least received their high school diplomas</td>
</tr>
<tr>
<td>Positive relationship with spouse</td>
<td>relationship with spouse is positive and their spouse positively affects their thoughts, actions or decisions</td>
</tr>
<tr>
<td>Positive support within the family</td>
<td>positive and supportive caregivers/relatives whom they can rely on</td>
</tr>
<tr>
<td>Single parent family with a strong father or mother figure</td>
<td>although they are from a single parent family, they have one strong, positive father or mother figure</td>
</tr>
<tr>
<td>Stability of the family unit</td>
<td>consistent family environment</td>
</tr>
<tr>
<td>Strong family bond</td>
<td>relationships with parents and/or other family members based on bond which may prevent them from engaging in delinquent behaviour</td>
</tr>
<tr>
<td>Strong parenting skills</td>
<td>strong parental monitoring, discipline, clear standards and/or limits set with child/youth</td>
</tr>
</tbody>
</table>

**Financial Security and Employment**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial stability</td>
<td>financially stable and able to provide the necessities of life</td>
</tr>
<tr>
<td>Ongoing financial supplement</td>
<td>receiving a financial supplement which provides a regular non-taxable benefit (e.g., housing subsidy, Guaranteed Income Supplement, Old Age Security, Ontario Disability Support Program, etc.)</td>
</tr>
</tbody>
</table>
Protective Factor | Definition
--- | ---
Positive work environment | working in an environment that is safe, supportive and free of harassment/discrimination
Stable employment | steady paid employment
Temporary financial support | receiving a financial supplement on a short or fixed-term basis in order to overcome a temporary obstacle (e.g., Ontario Works, etc.)
Work life balance | positive use of time; employment schedule includes adequate down-time and time to pursue personal interests

### Housing and Neighbourhood

| Protective Factor | Definition |
--- | --- |
Access to/availability of resources, professional services and social supports | access to/availability of resources, professional services and social supports
Access to stable housing | stable housing is available that they may access at any time
Appropriate, sustainable housing | lives in appropriate, sustainable housing, in which they are reasonably expected to remain
Housing in close proximity to services | lives in close proximity to resources, professional services and social supports
Positive, cohesive community | resides in a community that promotes positive thoughts and/or behaviour and has a reasonable level of social cohesion
Relationships established with neighbours | relationships with neighbours assist in providing a strong network of support

### Mental Health

| Protective Factor | Definition |
--- | --- |
Accessing resources/services related to mental health | currently accessing resources and/or services (i.e., involved in counselling, seeing a psychologist, addictions counselling, etc.)
Adaptability | ability and willingness to adjust to different situations while communicating and building relationships
Personal coping strategies | the ability to solve/minimize personal and interpersonal problems related to stress or conflict
Self-efficacy | belief in their own ability to complete tasks and reach goals; self-motivated
Self esteem | positive perceptions of his/her self-worth
Taking prescribed medication | taking prescribed medication for a mental health disorder in accordance with doctor’s instructions
**Physical Health**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing consistent resources/services to improve on-going physical health issue</td>
<td>established and ongoing medical support for a chronic health issue through a consistent service provider</td>
</tr>
<tr>
<td>Accessing resources/services to improve a temporary physical health issue</td>
<td>accessing resources and/or services to treat a short-term illness or injury</td>
</tr>
<tr>
<td>Demonstrates commitment to maintaining good physical health</td>
<td>exercises regularly, eats a balanced diet</td>
</tr>
<tr>
<td>Positive physical health</td>
<td>appears to be in good physical health</td>
</tr>
<tr>
<td>Primary care physician</td>
<td>has a family doctor</td>
</tr>
</tbody>
</table>

**Pro-social/Positive Behaviour**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimism and positive expectations for future</td>
<td>has a positive expectation for their future which could lead to positive decisions/behaviour</td>
</tr>
<tr>
<td>Positive interpersonal skills</td>
<td>the ability to interact positively and work effectively with others</td>
</tr>
<tr>
<td>Positive pro-social behaviours</td>
<td>engages in activities/behaviours that positively impact others prompted by empathy, moral values, sense of personal responsibility (e.g., sharing, volunteering, etc.)</td>
</tr>
<tr>
<td>Sense of responsibility</td>
<td>takes responsibility for their own actions</td>
</tr>
<tr>
<td>Strong engagement/affiliation in community, spiritual and/or cultural activities</td>
<td>involved in positive activities with cultural, religious, spiritual and/or social groups that strengthen community ties and social support</td>
</tr>
<tr>
<td>Strong problem-solving skills</td>
<td>the ability to address issues and solve day-to-day problems in an effective, calm manner</td>
</tr>
</tbody>
</table>

**Social Support Network**

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close friendships with positive peers</td>
<td>associates with people who positively affect their thoughts, actions or decisions</td>
</tr>
<tr>
<td>High level of trust in community support services</td>
<td>believes community support services are willing/able to help/influence them in a positive way</td>
</tr>
<tr>
<td>High level of trust in police</td>
<td>believes the police are willing/able to help them in a positive way</td>
</tr>
<tr>
<td>Positive role models/relationship with adult</td>
<td>engagement with a positive role model/adult who they receive support from and can look up to</td>
</tr>
</tbody>
</table>
Appendix G – Community Safety and Well-Being Plan Sample

The following is an example of what a plan may look like. It is intended to guide local partners involved in the community safety and well-being planning process as they summarize work undertaken in the development of their plan. While planning partners should include information in their plan related to the headings below (i.e., members of their advisory committee and implementation team(s), overview of community engagement, risks, activities and outcomes, etc.) it is left up to local discretion.

A plan is meant to be a living document, and should be updated as communities move forward in their work. While the plan itself will be important for planning partners to stay organized and inform the community of the way forward, the most valuable outcomes from this process will be improved coordination of services, collaboration, information sharing and partnerships between local government, agencies and organizations and an improved quality of life for community members.

Municipality/First Nation: Municipality of Grassland

Coordinator(s):

Coordinator: Claudia T., Social Services, Municipality of Grassland
Co-Coordinator: Steffie A., Department Head, Grassland Catholic School Board

Grassland Community Safety and Well-Being Planning Committee Members (Advisory Committee):
- Claudia T., Municipality of Grassland (Social Services)
- Silvana B., Municipality of Grassland (Communications)
- Steffie A., Grassland Catholic School Board
- James L., Grassland Public School Board
- Morgan T., Community Elder
- Fionne Y., Children’s Mental Health Centre
- Yoko I., Grassland Hospital
- Stephanie L., Social Services
- Shannon C., Ontario Works
- Ram T., Ontario Disability Support Program
- Emily J., Grassland Police Services Board
- Nicole P., Grassland Police Service
- Sheniz K., Grassland Probation and Parole
- Stephen W., Local Indigenous Agency
- Oscar M., University of Grassland, Data Analytics
Community Background:

The Grassland community has a population of 64,900, with approximately 40% made up of those between the ages of 15 and 29. There are 54% males and 46% females in the community. The majority of residents living in Grassland were born in Grassland, with only 20% coming from another community, province or country. As a result, most of the population is English speaking; however, there are some smaller neighbourhoods with a strong presence of French-speaking individuals. Most residents of Grassland are single, with 30% of the population being married or in a common-law relationship; there is also a high presence of single-parent households. Most of the land is residential, with several retail businesses in the downtown core. Households living in Grassland have an average annual income of $65,000.

Community Engagement:

To support the identification of local risks, partners involved in the development of Grassland’s community safety and well-being plan hosted two community engagement sessions at the community centre. The first session had 25 participants, and the second session had 53 participants. Each of these sessions were open to the public, and included representation from a variety of agencies/organizations from a wide range of sectors, including but not limited to local elementary and secondary schools, university, hospital, community agencies, private businesses, addictions support centres, mental health centres, long-term care homes, retirement homes and child welfare organizations. Members of the public and vulnerable groups also attended, including youth and seniors themselves. A number of open-ended questions were posed at the engagement sessions to encourage and facilitate discussion, such as: What is the Grassland community doing well to ensure the safety and well-being of its residents? What are challenges/issues in the Grassland community and opportunities for improvement?

To receive more specific information regarding risks, planning partners conducted 14 one-on-one meetings with community agencies/organizations (some attended the town-hall meeting and some did not). These meetings were initiated by the municipal coordinator, as she grew up in the community and already had a strong working relationship with many of these agencies/organizations. Questions were asked such as: What are the barriers to success that you see in your organization? What are the risks most often faced by the individuals and families that you serve? Agencies/organizations that were engaged during this phase include:

- Grassland Catholic School Board
- Employment Centre
- Children’s Mental Health Centre
- Grassland Hospital
- Ontario Works
- Grassland Police Service
- Grassland Senior’s Association
- Local Homeless Shelter
- Organization that works with offenders
- Addictions Centre
- Women’s Shelter
- Local First Nations and Métis Organization
- Francophone Organization
- LGBTQ Service Organization
Priority Risks:
The following risks were selected by the planning committee as priorities to be focused on in their four year plan:

- **Low Educational Attainment Rates**
  o At the town-hall community engagement sessions, members of the public and the local school boards identified a lack of educational attainment in Grassland. Statistics provided by Ontario Works also indicated that Grassland has an above-average number of individuals being financially supported by their services that have not obtained their high-school diploma. The local school boards have noticed a significant increase in the number of individuals dropping out before they reach grade 12 in the past two years. This was supported by statistics received from Statistics Canada, which show Grassland having a significantly high number of people that have not completed high-school compared to other municipalities of a similar size.

- **Mental Health**
  o Mental health was identified most frequently (12 out of 14) by the agencies/organizations that were engaged on a one-on-one basis as being a risk faced by many of the individuals and families they serve.

- **Domestic Violence**
  o Statistics provided by the Grassland Police Service indicate that they respond to more calls related to domestic violence than any other type of incident. Grassland also has the largest women's shelter within the region; it is often over-populated with women having to be referred to services outside of the municipality.

Implementation Teams and Members:

- **Increasing Educational Attainment Working Group**
  o **Purpose**: to increase educational attainment in Grassland by creating awareness about the impacts of dropping out of school and ensuring youth receive the support they need to graduate.
  o **Membership**: this group includes representation from the planning committee as well as organizations that were engaged during community engagement whose mandate aligns with this group’s purpose. Specifically, membership consists of:
    ▪ Julie M., Grassland Catholic School Board
    ▪ Ray A., Grassland Public School Board
    ▪ Shannon C., Ontario Works
    ▪ Ram T., Ontario Disability Support Program
    ▪ Claudia T., Municipality of Grassland (Social Services)
    ▪ Sam S., Employment Centre
    ▪ Stephen W., Local Indigenous Agency
    ▪ Allan R., youth living in the community

- **Mental Health Task Force**
  o **Purpose**: to ensure Grassland community members who are experiencing mental health issues are properly diagnosed and have access to the most appropriate service provider who can assist in addressing their needs.
  o **Membership**: this group has been in place for the past two years and was identified after completing an asset mapping exercise of existing bodies as a body that could be responsible for coordinating/developing strategies related to mental health. Existing members will continue to be on this implementation team and include:
• Mary M., Municipality of Grassland (Social Services)
• Fionne Y., Children’s Mental Health Centre
• James Y., Grassland Hospital
• Susan B., Addictions Centre
• Todd S., Grassland Catholic School Board
• Lynn W., Grassland Public School Board
• Morgan T., Community Elder

• Domestic Violence Prevention Working Group
  o **Purpose:** to ensure victims of domestic violence are receiving the proper supports from the most appropriate service provider and are provided with assistance in leaving their abusive relationships.
  o **Membership:** this group includes representation from the planning committee as well as organizations that were engaged during community engagement whose mandate aligns with this group’s purpose. Specifically, membership consists of:
    ▪ Emily J., Grassland Police Service
    ▪ Aiesha Z., Women’s Shelter
    ▪ Stephanie L., Social Services
    ▪ Lisah G., Social Services
    ▪ Kail L., Grassland Hospital
    ▪ Frank C., Victim Services
    ▪ Sean D., Local Indigenous Agency

**Plans to Address Priority Risk**

**Priority Risk #1: Low Educational Attainment**

Approximately 20% of the population of Grassland has not obtained their high school diploma. As a result, employment opportunities for these individuals are limited and the average household income is much lower than the provincial average. This has resulted in an increase in property crime in the past several years as these individuals strive to provide for themselves and their families.

**Vulnerable Group:** youth between the ages of 12-17

**Risk Factors:** missing school – chronic absenteeism, truancy, low literacy, low educational attainment, learning difficulties, behavioural problems

**Protective Factors:** positive school experiences, optimism and positive expectations for future, self-esteem, positive support within the family

**Activities:**
- Broker partnerships between social services, neighbourhood hubs, library and school boards (social development) – this will be done collectively by the Increasing Educational Attainment Working Group
- Community engagement sessions involving youth (prevention) – this will be done at the onset by the planning committee
- One-on-one meetings with local university, college and social services (prevention) – this will be done at the onset by the planning committee
Review outcomes of lunch-time and after-school reading programs in schools to consider enhancement and expansion (prevention)

Implement the Violent Threat Risk Assessment Protocol (risk intervention) – this will be a joint effort of the Grassland Catholic and Public School Boards

**Immediate Outcomes:**
- Community is better informed of issues faced related to community safety and well-being (education specifically)
- Impacts of not graduating from high-school communicated to students, community members and service providers
- Increased access to education for students in receipt of social assistance
- Expansion of lunch-time and after-school reading programs in schools
- A coordinated approach to supporting youth who pose a risk of violence to themselves or others
- Better school experiences for troubled youth

**Intermediate Outcomes:**
- Increase graduations rates

**Long-Term Outcomes:**
- Increase community safety and well-being through an increase in employment rates and income levels

**Priority Risk #2: Mental Health**

More than 50% of the Grassland Police Services’ social disorder calls are responding to those with a mental health issue. This has created tension within the community as the police are not properly equipped to handle these types of situations. These individuals are becoming involved in the criminal justice system, rather than receiving the support that they require.

**Vulnerable Group:** individuals between the ages of 15 and 45

**Risk Factors:** poor mental health, learning difficulties, low self-esteem, impulsivity, mistreatment during childhood, neglect

**Protective Factors:** self-esteem, adaptability, housing in close proximity to services, access to/availability of resources, professional services and social supports

**Activities:**
- Broker partnerships between mental health service providers (social development) – this will be done collectively by the Mental Health Task Force
- Community engagement sessions (prevention) – this will be done at the onset by the Planning Committee
- One-on-one meetings with local mental health service providers (prevention) – this will be done at the onset by the planning committee and additional meetings will also be arranged by the Mental Health Task Force
- Broker partnerships with private sector building development companies with the aim of increasing housing opportunities in priority neighbourhoods (prevention) – this will be done by the Mental Health Task Force
• Implementation of the Youth Outreach Under 18 Response Service to eliminate service gaps for youth on waitlists by providing them with short-term support until other services may be accessed (risk intervention) – this will be led by the Children’s Mental Health Centre
• Implementation of an evidence-based collaborative model of police and mental health workers responding to mental health calls together (e.g., COAST) (incident response)

**Immediate Outcomes:**
• Mental health service providers interacting to reduce a duplication of services
• Individuals experiencing mental health issues receiving support from the most appropriate service provider
• Individuals in the community are aware and more sensitive to those experiencing mental health issues
• Individuals experiencing mental health issues are connected to stable housing that is in close proximity to services
• Development of relationship with private sector building companies

**Intermediate Outcomes:**
• The level of mental health service availability meets the needs of the population

**Long-Term Outcomes:**
• Increase community safety and well-being through availability of affordable housing in areas of need due to partnership between the municipality and private sector building company

**Priority Risk #3: Domestic Violence**
There are a significant number of women (as well as some men) in Grassland in violent relationships. While the severity varies between cases, many of these victims continue to return to their spouses after the police have been involved. As a result, there are a significant number of children being taken away from their families and being put into foster care.

**Vulnerable Group:** women and children in the community

**Risk Factors:** physical violence in the home, emotional violence in the home, mistreatment during childhood, parent’s own abuse/neglect as a child, unsupportive/abusive spouses, young mothers

**Protective Factors:** self-esteem, positive relationship with spouse, strong family bond, positive support within the family, stability of the family unit

**Activities:**
• Engage women’s shelters, local hospital and police to create an anti-relationship-violence campaign (social development) – this will be done collectively by the Domestic Violence Prevention Working Group with support from the municipality
• Engagement of victims in community engagement (prevention) – this will be done at the onset by the planning committee and additional meetings will also be arranged by the Domestic Violence Prevention Working Group
• Implementation of a healthy relationships program (prevention) – this will be a joint effort of the local Women’s Shelter and Grassland Hospital
Implementation of a Situation Table to ensure individuals at risk of victimization and/or harm are connected to a service provider before an incident occurs (risk intervention) – this will be led by the municipality with participation from all planning committee members and other agencies/organizations who were engaged one-on-one

Immediate Outcomes:
- Increase victim’s awareness of services in the community
- Awareness of the impact of domestic violence on children
- Enrolment in a healthy relationships program for those who have been arrested for domestic-violence related offences
- Connecting individuals with acutely elevate risk to service

Intermediate Outcomes:
- Victims of domestic violence are provided with the support they require to leave their situation and/or victims and perpetrators are provided with the support they require to improve their situation

Long-Term Outcomes:
- Increase community safety and well-being
This diagram includes an example of a governance structure for the community safety and well-being planning process. The roles and responsibilities of the participants represented in this diagram are highlighted in Tool 1: Participants, Roles and Responsibilities. The diagram also highlights different steps to the community safety and well-being planning process that are described throughout this document. As community safety and well-being planning may look different in each community, the different steps can be flexible and adaptable for each community across Ontario.
Thank you for your commitment to community safety and well-being planning. The ministry welcomes your thoughts, comments and input on this booklet. Please send your comments to SafetyPlanning@Ontario.ca.

In addition, the ministry would also like to thank our inter-ministerial, policing and community partners who participated in the development of this booklet, including the pilot communities who tested components of the community safety and well-being planning framework and toolkit. Thank you for your ongoing support and feedback throughout this process.

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