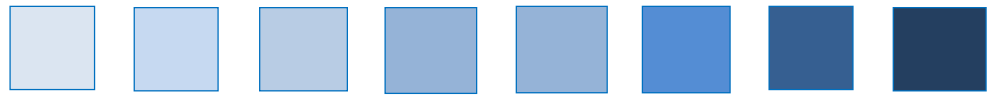


**Ontario Working Group on Collaborative, Risk-driven Community Safety  
Ontario Association of Chiefs of Police**



# **New Directions in Community Safety**

Consolidating Lessons Learned about Risk and Collaboration

Performance Measures...for Community Safety and Well-being

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# Performance Measures...

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## ...for Community Safety and Well-being

### Introduction

In the Spring, 2013, four Ontario police services and their community partners agreed to meet once monthly to share lessons-learned, and best practices as each worked to apply Saskatchewan’s “hub” model for mitigating acutely elevated risk of harm or victimization, to their own jurisdictions. Calling themselves the “Ontario Working Group (OWG)”, they attracted the interest and support of the Ontario Ministry of Community Safety and Correctional Services, which was leading the province in related discussions on the concept of *community safety planning* as an important way forward for Ontario municipalities. With Ministry support the OWG quickly expanded to include seven police services and their community partners convening once monthly to direct research and development work in five task areas:

- Prototype *Framework* for community safety plans
- Measures and indicators for community safety plans
- Guidelines for information sharing and protection of privacy
- Symposium to share this work with police and community partners
- Communications to support this project

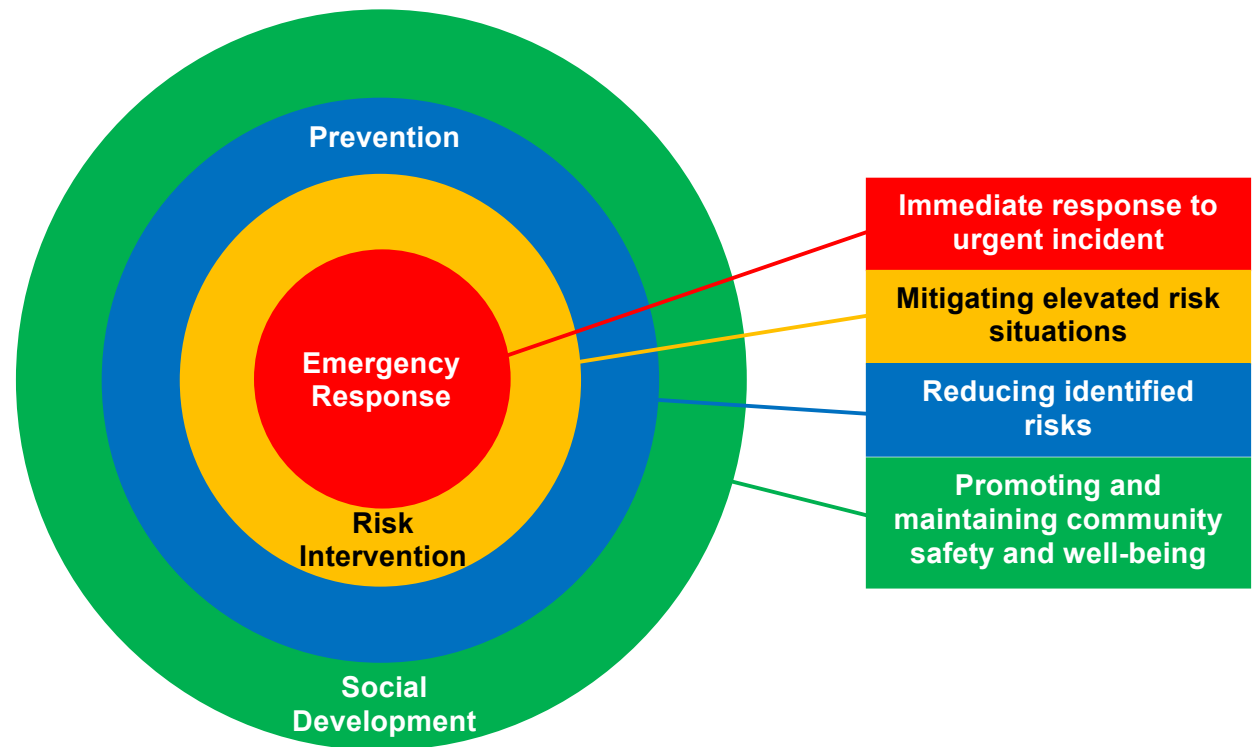
With an expanded charge the Ontario Working Group received the support of the Ontario Association of Chiefs of Police, becoming a subcommittee of the OACP’s Community Safety and Crime Prevention standing committee.

A *Framework for Planning Community Safety and Well-being (Framework)* was one of the first products to emerge from this collective research and development. Reported elsewhere in this Consolidation Paper, the *Framework* encourages municipalities to plan for community safety and well-being at four levels of intervention: social development, prevention, risk intervention, and emergency response. All four levels are depicted in the graphical representation of the *Framework* shown below. Each is represented by its own colour in the model.

This paper presents performance measures and indicators that may be useful to municipalities which are applying the *Framework for Planning Community Safety and Well-being*. They are presented in four chapters, corresponding to each of the four levels of planning for community safety and well-being.

All of these measures are derived from the applied research and evaluation efforts of municipalities, university departments, provincial agencies and offices. They 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 their citizenry.

They are arrayed, below, with corresponding detail about the specific risks, vulnerable groups, and protective factors to which they most directly apply. Users may find it most helpful to examine them and choose those specific measures that are most appropriate to their own, local situation.



Performance measures can be used in a variety of practical ways. They are not meant, only, for purposes of evaluating whether some degree of safety and well-being has been achieved by a particular intervention. This list of performance measures can be helpful at the outset of community safety planning. After identifying risk factors, vulnerable groups and protective factors, the planning team can go through these lists of performance measures and ask themselves, “Are these the outcomes we want to see?” That drives a whole series of other planning questions, like: 1) What are baselines on these measures right now? 2) How much improvement would we have to see in these before we considered our plan for safety and well-being to be successful? 3) Who in our community takes measures like these? 4) How can we get access to their data? 5) If we are going to have to take these measures ourselves, with whom could we partner in order to do this job most efficiently and effectively?

Any and all uses of these measures will require as much multi-sector collaboration as the planning process itself. This is because no single agency or organization takes all of these measures and develops data bases that are accessible to everyone. So, for example, if a community chooses to organize a *situation table* attended weekly by 20 frontline professionals from as many acute care agencies, to intervene on situations of acutely elevated risk before they become harmful or victimizing events, then police might want to track changes in calls for service and types of occurrences in the target neighbourhood. They would also want to partner with social services who track measures associated with referral and intake of clients, satisfaction with the provision of services, and confidence in the relationship between clients and service providers. Health practitioners could contribute data on the frequency and types of requisite emergency medical assistance; local schools could contribute information on rates of truancy, school performance, department issues and school completion. It is only through collaborative, integrated observation and measurement that we can track the health of our communities and our success in achieving community goals and objectives for safety and well-being.

A few Ontario municipalities have already discovered the need to collaborate in measurement and data sharing -- across sectors, and among agencies. They are in various stages of forming *data consortia*. In one municipality this initiative is driven by the United Way; in another, by the Social Planning Council. In both, the first challenge is the same as faced by all municipalities which choose to invest in collaborative, risk-driven planning for community safety and well-being; *viz.*, convincing people to step out of the comfort zone provided by the conventions of corporate identity, organizational culture, and presumptions about the effectiveness of specialized knowledge. Generally we organize our communities around these concepts in the interests of efficiency of service delivery. But in so doing we also limit our capacity to enable and value the community as a whole system, each of whose elements provides energy, resources, opportunities, creativity and information that makes the whole thrive and prosper.

*...being at a disadvantage does not necessarily lead to crime, but rather, to ineffective social networks and to a lack of social ties. From this point of view, crime is a symptom of the type of social exclusion that affects residents' ability to exert social control.*<sup>1</sup> (Stella Melanson, Crime Analyst, Greater Sudbury Police Service: 2012)

### Measuring Social Development

There is not a more profound statement in the research literature and theory of crime and disorder reduction than this, by Ms. Melanson. Here, she is summarizing scores of qualified studies which conclude that the metaphorical “fabric of society” is just about all that keeps us from chaos. It is all about relationships among us; how we influence each other’s behaviour; and how the collective relationship exerts pressures on the individual to behave in socially acceptable ways.

So, for example, when we see youth drawn into gang life, we can measure young people who do not have supportive relationships with anyone -- quite the contrary, too many come from harmful and abusive family connections. Hence the gang uses the “brotherhood” incentive to draw young ones into its nefarious activities.

When we see a whole neighbourhood where police and other emergency services are responding many times a day, we see people who do not know each other; indeed, avoid each other. We see fear and social isolation. There is no common, social standard. No one stops a school-age child on the street during a school day and says, “Does your mom know you’re not in school?”

So if we do not want harms and victimization to come to people in our community, if we wish to reduce the demand for emergency response, then we have to figure out ways to keep the social fabric whole and resilient. We need it to blanket everyone in the community; not just those who can afford it; who are healthy; who care about what the neighbours think; who volunteer to coach everyone’s kids; who know that the way to raise children is to comfort them, play with them and in so doing, teach them the behaviours that we expect of everyone.

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<sup>1</sup> Stella Melanson, “Neighbourhood Characteristics and the Distribution of Crime: Police Zone-30, Donovan, Flour Mill, and Louis Street,” Greater Sudbury Police Service: 2011.

That leads us to consider, what tears the social fabric apart in the first place?! What causes children to fear their parents; youth to become isolated and depressed; families to withdraw from neighbours; neighbours to wonder, “What’s going on over there?!” but never check it out; tenants to fear leaving their building after dark; landlords to distrust their tenants; and municipalities to vacillate between treating these neighbourhoods as cesspools of human deficiency that absorb inordinate amounts of public resources, or embarrassing reflections in the mirror of privilege that drives dysfunctional welfare strategies?

Qualified research shows that the social fabric is rent by unemployment and underemployment, economic exclusion, ignorance and illiteracy, addictions, mental illness, sub-standard housing, and negative parenting -- factors that reduce individuals’ capacities to make good life decisions and erode their abilities to control what happens to them and their families. If we are to use social development strategies for reducing harm and victimization, these are the conditions we have to fix. If we can fix these, then the very people who have withdrawn from the fabric of society can re-weave their way into more constructive relationships with community.

We can measure all of these conditions. The University of Waterloo’s *Canadian Index of Wellbeing* presents a holistic look through a cluster of factors that combine to profile the strengths and stresses in the Canadian fabric (<http://uwaterloo.ca/canadian-index-wellbeing/about-canadian-index-wellbeing>). Some larger municipalities have developed their own indices. Calgary’s *Index of Community Well-being* breaks it into three factors: economic, social and physical (<http://calgary.ca>). Each is comprised of more refined indicators and measures as seen in the table that appears on the next page. The City of Toronto has pulled together a consortium of data sources which contribute to its index of well-being (<http://communitydata.ca/toronto>). Toronto’s looks somewhat different from Calgary’s or the Canadian index. That is appropriate to their data on their own community characteristics.

There are a few key points to take away from these indices. The first is that these factors can be measured in any community. The second is that a number of agencies and organizations are regularly taking many of these measures in most Ontario communities. The third is that it may take a deliberate and focused effort on the part of any community to pull such measures together -- i.e. out of the possessive grips of their home agencies -- for purposes of putting together a holistic profile like this. The fourth is that unless and until that work is done, we will never have an accurate picture of the quality of the fabric that should hold our communities together. Without the diagnostic and predictive qualities of such measures, we will not be able to effectively mend the tears and knit disadvantaged and marginalized elements of our population back into our safe and healthy communities.

Calgary’s Index of Community Well-being:

Dimension	Indicator	Variable
Economic Well-being	Poverty	Persons in low income households
		Children in households receiving income support
		Seniors receiving GIS
	Unemployment	Unemployed adults
		Unemployed youth
	Housing	Renters spending >30% of their income on housing
Dwellings requiring major repair		
Social Well-being	Family Stability	Lone-parent families
	Social Inclusion	Recent movers
		Recent immigrants
		Official language ability
		Unattached individuals
		Seniors living alone
Education	Persons not completing high school	
Physical Well-being	Personal Health	Hospital in-patients
		Persons with disabilities
	Personal Safety	Emergency room visits
		Persons crimes
		Residential structure fires

Social development measures for safety and well-being follow. They originate from diverse sources (government, universities, and municipalities) across Canada. All have proved to be important indicators in local applications. The challenge remains for any community which wishes to draw from this compendium, to decide which ones will be most useful to it; how to measure them; where data on them reside within the local infrastructure; and how to interpret the findings that emerge from their application.

These measures are shown in relationship to three components of any strategy for reducing and preventing harmful situations: 1) risk factors -- conditions that if left unchecked can seriously harm or victimize a person, family, group, or place; 2) groups who are



vulnerable to those risks; and 3) factors that can either protect the vulnerable groups, reduce the risks, or remove the opportunities for the risks to impinge on the vulnerable groups.<sup>2</sup> Of course distinctions between these categories are never as neat and tidy as columns and rows in a table display suggest. But that is true in community too. Where crime and social disorder are most prevalent, they thrive because of the confluence of numerous risk factors. It is the astute community that has the capacity to look at problems like crime and social disorder through the many lenses of observers in all sectors.

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<sup>2</sup> “Crime Prevention in Ontario: A Framework for Action,” pps. 8-9; Ministry of Community Safety and Correctional Services, 2012.

### Measuring Social Development

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Social isolation, withdrawal; reduction in social supports; reduced social control</p> <p>Disengaged and fractured community</p>	<p>Low-income families</p> <p>People with mental illness</p> <p>Culturally diverse minorities</p> <p>People with low levels of literacy and education</p>	<ul style="list-style-type: none"> <li>• Economic Access</li> <li>• Access to human and social services</li> <li>• Physical, institutional, human, social assets</li> <li>• Community engagement</li> <li>• Social capital</li> <li>• Social cohesion</li> <li>• Neighbourhood conditions</li> <li>• Strong, active and inclusive relationships among residents</li> <li>• Private-public sector partnerships</li> <li>• Civil society organizations that foster individual and collective wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Degree of community voluntarism</li> <li>• % of youth involved in employment, recreation, voluntarism (o/side school hours)</li> <li>• Number of monthly meetings of stakeholder groups</li> <li>• Number of partnerships between stakeholders</li> <li>• Degree of resident involvement in decision making</li> <li>• Number of calls to government for assistance, complaints</li> <li>• Access to a resident association</li> <li>• Number of community events per year</li> <li>• How often community common spaces are used for recreation, socializing, resources and other supports</li> <li>• Number of play areas and other community assets for children and youth</li> <li>• Number and frequency of accessible recreation programs</li> <li>• Supports for new Canadian families, cultural and religious tolerance and diversity</li> <li>• Property crime rate per 100,000 population</li> <li>• % reporting participation in organized activities</li> <li>• % with six or more close friends</li> <li>• % who feel that most or many people can be trusted</li> <li>• % who provide unpaid help to others on their own</li> <li>• % reporting sense of belonging to community</li> <li>• % who feel safe walking alone after dark</li> <li>• Violent crime rate per 100,000 population</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Stagnant economy	Children, youth, families; and community	<ul style="list-style-type: none"> <li>• Economic development</li> <li>• Labour-market development</li> <li>• Job creation programs</li> </ul>	<ul style="list-style-type: none"> <li>• Number/rate of business bankruptcies</li> <li>• Number/rate of consumer bankruptcies</li> <li>• Employment/unemployment rates among employable population</li> <li>• Hourly wages</li> <li>• Changes in family income</li> <li>• Building permits</li> <li>• % of employable youth and adults drawing on employment insurance</li> </ul>
Poverty and inequitable income distribution	Children, youth, adults, families and community	<ul style="list-style-type: none"> <li>• Anti-poverty programs</li> <li>• Employable skills development</li> <li>• Employment services</li> <li>• Labour-market development</li> <li>• Employment creation</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment rate and trends</li> <li>• % of eligible labour force with long-term unemployment</li> <li>• Average household income and % in low income households</li> <li>• After tax median income of families</li> <li>• % of area's GDP</li> <li>• % of population living in poverty</li> <li>• % of population living in sub-standard housing, neighbourhoods</li> <li>• Income distribution coefficient</li> <li>• % of employable youth working at minimum wage</li> <li>• % of adults working at minimum wage</li> <li>• % of children aged 5-17 involved in child labour</li> <li>• Scaled value of Centre for the Study of Living Standards (CSLS) economic security index</li> <li>• Ratio of top to bottom economic quintile of families, after tax</li> <li>• Housing affordability index</li> <li>• Index of employment quality</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Unemployment	Youth	<ul style="list-style-type: none"> <li>• Development of employable skills</li> <li>• Knowledge of the job market</li> <li>• Job hunting and recruitment skills</li> </ul>	<ul style="list-style-type: none"> <li>• Total employment of youth age 15-24 per 1000 population</li> <li>• Number of youth age 15-24 working summer jobs in local government, manufacturing, retail, services per 1000 population</li> <li>• % of youth enrolled in MTCU Job Connect Program</li> <li>• % of youth exiting Job Connect Program that find employment</li> <li>• % of youth exiting Summer Jobs Service Program that find employment</li> </ul>
Illiteracy and lack of knowledge	Youth	<ul style="list-style-type: none"> <li>• Formal education</li> <li>• Adult education</li> <li>• Skills development</li> </ul>	<ul style="list-style-type: none"> <li>• % drop-out rate in public schools, by age, gender, grade and grade point average</li> <li>• % of students in public school passing the Ontario secondary school literacy test</li> <li>• % of students completing primary, secondary education</li> <li>• % adult males, females applying for jobs who don't have secondary education</li> <li>• % of adult population enrolled in secondary school completion programs</li> <li>• % of males, females population enrolled in school</li> <li>• Number of higher education degrees per 100,000 pop.</li> <li>• Student/teacher ratio</li> <li>• Number of higher education institutions</li> <li>• % of youth age 17-21 in public school applying for university</li> <li>• % of youth age 17-21 in public school applying for college</li> <li>• % of youth exiting MTCU Job Connect Program for further education</li> <li>• % of youth exiting MTCU Summer Jobs Service for further education</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Insufficient access to infrastructure</p>		<ul style="list-style-type: none"> <li>• Adequate access to all public utilities</li> <li>• Efficient transportation (routes and services)</li> <li>• Internet access</li> <li>• Cellular access</li> </ul>	<ul style="list-style-type: none"> <li>• Total residential electrical use per capita</li> <li>• % of population with authorized electrical service</li> <li>• Average number of electrical interruptions per customer per year</li> <li>• Number of internet connections per 100,000 population</li> <li>• Number of cell phone connections per 100,000 pop.</li> <li>• Annual number of public transit trips per capita</li> <li>• Km. of high capacity transit per 100,000 population</li> <li>• Km. of light passenger transit per 100,000 population</li> <li>• Number of transit stops per square km of city area</li> <li>• Km. of bike paths and lanes per 100,000 population</li> <li>• Modal split (% of commuters using travel mode other than personal vehicle)</li> <li>• Average travel time to work</li> <li>• Walkability (path density and connectivity)</li> <li>• Average transport costs as a % of household income</li> </ul>
<p>Sub-standard housing</p>	<p>Children, youth and families; and community</p>	<ul style="list-style-type: none"> <li>• Minimum standards for adequate housing</li> <li>• Affordable housing</li> <li>• Diversity of housing types</li> <li>• Appropriate lodging house and group home bylaws</li> </ul>	<ul style="list-style-type: none"> <li>• Population spending 30%+ income on shelter</li> <li>• Population spending 50%+ income on shelter</li> <li>• Core housing need</li> <li>• Amount of substandard units</li> <li>• Vacancy rates</li> <li>• Monthly rental rates</li> <li>• % of renters per adult population</li> <li>• % of owners per adult population</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Child illness; reproductive illness; negative parenting</p>	<p>Expectant parents, children and community</p>	<ul style="list-style-type: none"> <li>• Positive parenting education</li> <li>• Improved breastfeeding knowledge and skills of expectant mothers</li> <li>• Increased community awareness of the importance of creating safe and supportive environments for expectant parents to promote health child development</li> <li>• Increased healthy birth outcomes</li> <li>• Increased instance of breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Number of physicians per 100,000 population</li> <li>• Number of nurses and midwives per 100,000 pop.</li> <li>• Under age 5 mortality rate per 1,000 live births</li> <li>• % of children aged under 5 that are underweight, overweight, registered</li> <li>• % of first-time expectant parents enrolled in positive parenting learning programs</li> <li>• % of first-time expectant parents enrolled in public health unit's Baby-Friendly Initiative (BFI) that supports breastfeeding</li> <li>• Public health unit's roll-up of healthy birth outcomes</li> <li>• % of first-time expectant mothers who choose to breastfeed their newborns</li> <li>• First-time parents feelings of support and encouragement from employers, friends and families</li> <li>• First-time parents feelings of support and encouragement from their broader social network</li> <li>• % of population with access to improved water source</li> <li>• % of population served by wastewater collection</li> <li>• % of wastewater receiving no treatment</li> <li>• % of population with access to improved sanitation</li> </ul>
<p>Personal and community illness</p>	<p>Children, youth, families; and community</p>	<ul style="list-style-type: none"> <li>• Access to full range of human and social services</li> <li>• Education on health and wellness</li> <li>• Health promotion initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Instance of low birth weight</li> <li>• Instance of teen pregnancy and births</li> <li>• Premature mortality rate</li> <li>• Work hours lost to health problems</li> <li>• % of suicides per population by age and gender</li> <li>• % of infant mortality per live birth</li> </ul>

*Communities, the central institution for crime prevention; the stage on which all other institutions perform. Families, schools, labor markets, retail establishments, police and corrections must...con-front the consequences of community life. Much of [their]...success or failure...is affected by the community context in which they operate. Our...ability to prevent...crime may depend heavily on our ability to reshape community life at least in our most troubled communities.*<sup>3</sup> (Lawrence Sherman, Criminologist, University of Maryland)

## Measuring Prevention

Professor Sherman used these words to summarize an over 800 page report to the U.S. Library of Congress about what actually works in preventing crime. He and colleagues examined all of the research over the past 70 years on this question. First, they used scientific criteria to throw away bad research and identified the good science. Secondly, they looked for solid results. In a report entitled “Crime Prevention: What Works, What Doesn’t, and What’s Promising” they detailed results that can guide those of us who wish to focus on preventing criminal events. It is interesting that in that context, the researchers concluded by focusing on the “...consequences of community life.” That is as close as they got to naming what the health sector knows as “the social determinants of health” -- the same factors identified in the previous section on social development measures: poverty, addictions, mental illness, sub-standard housing, negative parenting, ignorance and illiteracy. Notice, Professor Sherman’s final charge to us is “...to reshape community life....” He is talking about mending the fabric of society by reducing the risks associated with these factors.

It remains to observe in this context that the Ontario Working Group on Collaborative, Risk-driven Community Safety is talking about a lot more than preventing crime. We are interested in preventing harm and victimization from a variety of conditions -- not exclusively those that are chargeable under the *Criminal Code* of Canada, provincial statute or municipal bylaw. That fits because at the moment crime in Canada is trending downward; while social disorder leading to demand for emergency assistance is trending upward. Both crime and social disorder yield harm and victimization.

Those are our targets. Prevention is another of our tactics. Obviously we have arrived at this tactic because our social development was insufficient to remove all risks of harm and victimization or protect all vulnerable groups. So where we can identify specific risks that threaten known vulnerable groups, we must apply protective factors that prevent those risks from blossoming into hurtful events that require emergency response.

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<sup>3</sup> Lawrence Sherman, et al.; “Crime Prevention: What Works, What Doesn’t, and What’s Promising;” Report to the U. S. Library of Congress and the Department of Justice; University of Maryland: 1996.

### Measuring Prevention

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Public complacency about safety and well-being	Community	<ul style="list-style-type: none"> <li>• Community ownership of local safety issues and problems</li> <li>• Social cohesion</li> </ul>	<ul style="list-style-type: none"> <li>• Number and type of new community groups and initiatives</li> <li>• Number of community groups engaging in safety initiatives that are not driven by police or public agencies</li> <li>• Amount of resources available to the community</li> </ul>
Crime and social disorder	Children, youth, adults, families and community	<ul style="list-style-type: none"> <li>• Community engagement with police</li> <li>• Police and other agency partnerships</li> <li>• Public awareness of risks and responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Community satisfaction with what police do and how they do it</li> <li>• Community priorities identified and shared with public and police</li> <li>• Number and types of police communications with community</li> <li>• Community awareness of, and reaction to police communications</li> <li>• Proportion of Ontarians who feel safe in their community</li> <li>• Number and type of programs and initiatives police and community do together</li> <li>• Number of community participants in police-initiated programs</li> </ul>
Victimization of vulnerable populations	Youth, seniors, new Canadians, ethnic minorities, women and children, persons with disabilities, persons with substance abuse/addiction, sex trade workers	<ul style="list-style-type: none"> <li>• Increased social cohesion and resiliency</li> <li>• Increased personal competency to deal with problems and issues</li> <li>• Increased public awareness of the problem and their responsibilities to deal with it</li> <li>• <i>Neighbours, Friends &amp; Families</i> training</li> </ul>	<ul style="list-style-type: none"> <li>• Number and rate of victimization by vulnerable population</li> <li>• Number and rate of crimes committed against vulnerable populations</li> <li>• Number and rate of violent incidents reported to police by vulnerable population</li> <li>• Number of prolific victims by vulnerable population</li> </ul>



Risks	Vulnerable Groups	Protective Factors	Performance Measures
Smoking-related addiction and illness	Youth	<ul style="list-style-type: none"> <li>• Prevention of smoking information and education</li> <li>• Smoking cessation programming</li> <li>• Enforcement of tobacco legislation</li> <li>• Primary health care physicians screen all clients</li> </ul>	<ul style="list-style-type: none"> <li>• % of tobacco vendors in compliance with youth access legislation</li> <li>• % of youth ages 12-18 who have never smoked a whole cigarette</li> <li>• % of youth ages 12-18 engaged in anti-smoking campaigns</li> <li>• Number of tobacco vendors in compliance with the Smoke-Free Ontario Act</li> <li>• Reduced availability of tobacco to youth</li> <li>• Decreased youth smoking</li> <li>• Number of health care clients referred to smoking assistance services and products</li> </ul>
Substance abuse and drug-related crimes	Youth, adults, families and community	<ul style="list-style-type: none"> <li>• Awareness of risks</li> <li>• Awareness of signs of addiction</li> <li>• Access to addictions treatment services</li> <li>• Alternatives to use of addictive substances</li> <li>• Project SUCCESS</li> <li>• Toward No Drug Abuse (TND)</li> <li>• ALERT</li> <li>• Life Skills Training (LST)</li> <li>• Primary health care physicians screen all clients</li> <li>• Improved connections between primary health care network and addictions treatment</li> </ul>	<ul style="list-style-type: none"> <li>• % of population age 19+ that exceeds the Low-Risk Drinking Guidelines</li> <li>• Decreased substance misuse by users</li> <li>• % of population age 19+ that regularly exercises</li> <li>• Number of hospital admissions for drug overdose</li> <li>• Number of persons attending addiction support counselling</li> <li>• Number of drug-related crimes</li> <li>• Incidence of use in past 30 days</li> <li>• Have peers and friends who use and abuse substances</li> <li>• Sniffed and huffed</li> <li>• Misused prescription drugs</li> <li>• Psychosocial factors associated with the onset of drug use</li> <li>• Number of health care clients referred to addictions treatment</li> <li>• Number of clients in addictions treatment</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Alcohol-related social disorder	Youth, adults and families	<ul style="list-style-type: none"> <li>• Prioritize and target AGCO inspections of licensed establishments</li> <li>• Municipalities consult police about zoning changes that allow licensed establishments</li> <li>• AGCO consults police before issuing license to permanent establishment</li> <li>• Primary health care physicians screen all clients</li> <li>• Better connections between primary health care network and alcohol treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Number of AGCO inspections conducted</li> <li>• Number of licensed establishments compliant with liquor law</li> <li>• Number of licensed establishments non-compliant</li> <li>• Number of disturbances</li> <li>• Number of assaults</li> </ul>
Illness and disease	Children, youth, adults, families and community	<ul style="list-style-type: none"> <li>• Detection of food-borne illness</li> <li>• Safe food handling standards</li> <li>• Inspection of public pools</li> <li>• Detection of water contaminants</li> <li>• Drinking water systems standards</li> <li>• Immunization of youth</li> <li>• Public awareness of immunization</li> </ul>	<ul style="list-style-type: none"> <li>• % of high-risk food premises inspected every 4 months</li> <li>• % of Class A pools inspected</li> <li>• % of high-risk Small Drinking Water Systems inspections</li> <li>• % of school-aged children who have completed immunizations for hepatitis B, HPV and meningococcus</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Gang membership, violence and drug activity</p>	<p>Youth and community</p>	<ul style="list-style-type: none"> <li>• Positive parenting</li> <li>• Positive adult relationships</li> <li>• Anti-gang programs</li> <li>• Early identification of youth at risk</li> <li>• Social supports for parents and youth at risk</li> <li>• Information sharing between services and schools when youths move</li> <li>• Recreation and employment opportunities for youth</li> </ul>	<ul style="list-style-type: none"> <li>• Number of gangs</li> <li>• Number of youth in gangs</li> <li>• Amount of cross-jurisdictional gang activity</li> <li>• Amount of gang-related crime</li> </ul>
<p>Traffic and road hazards</p>	<p>Children, youth adults, families and communities</p>	<ul style="list-style-type: none"> <li>• Public campaigns on traffic safety</li> <li>• Enforcement programs that target bad driver behaviour</li> <li>• Pedestrian and vehicular traffic controls</li> </ul>	<ul style="list-style-type: none"> <li>• Number of collisions resulting in property damage</li> <li>• Number of collisions resulting in personal injury</li> <li>• Number of tickets for speeding, aggressive and impaired driving</li> <li>• Number of repeat offenders for speeding, aggressive and impaired driving</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Poor housing development</p>	<p>Low-income families; single students</p>	<ul style="list-style-type: none"> <li>• Consultation between municipalities and police before permitting high-risk housing developments (i.e. rooming houses, high density low income/student housing)</li> <li>• Strengthened local lodging and high-density housing by-laws</li> <li>• Improved lodging house licensing and inspections</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of victimization and offending in specific types of housing</li> <li>• Extent to which social and student housing is built to same or similar standards as other types of housing</li> </ul>
<p>Preventable injuries</p>	<p>Labour force, children, athletes, seniors</p>	<ul style="list-style-type: none"> <li>• Broad public campaigns on workplace safety</li> <li>• Rigorous safety standards</li> <li>• Injury awareness and prevention programming</li> </ul>	<ul style="list-style-type: none"> <li>• Number of fall-related emergency visits in adults aged 65+</li> <li>• Number of industrial and workplace injuries</li> <li>• Number of youth injuries in organized sports</li> </ul>
<p>School-age bullying</p>	<p>Children and youth</p>	<ul style="list-style-type: none"> <li>• Bully-Proofing Your School (BPYS)</li> <li>• Olweus Bullying Prevention Program</li> <li>• The Fourth R curriculum</li> <li>• Together We Light the Way (TWLTW)</li> <li>• Success in Stages</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudes toward education, and toward school</li> <li>• Truancy</li> <li>• Trouble concentrating in school, and depression</li> <li>• Lack of empathy and compassion</li> <li>• Aggressive behaviour</li> <li>• Lack of respect for authority</li> <li>• Social isolation</li> </ul>

*... individuals facing the risk profiles that meet the Hub threshold ... may [also] be facing the very real threat of one or more forms of state-empowered enforcement....the system is very effective in executing its enforcement options, whether...arrest and prosecution, child apprehension, or various forms of mandatory health intervention. Unfortunately, when enforcement is the only option...such action... will more likely be premature... inadequately informed by the facts...less supportive to the subject or subjects involved, less effective, more costly, and much less sustainable for all concerned. The Hub provides for risk-driven and pre-emptive responses, rather than the more typical incident-driven and reactive measures, addressing in real time the recognized conditions that have placed individuals, families and/or neighbourhoods within a heightened probability of harm, disorder or conflict with the law.<sup>4</sup> (Community Mobilization Prince Albert, 2012)*

### Measuring Risk Mitigation

An individual, a family, or even a group can occasionally find themselves at acutely elevated risk of imminent harm or victimization notwithstanding the community's best efforts at both social development and harm prevention from known hazards and vulnerabilities. The subject risks can be many and varied -- they usually are! The key to keeping bad things from happening is to pre-empt that outcome by 1) recognizing when acutely elevated risk prevails; 2) acknowledging when the blend of risks bearing down on the vulnerable exceed the capacities to respond of any single agency; and 3) mounting a custom designed intervention through collaborative, multi-sector response by the combination of agencies that is best suited to support those at risk.

“Mitigation” of risk means reducing or alleviating it. The net result being that those who were once at high probability of significant harm, are no longer. It can be achieved by removing the risks, protecting the vulnerable groups, or removing the opportunity for harm. Usually elements of all three figure in any single intervention.

All can be measured; and it is important to do so. For only by tracking the kinds of risks that create these situations, the types of people who are most vulnerable to them, and the confluence of circumstances that create opportunity for harm, can we engage our social development strategies in order to address systemic conditions that serve as precursors to these situations in the first place.

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<sup>4</sup> “Community Mobilization Prince Albert: Business Plan;” Prince Albert Police Service: 2012

### Measuring Risk Mitigation

Risks	Vulnerable Groups	Protective Factors	Performance Measures
<p>Acutely elevated risk of harm or victimization from any of a wide range of risks</p>	<p>Individuals, groups, families, places</p>	<ul style="list-style-type: none"> <li>• Increased integration of community safety agencies and acute care services</li> <li>• Increased identification of high-risk individuals and situations</li> <li>• Increased access to supports for high-risk individuals</li> <li>• Increased information sharing among acute care agencies and services</li> </ul>	<ul style="list-style-type: none"> <li>• Locations, types and frequencies of victimizing events</li> <li>• Number and quality of MOUs among acute care agencies to collaborate</li> <li>• Protocols and procedures that help agencies share information</li> <li>• Number of meetings with community safety partners</li> <li>• Number and type of risks identified</li> <li>• Numbers, types and locations of at-risk individuals and situations helped</li> <li>• Types and frequencies of agencies intervening</li> <li>• Qualities of interventions</li> <li>• Increased competencies of at-risk persons to deal with their issues</li> </ul>
<p>Recidivism</p>	<p>Youth and adults</p>	<ul style="list-style-type: none"> <li>• Engaging with other jurisdictions on outstanding warrants</li> <li>• Proactively enforcing probation and parole conditions</li> <li>• Coordinating information and approach with Probation and Parole Office</li> </ul>	<ul style="list-style-type: none"> <li>• Number of cross-jurisdictional MOUs regarding warrants and info-sharing</li> <li>• Number of outstanding warrants</li> <li>• Number of crimes committed by offenders with warrants</li> <li>• Number of recidivist community members</li> <li>• Extent of police re-contact with offenders</li> <li>• Number of chronic victims</li> <li>• Occurrences at most frequent addresses</li> <li>• Severity of level of violence in recidivism</li> <li>• Quantifiable impact on policing when services are cut in other areas (e.g. closed group homes)</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Road and traffic accidents	Children, youth, adults, families and community	<ul style="list-style-type: none"> <li>• Targeting suspended drivers</li> <li>• Targeted enforcement of specific areas (RIDE Program)</li> </ul>	<ul style="list-style-type: none"> <li>• Number of suspended drivers charged for driving offences</li> <li>• Number of drivers charged for driving with a suspended license</li> <li>• Amount of time between license suspension and first subsequent driving charge</li> <li>• Number of tickets issued</li> <li>• Number of cautions</li> <li>• Number of charges</li> </ul>
Harm at school	Everyone in the school community	<ul style="list-style-type: none"> <li>• Violence Threat Risk Assessment Protocols (VTRA)</li> <li>• Partnerships between schools, police, community agencies, social services and mental health professionals</li> <li>• Proactive, multi-disciplinary planning for risks or threats</li> </ul>	<ul style="list-style-type: none"> <li>• Number of communities and schools with active VTRA</li> <li>• Proportion of youth and school community who feel safe at school</li> </ul>
Illness and disease	Community	<ul style="list-style-type: none"> <li>• Timely notification and follow-up on confirmed cases of infectious diseases such as Invasive Group A Streptococcal (iGAS) Disease and gonorrhoea (as per the provincial Infectious Diseases Protocol)</li> </ul>	<ul style="list-style-type: none"> <li>• Time between health unit notification of a case and initiation of follow-up</li> <li>• Incidence of infection</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Mental health issues	Persons living with mental health issues	<ul style="list-style-type: none"> <li>• Improved services and mental health care</li> <li>• Integrated, specialized mental health response</li> <li>• MOUs with ER and urgent care services to reduce police and patient wait times</li> <li>• Identification, communication of ER alternatives to police</li> <li>• Identification of prolific users</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of ER visits and hospital admissions for persons with mental health issues</li> <li>• Rate of repeat ER visits and hospital admissions</li> <li>• Amount of ER resources used</li> <li>• ER and hospital wait times</li> <li>• Number of prolific users of ER, hospital and police</li> <li>• Availability of community mental health facilities and services</li> <li>• % mental health patients referred to community mental health services after hospital discharge</li> <li>• Eligibility requirements for community mental health services</li> <li>• Wait times for community mental health services</li> </ul>



*... much rests upon an increase in the active engagement of police resources in upstream activities leading to crime reduction. It is important to stress, however, that we must not allow such a balanced approach to be misinterpreted as a soft-on-crime strategy. On the contrary, it is vital to the success of practices in crime reduction ... that criminals, and in particular, violent offenders, be aggressively targeted and brought to justice. Well targeted enforcement has been shown in the research to be a most effective and a most necessary solution when directed to the reduction of active violence ... potential partners in crime reduction initiatives are sometimes unable and/or unwilling to participate fully due to the prevailing fear of crime and retribution from serious offenders in their midst<sup>5</sup>. (Norman Taylor on the Future of Policing, 2010)*

### Measuring Emergency Response

Despite our best efforts and intentions, there will always be those in any society or community that offend. The active investigation, suppression, and disruption of criminal and anti-social behaviour, the prosecution and accountability of offenders, together with the protection of witnesses and support to victims, must remain core elements in any model of community safety and well-being. Here, our policing, courts and corrections systems are rich with well-developed and readily comparable indicators of success and these must also form part of the measurement regime.

Response describes a wide range of capacities necessary for the criminal justice system to meet these challenges effectively, efficiently, and in accordance with the particular needs and circumstances of every community. For example, officer presence and rapid response may be meaningful indicators of performance in a dense urban environment. But, these may be much less meaningful in remote and rural communities. Conversely, victimization rates among marginalized groups may be much less visible when aggregated across highly populated areas, but they can dramatically alter the quality of life for specific neighbourhoods and result in continuing trauma for whole communities that may be isolated from adequate sources of security.

Thus, it is incumbent on community leaders and decision makers to draw upon a full range of available indicators in order to continually measure the degree to which their collective investments in response are returning the social, economic and operational benefits necessary to achieve Sir Robert Peel's ninth principle ... *that the test of police efficiency is the absence of crime and disorder, and not the visible evidence of police action in dealing with them.*<sup>6</sup>

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<sup>5</sup> FOP (2010). A province-wide policing strategy to reduce crime, build safe communities, and secure the future for Saskatchewan. Regina. Ministry of Corrections Public Safety and Policing.

<sup>6</sup> "Policing by consent". UK Government. 10 December 2012. Retrieved 29 December 2013.

## Measuring Emergency Response

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Crime, violence, anti-social behaviour, social disorder	Community	<ul style="list-style-type: none"> <li>• Law enforcement</li> <li>• Criminal investigation</li> <li>• Prosecution</li> <li>• Custody and supervision</li> <li>• Counter-recidivism practices</li> </ul>	<ul style="list-style-type: none"> <li>• Calls for service</li> <li>• Clearance rates</li> <li>• Response times</li> <li>• UCR and crime severity indices</li> <li>• Recontact data</li> <li>• Community perceptions of crime</li> <li>• Community perceptions of response and presence</li> </ul>
Non-emergency calls for assistance	Individuals, families, groups, community	<ul style="list-style-type: none"> <li>• Effective response focusing on safety of victims, witnesses, suspects, property, evidence, scene</li> </ul>	<ul style="list-style-type: none"> <li>• Number and types of calls for assistance</li> <li>• Priority classification of calls for assistance</li> <li>• Proportion of calls that lead to charges under <i>Criminal Code</i>, provincial statute or local bylaw</li> <li>• Types and proportions of charges laid</li> <li>• Proportion of calls that do not lead to charges</li> <li>• Clearance, and clearance-otherwise rates</li> <li>• Diversion rates</li> <li>• Referrals to victims services</li> <li>• Referrals to other human and social services</li> </ul>
Gang membership, violence and drug activity	Youth	<ul style="list-style-type: none"> <li>• Rigorous enforcement against illegal activity of gangs</li> </ul>	<ul style="list-style-type: none"> <li>• % youth under correctional supervision, identified with gang alert</li> <li>• % youth admitted with convictions for violence, weapons, firearms offenses</li> <li>• % youth admitted with convictions for drugs, narcotics offenses</li> <li>• Rate of firearms shootings per 1000 population</li> </ul>

Risks	Vulnerable Groups	Protective Factors	Performance Measures
Substance abuse	Persons with substance abuse issues and conditions	<ul style="list-style-type: none"> <li>• Improved access to full range of health care services</li> <li>• Improved counselling and family supports</li> <li>• Better referral by emergency responders to treatment network</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of ER visits and hospital admissions for persons with substance abuse and addictions conditions</li> <li>• Rate of repeat ER visits and hospital admissions</li> <li>• Amount of ER resources used</li> <li>• ER and hospital wait times</li> <li>• Availability of community substance abuse and addictions facilities and services</li> <li>• % persons referred to community substance abuse and addictions services after hospital discharge</li> <li>• Eligibility requirements for substance abuse and addictions services</li> <li>• Wait times for community substance abuse and addictions services</li> </ul>
Victimization	Individuals, families, groups, community	<ul style="list-style-type: none"> <li>• Effective response focusing on safety of victims, witnesses, suspects, property, evidence, scene</li> </ul>	<ul style="list-style-type: none"> <li>• Number and types of calls for emergency assistance</li> <li>• Priority classification of calls for emergency assistance</li> <li>• Proportion of calls that lead to charges under <i>Criminal Code</i>, provincial statute or local bylaw</li> <li>• Types and proportions of charges laid</li> <li>• Proportion of calls that do not lead to charges</li> <li>• Clearance, and clearance-otherwise rates</li> <li>• Diversion rates</li> <li>• Referrals to victims' services</li> <li>• Quality of victims' services</li> <li>• Referrals to other human and social services</li> <li>• Community and individuals fear of victimization</li> </ul>