



# The Regional Municipality of Durham

## COUNCIL INFORMATION PACKAGE

### February 1, 2019

#### **Information Reports**

[2019-INFO-5](#) Commissioner and Medical Officer of Health – re: Primary Care Outreach Pilot Update

#### **Early Release Reports**

There are no Early Release Reports

#### **Staff Correspondence**

There is no Staff Correspondence

#### **Durham Municipalities Correspondence**

1. [Township of Scugog](#) – re: Resolution passed at their Council meeting held on January 21, 2019, regarding GO Rail Service Extension to Bowmanville
2. [Township of Uxbridge](#) – re: Resolution passed at their Council meeting held on January 14, 2019, supporting the Town of Ajax correspondence regarding Preventing Gun Violence in Ajax and that the Township of Uxbridge draft similar resolution related to gun violence for Uxbridge

#### **Other Municipalities Correspondence/Resolutions**

There are no Other Municipalities Correspondence/Resolutions

#### **Miscellaneous Correspondence**

1. [Kevin Ashe, Chair, Durham Regional Police Services Board](#) – re: E-mailing Regional Chair Henry and Regional Council Members, a copy of a document prepared by the Provincial Ministry of Community Safety and Correctional Services, entitled “Community Safety and Well-being Framework – Booklet 3, Version 2”

2. [Kevin Ashe, Chair, Durham Regional Police Services Board](#) – re: Writing to Minister Jones, Ministry of Community Safety and Correctional Services, regarding policy grants and their desire to receive at least the same allocation of Provincial funding in 2019 as they received in 2018
3. [Central Lake Ontario Conservation Authority \(CLOCA\)](#) – re: mailing their 2018 Year in Review publication which highlights some of their 2018 programs and services
4. [Toronto and Region Conservation Authority \(TRCA\)](#) – advising that at their Board of Directors meeting held on November 30, 2018, Resolution #A192/18, as amended, was passed regarding the 2019-2020 Board Meeting Schedule

### **Advisory Committee Minutes**

1. 9-1-1 Management Board minutes – [January 10, 2019](#)

Members of Council – Please advise the Regional Clerk at [clerks@durham.ca](mailto:clerks@durham.ca), if you wish to pull an item from this CIP and include on the next regular agenda of the appropriate Standing Committee. Items will be added to the agenda if the Regional Clerk is advised by Wednesday noon the week prior to the meeting, otherwise the item will be included on the agenda for the next regularly scheduled meeting of the applicable Committee.

Notice regarding collection, use and disclosure of personal information:

Written information (either paper or electronic) that you send to Durham Regional Council or Committees, including home address, phone numbers and email addresses, will become part of the public record. If you have any questions about the collection of information, please contact the Regional Clerk/Director of Legislative Services.



# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: [#2019-INFO-5](#)  
Date: February 1, 2019

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**Subject:**

Primary Care Outreach Pilot Update

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**Recommendation:**

Receive for information.

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**Report:**

**1. Purpose**

- 1.1 To provide an update on the implementation of the Primary Care Outreach Pilot (PCOP) which offers primary care and social services to at-risk priority populations.

**2. Background**

- 2.1 On June 13, 2018, Regional Council carried a motion to implement the first eight (8) months of a PCOP ending on February 28, 2019.
- 2.2 Regional Council directed that the 2018 cost of \$161,250 of this pilot be funded from within the approved 2018 Health Department Business Plans and Budget and \$57,000 be funded within the Social Services Department Business Plans and Budget or any other surplus funds as determined by the Acting Commissioner of Finance.
- 2.3 The estimated 2019 cost of the pilot will be included for consideration in the 2019 Health Department Business Plans and Budget and Social Services Department Business Plans and Budget.
- 2.4 Regional Council directed that the continuation of the PCOP beyond February 28, 2019 be subject to 2019 Health Department and Social Services Department Budget deliberations and be informed by an evaluation of the first eight (8) months of the pilot.
- 2.5 The PCOP began operation on July 23, 2018 and consists of an Advanced Care

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Paramedic (ACP) and Social Worker providing outreach services and service navigation/connection to vulnerable priority populations including those who are homeless/underhoused or have mental health and addiction challenges in Oshawa.

- 2.6 The ACP provides assessments, triage and interventions including: blood glucose tests for diabetic clients; medical counselling; referrals to medical facilities or the on-site physician at Cornerstone; service navigation by referring clients with addictions and mental and/or physical health issues to appropriate agencies and supports, and; wound care.
- 2.7 The Social Worker provides: engagement; assessment/triage; counselling (for crises, depression, substance abuse, suicidality, trauma, and other mental health issues), and; service navigation by referring clients to appropriate agencies and supports for addictions, food, housing, and mental and/or physical health issues.
- 2.8 A plan to contract a part-time nurse practitioner to deliver primary care services was put on hold due to funding constraints and to provide an opportunity to determine the demand and need for services.

### **3. Current Status**

- 3.1 The PCOP team uses a rapid response vehicle to commute to various priority neighbourhoods within Oshawa and provides primary care and social work services, Mondays to Fridays from 8 am to 4 pm.
- 3.2 Evaluation results presented below represent clients served and services provided during the first five (5) months of operation, from July 23, 2018 to December 13, 2018.
- 3.3 Due to the nature of the client population and the challenges with collecting accurate and consistent data, the evaluation results are limited to available demographic information, number of clients seen, time spent on services and types of referrals and services provided. Results are further supported by anecdotal information provided by the PCOP team. There is no data available on client outcomes or cost-effectiveness of the PCOP.
- 3.4 The PCOP has provided support to 198 clients, with a total 670 encounters/client interactions. For the purposes of this report, an encounter represents each time the PCOP staff recorded an interaction with a client.
- 3.5 Most clients (47%) reported that they were homeless, which included living on the street, in tents, vehicles and shelters, 24% reported that they were housed, whereas housing status was unknown for 24% of clients.
- 3.6 Since implementation of the PCOP, fourteen (14) clients became housed.
- 3.7 Substance use was reported in an estimated 95 clients (48%), was not known in 91

clients (46%) and 12 clients (6%) reported no substance use. The table below provides a summary of the substances that clients reported using.

**Table 1: Types of Substances Used by Clients Who Reported Substance Use**

<b>Substance</b>	<b>Number of Clients</b>	<b>Per cent of Clients (%)</b>
Crystal Meth	34	36%
Alcohol	28	29%
Opioids	27	28%
Cannabis	12	13%
Cocaine/Crack	9	9%
Prescription drugs	1	1%
Unknown drug	26	27%

Note: Clients may be users of more than one substance.

- 3.8 A total of 200 referrals were given to clients, which could have included multiple referrals per client. Most referrals were to housing services (31%). The table below identifies the types of referrals provided.

**Table 2: Referrals Given to Clients from July 23, 2018 to December 13, 2018**

<b>Type of Referral</b>	<b>Number of Clients</b>	<b>Per cent of Clients (%)</b>
Housing	62	31%
Counselling	38	19%
Addictions Counselling	24	12%
Medical (incl. mental health services)	22	11%
Personal Hygiene (e.g. showers, laundry)	12	6%
Ontario Works (OW)	8	4%
Employment Support Services	3	2%
Ontario Disability Support Program (ODSP)	3	2%

Other	28	14%
<b>Total Number of Referrals</b>	<b>200</b>	--

- 3.9 The ACP and Social Worker have noted that an important aspect of the PCOP services is engaging with clients, building trust, and following up on previous referrals in order to maintain clients' connections with needed supports. Engagement refers to any direct interaction with a client.
- 3.10 Over the past five (5) months, the PCOP team has reported that clients are more willing to approach them and seek services than when the service was first implemented.
- 3.11 The majority of the PCOP team's time has been spent on client engagement, followed by assessment and triage. The table below identifies the time spent on services by the Social Worker and ACP.

**Table 3: Time Spent on PCOP Services by Service Provider from July 23, 2018 to December 13, 2018**

<b>Service</b>	<b>Social Worker - Time Spent (hrs, min)</b>	<b>Social Worker - Per cent of Time (%)</b>	<b>ACP - Time Spent (hrs, min)</b>	<b>ACP - Per cent of Time (%)</b>
Engagement	254 hrs, 52 min	45%	234 hrs, 8 min	43%
Assessment/Triage	197 hrs, 24 min	35%	196 hrs, 14 min	36%
Service Navigation	68 hrs, 58 min	12%	66 hrs, 48 min	12%
Counselling	32 hrs, 10 min	6%	29 hrs, 45 min	6%
Paramedic Services (only provided by ACP)	--	--	13 hrs, 11 min	2%
Crisis Counselling (only provided by Social Worker)	7 hrs, 53 min	1%	--	--
<b>Total</b>	<b>561 hrs, 17 min</b>		<b>540 hrs, 6 min</b>	

- 3.12 Paramedic services provided included: checking vital signs (9 clients), blood glucose tests (4 clients), wound care (3 clients) and intravenous treatment (1

client).

- 3.13 Other than providing services to clients in need, the PCOP has strengthened relationships with community partners such as the Canadian Mental Health Association (CMHA) and Durham Mental Health Services (DMHS) and has provided opportunities for collaboration within the Region.
- 3.14 Additional needs that would improve the service, as identified by the PCOP team, include transportation support (e.g. transit tickets) to improve referral uptake and provision of supplies such as bathroom tissue, blankets, bottled water, clothing, granola bars and sleeping bags.
- 3.15 The PCOP team has also expressed the need for expanding the reach of the PCOP program into Ajax, Pickering and Whitby where there is potential to provide services to additional populations in need. The team has also received feedback from clients indicating that an evening shift would be beneficial to support clients to find shelter overnight.
- 3.16 The PCOP program will continue until the end of February 2019 and can only continue beyond February 2019 pending available funding in the 2019 budget.

#### **4. Conclusion**

- 4.1 The evaluation results demonstrate that, other than engagement and assessment, the greatest amount of time spent is on service navigation and counselling rather than direct primary care/paramedic services.
- 4.2 The greatest number of referrals were for housing services, followed by counselling services, demonstrating the social services needs of the client population.
- 4.3 Due to data and time limitations, the impacts of PCOP services on client outcomes and the cost-effectiveness of PCOP services cannot be evaluated.
- 4.4 The Health Department and Social Services Department will consider the evaluation results to inform 2019 Health Department and Social Services Department Budget deliberations.
- 4.5 The PCOP will continue until the end of February 2019, as directed by Regional Council.
- 4.6 Ongoing operations of the PCOP beyond February 2019 depend on available funding.
- 4.7 A final evaluation will be completed at the end of the pilot period.

Respectfully submitted,

Original signed by

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R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM  
Commissioner & Medical Officer of Health





January 24, 2019

Mr. Ralph Walton  
Regional Clerk/Director of Legislative Services  
Region of Durham  
605 Rossland Road East  
Whitby, ON L1N 6A3

Sent via Interoffice Courier

**Re: GO Rail Service Extension to Bowmanville (04-19)**

**C.S. - LEGISLATIVE SERVICES**

Original
To: CIP
Copy
To:
C.C. S.C.C. File
Take Appr. Action

Dear Mr. Walton:

At the last regular Council meeting of the Township of Scugog held January 21, 2019 your correspondence (No. 04-19) regarding the above captioned matter was discussed.

I wish to advise that the following resolution was passed:

**“THAT** Correspondence No. 04-19, regarding the GO rail service extension to Bowmanville, be received and endorsed.”

Should you require anything further in this regard, please do not hesitate to contact the undersigned.

Yours sincerely,

John Paul Newman  
Director of Corporate Services/Clerk

cc: The Honourable Doug Ford, Premier of Ontario



The Corporation of the  
**Township  
of  
Uxbridge**

In The Regional Municipality of Durham

JAN 25 '19 PM 3:24

Town Hall  
51 Toronto Street South  
P.O. Box 190  
Uxbridge, ON L9D 1T1  
Telephone (905) 852-9181  
Facsimile (905) 852-9674  
Web www.town.uxbridge.on.ca

**SENT VIA REGULAR MAIL**

January 18, 2019

Town of Ajax  
65 Harwood Avenue South  
Ajax, ON  
L1S 3S9

**RE: TOWN OF AJAX RE PREVENTING GUN VIOLENCE IN AJAX  
TOWNSHIP FILE: A-16 OM**

**C.S. - LEGISLATIVE SERVICES**

Original
To: <i>CIP</i>
Copy <i>Chief Paul</i>
To: <i>marion</i>
C.C. S.C.C. File
Take Appr. Action

Please be advised that during the regular meeting of Council of January 14<sup>th</sup>, 2019 the following motion was carried;

THAT Correspondence Item No. 4 be supported.

AND THAT Councillor Snooks and Councillor Popp investigate drafting a similar resolution related to gun violence for Uxbridge and to bring forward as soon as possible.

I trust you will find the above to be satisfactory.

Yours truly,

*Debbie Leroux*  
Debbie Leroux  
Director of Legislative Services/Clerk  
/jlb

- cc: Association of Municipalities of Ontario (AMO)
- Durham Regional Police Service
- Durham Region ✓
- Local Durham Municipalities
- Federation Canadian Municipalities
- Premier
- Opposition Leaders
- Durham MPs and MPPs





**TOWN OF AJAX**  
 65 Harwood Avenue South  
 Ajax ON L1S 3S9  
[www.ajax.ca](http://www.ajax.ca)

September 19, 2018

**Re: Preventing Gun Violence in Ajax**

Please be advised that the following resolution was endorsed by Ajax Town Council at its Meeting held September 17, 2018:

WHEREAS there have been numerous gun related incidents in Toronto and neighboring Greater Toronto Area communities; and

WHEREAS since 2013 gang-related gun violence across Canada has increased by 67%, and domestic violence-related gun incidents have increased by nearly 30%; and

WHEREAS increasing gun violence including the recent Danforth attack threatens residents and tourists, and creates a culture of fear in our communities; and

WHEREAS the cities of Toronto and Montreal have requested an outright ban on handguns, prompting the Prime Minister to mandate that the Minister of Border Security and Organized Crime Reduction lead an examination of a full ban on handguns and assault weapons in Canada;

THEREFORE BE IT RESOLVED THAT in an effort to stop gun violence:

THAT Ajax Council express their full support for the examination of a full ban on handguns and assault weapons in Canada as well as other measures by the Minister of Border Security and Organized Crime Reduction in his efforts to make urban communities safer across Canada; and

THAT Ajax Council support Toronto's request for an inquest into gun violence-related deaths in Toronto and the GTA to make useful recommendations to avoid further deaths due to gun violence; and

THAT this motion be circulated to AMO, Durham Regional Police Services, Durham Region, local Durham municipalities, FCM, Premier and opposition leaders, Durham MPs and MPPs

If you require any additional information please do not hesitate to contact me at 905-619-2529 ext. 3342 or [alexander.harras@ajax.ca](mailto:alexander.harras@ajax.ca)

Sincerely

Alexander Harras  
 Manager of Legislative Services/Deputy Clerk  
 905-619-2529 ext. 3342  
[alexander.harras@ajax.ca](mailto:alexander.harras@ajax.ca)

**COUNCIL 4.**



## DURHAM REGIONAL POLICE SERVICES BOARD

K. Ashe, Chair \* B. Drew, Vice Chair  
J. Henry, Member \* R. Rockbrune, Member

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January 22, 2019

Chair Henry and Members of Regional Council,

I am writing to provide you with a copy of a recent document prepared by the Provincial Ministry of Community Safety and Correctional Services, entitled "Community Safety and Well-being Framework – Booklet 3, Version 2".

As you may be aware, as a result of recent changes to the *Police Services Act*, municipalities will be required to prepare and adopt community safety and well-being plans that address risk factors, strategies and measurable outcomes. The legislation prescribes the content, preparation, and reporting related to the development and revision of these plans, and the timing for implementation. The Region's first plan is required to be in place by January 1, 2021.

The framework document provided by the Ministry is based upon the premise that community safety is a shared responsibility and improving outcomes necessitates an integrated approach between numerous community partners. The police are but one agency in the effort to improve the safety and well-being of communities. The framework provides a number of tools that will benefit municipalities in the development of their plans.

As you know, the Board and the Service have initiated the development of the 2020 Strategic Plan for the DRPS. It will be important for the Region's community safety and well-being plan and the DRPS Strategic Plan to complement the goals of one another and reflect our shared responsibility.

For additional information, please contact the Acting Manager of Strategic Planning for the DRPS, Brad Carter, at [bcarter@drps.ca](mailto:bcarter@drps.ca), or the Executive Director of the Police Services Board, Bill Clancy, at [bclancy@drps.ca](mailto:bclancy@drps.ca).

Yours truly,

A handwritten signature in black ink that reads "Kevin Ashe".

Kevin Ashe  
Chair

c.c.: Chief Martin

Attachment: Community Safety and Wellbeing Framework – Booklet 3, Version 2

# COMMUNITY SAFETY AND WELL-BEING PLANNING FRAMEWORK

***A Shared Commitment in Ontario***

*Booklet 3, Version 2*

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# Message from the Minister of Community Safety and Correctional Services on Behalf of Cabinet



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.

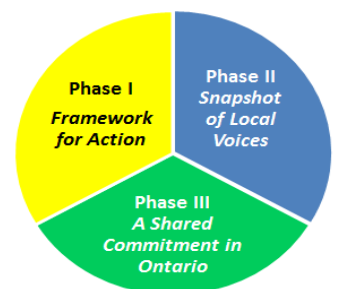
As ministry staff travelled across our diverse province throughout 2013 to 2016, we listened closely to local voices that spoke about the need to change the way we look at service delivery in all sectors. The common goal for Ontarians is to get the services they need, when they need them, in an effective 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 dependence 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

*Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* is the third booklet in the series that outlines the Provincial Approach to Community Safety and Well-Being. It is a follow-up to community feedback highlighted in the *Community Safety and Well-Being in Ontario: A Snapshot of Local Voices*, released in 2014, and is grounded in research outlined in the first booklet, *Crime Prevention in Ontario: A Framework for Action*, released in 2012.



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;

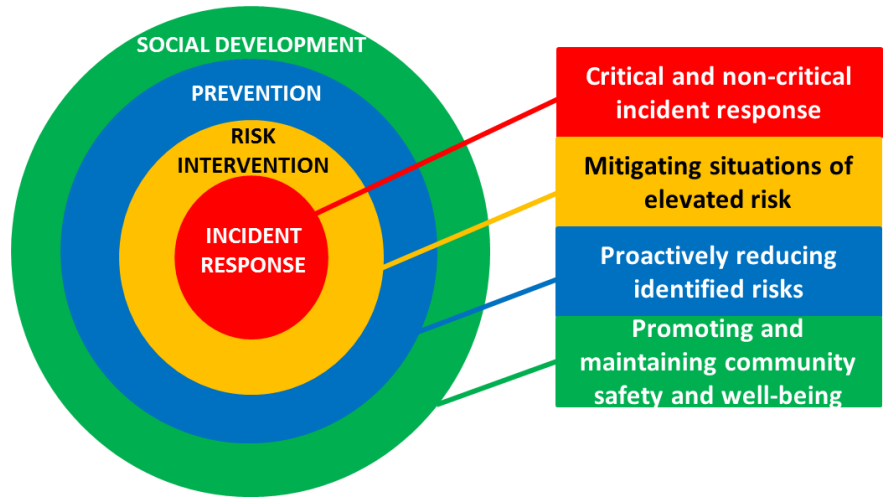
- enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community;
- increased awareness, coordination of and access to services for community members and vulnerable groups;
- more effective, seamless service delivery for individuals with complex 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.

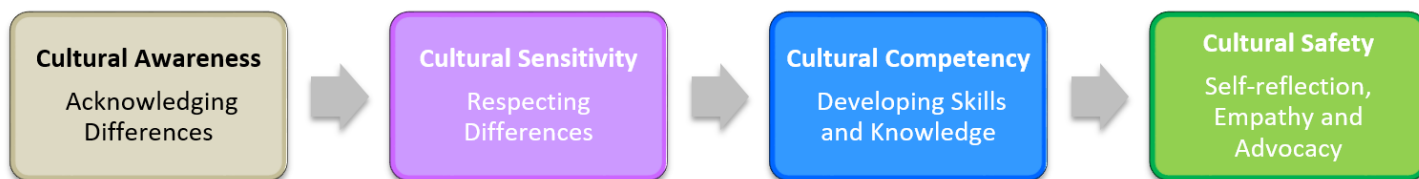
In Sault Ste. Marie, a local multi-agency service delivery model focuses on providing vital services and programs under one roof, and acts as a support to a specific neighbourhood through the Neighbourhood Resource Centre – a collaborative effort of 32 local agencies and groups.

## 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.

## Section 5 – Ontario’s Way Forward

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.

## Tool 2 – Start-Up

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.

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

## 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.

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

## 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.

## Tool 3 – Asset Mapping

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:

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



## 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:

Relationship	Description	Example
No relationship	No relationship of any kind	All sectors, agencies/organizations are working independently in silos
Communication	Exchanging information to maintain meaningful relationships, but individual programs, services or causes are separate	A school and hospital working together and sharing information only when it is required
Cooperation	Providing assistance to one another with respective activities	The police visiting a school as part of their annual career day
Coordination	Joint planning and organization of schedules, activities, goals and objectives	Community HUBs across Ontario – Various agencies housed under one structure to enhance service accessibility, with minimal interaction or information shared between services
Collaboration	Agencies/organizations, individuals or groups are willing to compromise and work together in the interest of mutual gains or outcomes	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
Convergence	Relationships evolve from collaboration to actual restructuring of services, programs, memberships, budgets, missions, objectives and/or staff	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

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:

Strategy Name/Lead	Description	Key Risk Factors Addressed	Area of the Framework	Funding/ Source	End Date
Stop Now and Plan (SNAP)  Children's Mental Health Agency	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.	Youth impulsivity, aggression, poor self-control and problem solving	Prevention	\$100,000/year  Federal Grant	12/2018

Threat Management /Awareness Services Protocol School Board	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.	Negative influences in the youth's life, sense of alienation and cultural norms supporting violence	Risk Intervention	\$100,000/year Provincial Grant	12/2018
Age-Friendly Community Plan Municipal Council	Age Friendly Community Plan aims to create a more inclusive, safe, healthy and accessible community for residents of all ages.	Sense of alienation, person does not have access to housing	Social Development	\$50,000/year Provincial Grant	03/2017

## Tool 4 – Engagement

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.

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

## 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:

Activity/Task	Lead(s)	Timelines
Prepare a presentation with discussion questions	Kate T. (municipality) and Shannon F. (public health)	Two weeks in advance of engagement session
Reach out to community organizations that work with vulnerable groups for assistance in getting them to the sessions	Fionne P. (municipality) and Emily G. (education)	Twelve weeks in advance of engagement session

## Tool 5 – Analyzing Community Risks

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.

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



At-risk youth	Youth from the Drop-in Centre
Seniors	Elder Abuse Response Team Community Support Service Agencies

## 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.

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

## 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?**

### **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](mailto:SafetyPlanning@Ontario.ca).

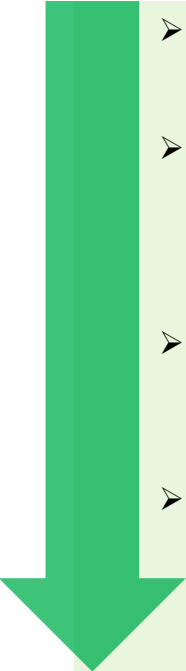
## Tool 6 – Performance Measurement

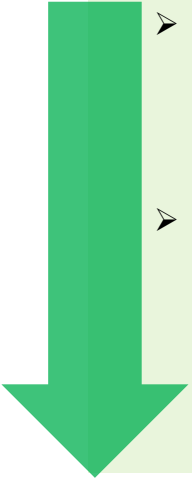
In the development stage of a plan, it is necessary to identify and understand the key risks and problems in the community and then to explore what can be done to address them.

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:

**PRIORITY/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:

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

## 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](mailto: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).

## Appendix B – Engaging Youth

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.

## Appendix D – Engaging Indigenous Partners

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.<sup>1</sup> Indigenous peoples are also the youngest, most diverse and rapidly growing population<sup>2</sup> 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;

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<sup>1</sup> Statistics Canada, 2016 Census

<sup>2</sup> 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)

Risk Factor	Definition
Antisocial/Negative Behaviour - antisocial/negative behaviour within the home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community (i.e., obnoxious/disruptive behaviour)
Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community (i.e., obnoxious/disruptive behaviour)
Basic Needs - person neglecting others' basic needs	has failed to meet the physical, nutritional or medical needs of others under their care
Basic Needs - person unable to meet own basic needs	cannot independently meet their own physical, nutritional or other needs
Elder Abuse - person perpetrator of elder abuse	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
Gambling - chronic gambling by person	regular and/or excessive gambling; no harm caused
Gambling - chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
Gambling - chronic gambling causing harm to self	regular and/or excessive gambling; resulting in self-harm
Housing - person transient but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e., couch surfing)
Missing - person has history of being reported to police as missing	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

Risk Factor	Definition
Missing - person reported to police as missing	has been reported to the police and entered in CPIC as a missing person
Missing - runaway with parents' knowledge of whereabouts	has run away from home with guardian's knowledge but guardian is indifferent
Missing - runaway without parents knowledge of whereabouts	has run away and guardian has no knowledge of whereabouts
Physical Violence - person perpetrator of physical violence	has instigated or caused physical violence to another person (i.e., hitting, pushing)
Sexual Violence - person perpetrator of sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching or forced sexual acts
Threat to Public Health and Safety - person's behaviour is a threat to public health and safety	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)

## Criminal Involvement

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

## Education/Employment

Risk Factor	Definition
Missing School - chronic absenteeism	has unexcused absences from school without parental knowledge, that exceed the commonly acceptable norm for school absenteeism
Missing School - truancy	has unexcused absences from school without parental knowledge
Unemployment - person chronically unemployed	persistently without paid work
Unemployment - person temporarily unemployed	without paid work for the time being

## Emotional Violence

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

## Family Circumstances

Risk Factor	Definition
Parenting - parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties
Parenting - person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Parenting - person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Physical Violence - physical violence in the home	lives with threatened or real physical violence in the home (i.e., between others)
Sexual Violence - sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur

Risk Factor	Definition
Supervision - person not properly supervised	has not been provided with adequate supervision
Supervision - person not providing proper supervision	has failed to provide adequate supervision to a dependant person (i.e., child, elder, disabled)
Unemployment - caregivers chronically unemployed	caregivers are persistently without paid work
Unemployment - caregivers temporarily unemployed	caregivers are without paid work for the time being

## Gang Issues

Risk Factor	Definition
Gangs - gang association	social circle involves known or supported gang members but is not a gang member
Gangs - gang member	is known to be a member of a gang
Gangs - threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members

## Housing

Risk Factor	Definition
Housing - person doesn't have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e., condemned building, street)

## Mental Health and Cognitive Functioning

Risk Factor	Definition
Cognitive Functioning - diagnosed cognitive impairment/limitation	has a professionally diagnosed cognitive impairment/limitation
Cognitive Functioning - suspected cognitive impairment/limitation	suspected of having a cognitive impairment/limitation (no diagnosis)
Cognitive Functioning - self-reported cognitive impairment/limitation	has reported to others to have a cognitive impairment/limitation
Mental Health - diagnosed mental health problem	has a professionally diagnosed mental health problem
Mental Health - grief	experiencing deep sorrow, sadness or distress caused by loss
Mental Health - mental health problem in the home	residing in a residence where there are mental health problems
Mental Health - not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self and/or others

Risk Factor	Definition
Mental Health - self-reported mental health problem	has reported to others to have a mental health problem(s)
Mental Health - suspected mental health problem	suspected of having a mental health problem (no diagnosis)
Mental Health - witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
Self-Harm - person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
Self-Harm - person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Suicide - affected by suicide	has experienced loss due to suicide
Suicide - person current suicide risk	currently at risk to take their own life
Suicide - person previous suicide risk	has in the past, been at risk of taking their own life

## Neighbourhood

Risk Factor	Definition
Poverty - person living in less than adequate financial situation	current financial situation makes meeting the day-to-day housing, clothing or nutritional needs, significantly difficult
Social Environment - frequents negative locations	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
Social Environment - negative neighbourhood	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

## Peers

Risk Factor	Definition
Negative Peers - person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
Negative Peers - person serving as a negative peer to others	is having a negative impact on the thoughts, actions or decision of others

## Physical Health

Risk Factor	Defintion
Basic Needs - person unwilling to have basic needs met	person is unwilling to meet or receive support in having their own basic physical, nutritional or other needs met
Physical Health - chronic disease	suffers from a disease that requires continuous treatment over a long period of time

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

### Substance Abuse Issues

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

### Victimization

Risk Factor	Definition
Basic Needs - person being neglected by others	basic physical, nutritional or medical needs are not being met
Crime Victimization - arson	has been reported to police to be the victim of arson
Crime Victimization - assault	has been reported to police to be the victim of assault (i.e., hitting, stabbing, kicking, etc.)

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

## Protective Factors

### Education

Protective Factor	Definition
Academic achievement	successful at school (i.e., obtains good grades)
Access to/availability of cultural education	availability of programming and/or curriculum that includes cultural diversity, including First Nations, Francophone, etc.
Adequate level of education	has obtained at least their high school diploma



Protective Factor	Definition
Caring school environment	attends a school that demonstrates a strong interest in the safety and well-being of its students
Involvement in extracurricular activities	engaged in sports, school committees, etc., that provide stability and positive school experience
Positive school experiences	enjoys/enjoyed attending school and generally has/had a positive social experience while at school
School activities involving the family	school and family supports are connected through activities

## Family Supports

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

## Financial Security and Employment

Protective Factor	Definition
Financial stability	financially stable and able to provide the necessities of life
Ongoing financial supplement	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.)

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

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

## Pro-social/Positive Behaviour

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

## Social Support Network

Protective Factor	Definition
Close friendships with positive peers	associates with people who positively affect their thoughts, actions or decisions
High level of trust in community support services	believes community support services are willing/able to help/influence them in a positive way
High level of trust in police	believes the police are willing/able to help them in a positive way
Positive role models/relationship with adult	engagement with a positive role model/adult who they receive support from and can look up to

## 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
  - 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
  - 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
  - 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
  - **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.
  - **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
  - **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.
  - **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
  - **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.
  - **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:**

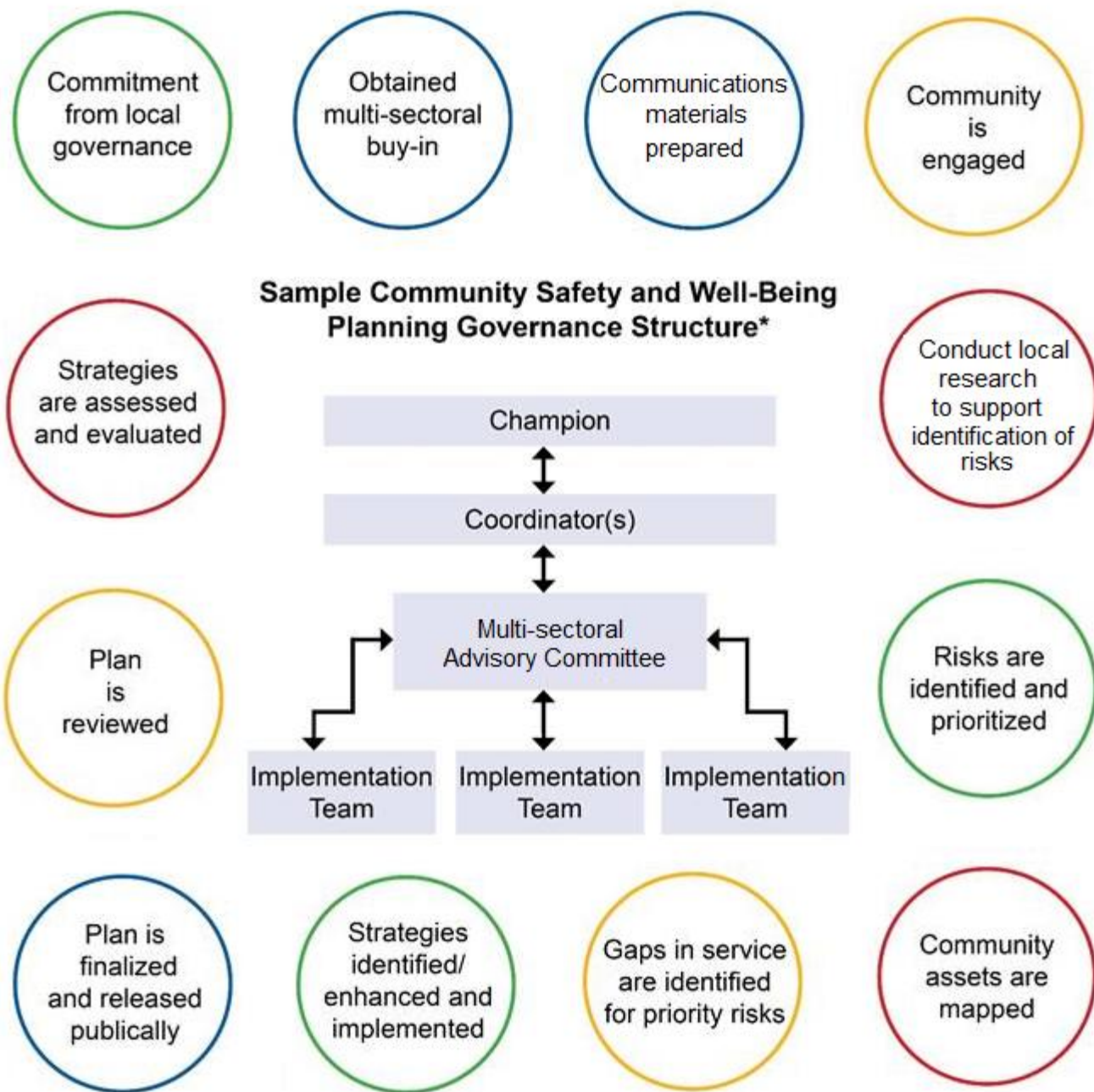
- Increase victim’s awareness of services in the community
- Awareness of the impact of domestic violence on children
- Enrolment in a healthy relationships program for those who have been arrested for domestic-violence related offences
- Connecting individuals with acutely elevated risk to service

**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



**\*Note: governance structures may look different in each community**

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](mailto: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.

**Ministry Contributors:**

Stephen Waldie, Director, External Relations Branch, Public Safety Division,  
Oscar Mosquera, Senior Manager, External Relations Branch, Public Safety Division  
Shannon Ciarallo (Christofides), External Relations Branch, Public Safety Division  
Stephanie Leonard (Sutherland), External Relations Branch, Public Safety Division  
Morgan Terry, External Relations Branch, Public Safety Division  
Steffie Anastasopoulos, External Relations Branch, Public Safety Division  
Nicole Peckham, External Relations Branch, Public Safety Division  
Emily Jefferson, External Relations Branch, Public Safety Division  
Tiana Biordi, External Relations Branch, Public Safety Division  
Jwan Aziz, External Relations Branch, Public Safety Division



JAN 23 '19 11:25  
JAN 23 '19 PM 3:38 *SH*

## **DURHAM REGIONAL POLICE SERVICES BOARD**

**K. Ashe, Chair \* B. Drew, Vice Chair  
J. Henry, Member \* R. Rockbrune, Member**

January 23, 2019

Ministry of Community Safety  
and Correctional Services  
18th Floor , 25 Grosvenor Street  
Toronto ON M7A 1Y6

Dear Minister Jones,

During the summer of 2018, we wrote on two occasions to your predecessor, Minister Tibollo, regarding policing grants and our desire to receive at least the same allocation of Provincial funding in 2019 as we received in 2018. In October, Minister Tibollo advised that the Ministry was continuing to review the grants program. A copy of this most recent letter is attached.

The assistance of the Provincial Government with funding for frontline police officers, as well as for court security and programs such as Youth in Policing and anti-violence intervention, has supported community safety goals in Durham Region for a number of years. We understand the fiscal challenges confronting the Provincial Government and the importance of ensuring that taxpayer dollars are invested appropriately to ensure the safety of communities. We assure you that the grants that have been provided to enhance safety and wellbeing in our Region have been effective and impactful, and we strongly believe that a reduction in funding current levels would place our community safety services at risk.

We would very much appreciate an update on the status of the Ministry's review and look forward to hearing from you.

Yours truly,

A handwritten signature in black ink, appearing to read "Kevin Ashe".

Kevin Ashe  
Chair

c.c.: Chief Martin  
President Philip Huck, Ontario Association of Police Services Boards  
The Honourable Peter Bethlenfalvy  
The Honourable Rod Phillips  
The Honourable Laurie Scott  
MPP Lorne Coe  
MPP Jennifer French  
MPP Lindsey Park  
Regional Chair John Henry and Members of Durham Regional Council

Attachment: Correspondence from Minister Tibollo – October 9, 2018

605 Rossland Road East, Box 911, Whitby, ON L1N 0B8  
Phone: 905-579-1520, Ext. 4307 \* Fax: 905-721-4249  
Email: alongo@drps.ca

**Ministry of Community Safety  
and Correctional Services**

**Ministère de la Sécurité communautaire  
et des Services correctionnels**

Office of the Minister

Bureau du ministre

25 Grosvenor Street  
18<sup>th</sup> Floor  
Toronto ON M7A 1Y6  
Tel: 416-325-0408  
MCSCS.Feedback@Ontario.ca

25, rue Grosvenor  
18<sup>e</sup> étage  
Toronto ON M7A 1Y6  
Tél: 416-325-0408  
MCSCS.Feedback@Ontario.ca



MC-2018-829

**OCT 09 2018**

Mr. Randy Wilson  
Chair  
Durham Regional Police Services Board  
Chief Paul Martin  
Durham Regional Police Service  
605 Rossland Road East, PO Box 911  
Whitby ON L1N 0B8

Dear Mr. Wilson and Chief Martin:

Thank you for your letter requesting grant funding for the Durham Region Anti-Violence Intervention Strategy.

As the Minister of Community Safety and Correctional Services, I recognize the important role of police services working collaboratively with community partners to ensure the safety and well-being of all Ontarians. The Ministry is committed to working with our policing partners to examine current community safety initiatives and their effectiveness in reducing gun violence and gang related activity in Ontario, so that we can provide police with the resources and tools they need to keep Ontario safe.

As you stated in your letter, in response to the recent increase in gun violence in Toronto, on August 9, 2018, our government announced an investment of \$25 million in new funding over four years to fight gun and gang violence in the City of Toronto. We recognize that gun violence is not isolated to Toronto alone, and we will continue to work with our policing and community partners across the province to find evidence-based solutions to address local crime and complex social issues.

The Ministry of Community Safety and Correctional Services will continue to work with local and provincial partners to develop a modernized approach to community safety and well-being that addresses crime and complex social issues. This includes upcoming amendments to the current *Police Services Act, 1990*, which will mandate municipalities to work with various partners across sectors to develop local community safety and well-being plans. These plans will identify local priority risks, such as gun and gang-related violence, as well as evidence-based programs and strategies to address those risks. This type of planning requires taking a more integrated approach to service delivery by reducing reliance on incident-driven responses and refocusing efforts towards social development, prevention and risk intervention. The proposed amendments are scheduled to come into force on January 1, 2019.

.../2

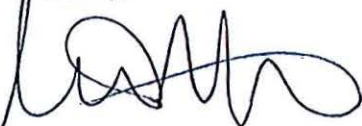
Mr. Randy Wilson and Chief Paul Martin  
Page 2

As you know, the Provincial Anti-Violence Intervention Strategy (PAVIS) is an enforcement-driven grant program that tries to address local guns and gang activities. To date, Durham Regional Police Service has received \$4,047,596.49 under the PAVIS grant.

Currently, the ministry is continuing to review its grant programs to ensure that they are outcomes-based. As you know, our government is in the process of reviewing expenditures to better support local community safety efforts and provide the police and their partners with the necessary tools and resources to ensure the safety of Ontario communities. We will continue to update our policing and community stakeholders regarding any changes to our grant programs, including whether additional funding becomes available.

Thank you again for your letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Tibollo', with a stylized, cursive flourish.

Michael Tibollo  
Minister



**Central  
Lake Ontario  
Conservation**

**Member of Conservation Ontario**

January 25, 2019

Mr. Ralph Walton, Regional Clerk  
Region of Durham  
PO Box 623, 605 Rossland Rd. E.  
Whitby, ON L1N 6A3

Dear Mr. Walton:

I am pleased to present Central Lake Ontario Conservation's **2018 Year in Review** publication which highlights some of our 2018 programs and services.

As you will see within the report, 2018 was a year of many new and continued projects and services supporting our mission statement of "*Advancing watershed health through engagement, science and conservation.*"

We continue to be committed to our core values of conservation, innovation, excellence, collaboration and leadership. This work outlined in our publication would not be possible without the ongoing support of our staff, board of directors, member municipalities, elected officials and many other government and non-government partners.

This document is also available online at [www.cloca.com](http://www.cloca.com). If you require paper copies, please contact Gord Geissberger at the Authority office 905-579-0411, ext. 142 or email [ggeissberger@cloca.com](mailto:ggeissberger@cloca.com).

Thank you and I look forward to another productive year in 2019.

Yours truly,

Chris Darling, MCIP, RPP  
**Chief Administrative Officer**  
CD/ms  
Attach.

100 Whiting Avenue  
Oshawa, Ontario  
L1H 3T3  
Phone (905) 579-0411  
Fax (905) 579-0994

C.S. - LEGISLATIVE SERVICES

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To: CIP
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Email: [mail@cloca.com](mailto:mail@cloca.com)



**Healthy watersheds for today and tomorrow.**







December 6, 2018

Sent via email

**SEE DISTRIBUTION LIST**

At Board of Directors Meeting #9/18, of Toronto and Region Conservation Authority (TRCA), held on November 30, 2018, amended Resolution #A192/18 in regard to 2019-2020 Board Meeting schedule was approved as follows:

*THAT Meeting Schedule 2019-2020, as outlined in Attachment 1, be approved;*

*THAT Meeting Schedule 2019-2020 be amended such that the January 3, 2020 Board of Directors meeting be changed to January 10, 2020;*

*THAT Meeting Schedule 2019-2020 be amended such that the January 10, 2020 Executive Committee meeting be changed to January 17, 2020;*

*THAT the Executive Committee be delegated the powers of the Board of Directors during the month of August, 2019, as defined in Executive Committee Terms of Reference section 4.2 of the Board of Directors Administrative By-law;*

*AND FURTHER THAT the Clerk's Office distribute this schedule at the earliest opportunity to Toronto and Region Conservation Authority's (TRCA) watershed municipalities and the Minister of the Environment, Conservation and Parks.*

Here is a link to the [report](#) as first presented to the Executive Committee, a link to [Board of Directors minutes](#), containing resolutions and schedule as approved by the Board of Directors and a link to the amended [2019-2020 Meeting Schedule](#) for your information and any action deemed necessary. If you have any questions or require additional information, please contact the undersigned at 416-661-6600 extension 5381, [alisa.mahrova@trca.on.ca](mailto:alisa.mahrova@trca.on.ca)

Sincerely

A handwritten signature in black ink, appearing to read "Alisa Mahrova".

Alisa Mahrova  
Interim Clerk and Coordinator  
Corporate Services

cc. John MacKenzie, Chief Executive Officer, TRCA

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Ralph Walton, Regional Clerk / Director, Legislative Services, Regional Municipality of Durham

Todd Coles, City Clerk, City of Vaughan

Ulli S. Watkiss, City Clerk, City of Toronto

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

## **The Regional Municipality of Durham**

### **MINUTES**

#### **9-1-1 MANAGEMENT BOARD**

**January 10, 2019**

A regular meeting of the 9-1-1 Management Board was held in Meeting Room 1-E, Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby, at 9:31 A.M.

Present: G. Weir, Clarington Emergency & Fire Services (Chair)  
B. Drew, Durham Regional Council  
L. Kellett, Acting Manager, Oshawa Central Ambulance Communications Centre, Ministry of Health & Long Term Care – Emergency Health Program Management & Delivery Branch  
S. Jones, Durham Regional Police  
M. Simpson, Director of Financial Planning and Purchasing, Durham Region

Absent: T. Cheseboro, Region of Durham Paramedic Services

#### **Staff**

Present: D. Bertrim, Deputy Chief, Durham Regional Police  
J. Bickle-Hearn, Sergeant, Communications, Durham Regional Police  
L. Nash, 9-1-1 Communications Training Coordinator, Durham Regional Police  
J. Wichman, Telecommunications, Durham Regional Police  
T. Fraser, Legislative Services Division – Corporate Services Department

#### **1. Approval of Minutes**

Moved by M. Simpson, Seconded by L. Kellett,

- (1) That the minutes of the 9-1-1 Management Board meeting held on October 30, 2018, as amended, be adopted.

CARRIED

#### **2. Appointment of New Chair for 9-1-1 Management Board**

G. Weir advised that in accordance with the provisions contained in the 9-1-1 Joint Powers Agreement, it is required that a representative of either the Police or Fire Agencies, Chair on a rotating annual basis.

S. Jones will assume the Chair of the 9-1-1 Management Board as of the next meeting.

**3. 9-1-1 Call Statistics**

L. Nash provided the 2018 statistics on calls transferred, the Recorded Announcement Report, twitter statistics for 2018 9-1-1 calls, and 9-1-1 Call Routing Details for 2014-2018, as handouts.

L. Nash advised that the overall call volume has increased by over 17,000 calls compared to 2017. She also advised that the call routing details show that calls to all agencies have increased. She noted that the Recorded Announcement Report indicates that their obligation to answer 90% of calls within 8 seconds was still being met. She further advised that the previous business case for staffing increases, indicates a service level requirement of 95% of calls answered in 6 seconds.

Discussion ensued with respect to the 9-1-1 call volume; the National Emergency Number Association (NENA) standard; and the standards followed by other PSAPs in Ontario and Durham's member agencies.

**4. Staffing Increase Request**

This item was considered later in the meeting. Refer to Item 4. on page 3 of these minutes.

**5. Komutel Soft Phone System Purchase**

A copy of the revised 2019 Budget Case for a Komutel CTI Solution was provided as a handout. J. Wichman advised that the budget case has been updated following the discussion at the October 30, 2018 9-1-1 Management Board meeting. He explained this system will meet the requirements for next-generation 9-1-1(NG9-1-1) and will include testing text messaging to 9-1-1 and possibly streaming of video to 9-1-1 in the future. He also advised that the current system will not be able to support NG9-1-1. S. Jones noted that the CRTC has mandated that text messaging be available by December 31, 2020.

Discussion ensued with respect to the anticipated timeline if approved in the 2019 budget and the possibility of seeking pre-budget approval. It was noted that this item will also have an impact on future 9-1-1 budgets due to the ongoing maintenance fees.

Moved by S. Jones, Seconded by L. Kellett,  
(2) That the 2019 business case for the Komutel CTI Solution be endorsed.

CARRIED

**4. Staffing Increase Request**

S. Jones provided a copy of the revised 2019 Budget Case for hiring five full-time Communicators as a handout. He outlined the total annual 9-1-1 call volume, the annual Recorded Announcement Report statistics, the current Communications/9-1-1 Unit staffing model, the overtime budget, and challenges with the current staffing model. He also outlined the current 911 Management Board funding model for staffing.

M. Simpson advised that the proposed staffing increase has been reviewed by the Regional Finance Department. She provided a brief overview of their analysis and the financial considerations.

Discussion ensued with respect to the revised Budget Case; the proposed staffing increase and the possibility of phasing the increase; the 911 Management Board funding model; the approved service delivery standard; and staffing models in other agencies.

M. Simpson recommended that communication continue to take place between Durham Regional Police and the Finance Department to finalize the business case, and that approval of the proposed staffing request be deferred to a special meeting in February 2019.

The 9-1-1 Management Board members discussed and agreed to hold a special meeting in February 2019 to consider the proposed staffing increase.

**6. 9-1-1 Management Board 2019 Budget**

Committee members agreed to consider approval of the proposed 2019 9-1-1 Management Board Budget at a special meeting to be held in February 2019.

**7. Other Departments - Comments/Concerns:**

a) Comments/Concerns – Regional Council

There were no comments.

b) Comments/Concerns – Durham Police

There were no comments.

c) Comments/Concerns – Fire Departments

There were no comments.

d) Comments/Concerns – Ministry of Health

There were no comments.

e) Comments/Concerns – Durham Finance

There were no comments.

f) Comments/Concerns – Region of Durham Paramedic Services

There were no comments.

**8. Other Business**

There was no other business.

**9. Date of Next Meeting**

The next meeting of the 9-1-1 Management Board will be held on Tuesday, April 30, 2019 at the Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby, Meeting Room 1-E.

**10. Adjournment**

Moved by M. Simpson, Seconded by L. Kellett,  
(3) That the meeting be adjourned.

CARRIED

The meeting adjourned at 11:27 AM

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Gord Weir, Chair