New Directions in Community Safety

Consolidating Lessons Learned about Risk and Collaboration

Framework for Planning…Community Safety and Well-being

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

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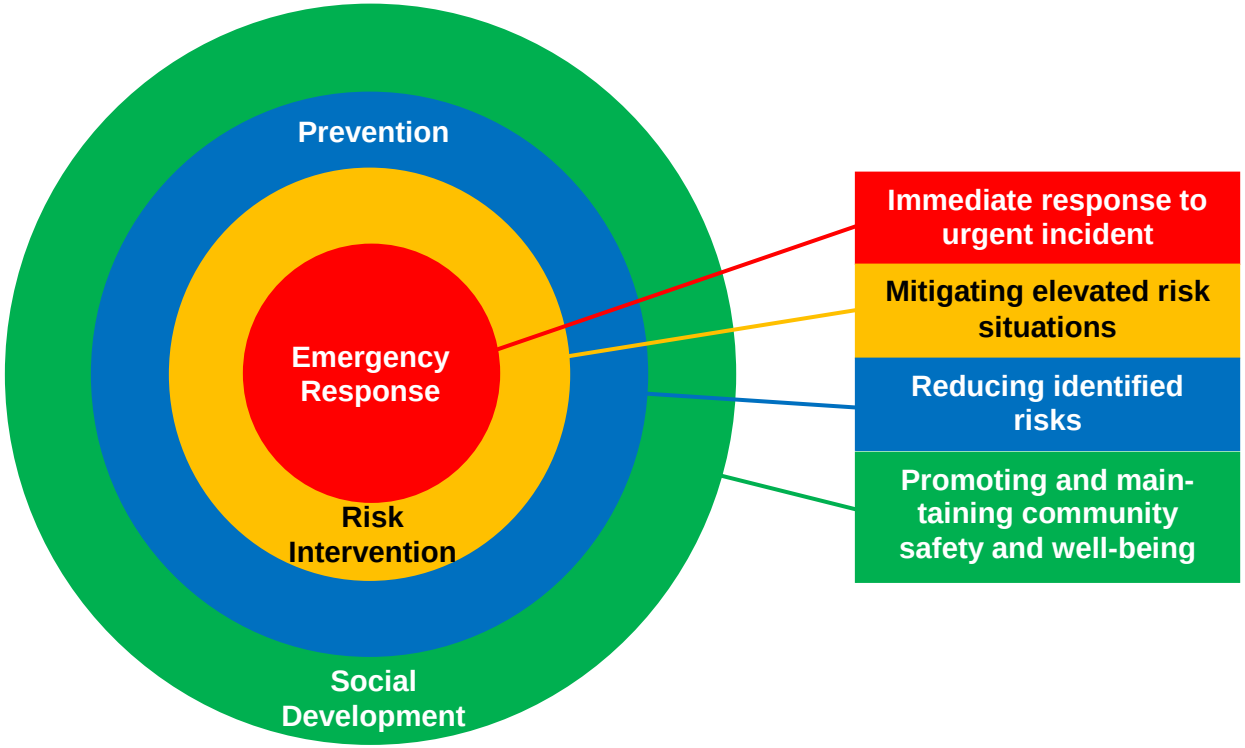
Introduction

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

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

With an expanded charge the Ontario Working Group received the support of the Ontario Association of Chiefs of Police, becoming a subcommittee of the OACP's Community Safety and Crime Prevention standing committee. It attracted the interest and support of many more police services along with their partners in other human service sectors. Details on its members, work plan and various task groups may be seen in a biography of the OWG which appears in *The Ontario Working Group on Collaborative, Risk-driven Community Safety*.

A *Framework for Planning Community Safety and Well-being* (*Framework*) was one of the first products to emerge from this collective research and development. The *Framework* encourages municipalities to plan for community safety and well-being at four levels of intervention: social development, prevention, risk intervention, and emergency response. All four levels are depicted in the *Framework's* graphical representation shown below.



The purpose of this document is to help local collaborators focus at all four levels for reducing harms and victimization among all elements in their population.

This is a holistic model. Failing to plan and implement any single element will only increase levels of harm and victimization, as well as demand for, and costs of emergency response.

Our first goal in planning for community safety and well-being is to reduce harms and victimization for all elements of community. The second goal is to decrease the upward trends in demand for, and costs of, *emergency response* (Red Zone). To achieve these goals, local leadership will have to rally everyone to the cause of safety and well-being for all. This is a collective enterprise. No single agency, or even handful of agencies, can achieve it alone. Planners will have to learn how to identify risks of harm that may befall some members of community, so that they can target those risks with protective factors. The job will require commitment, leadership, patience, creativity, and above all, interest in learning new ways of working together on behalf of the whole community.

This hard copy text is designed to assist local safety planners in understanding the *Framework* and some of the key ideas about going forward. It is accompanied by two other OWG products: a slide deck created in MicroSoft PowerPoint® (2010 version of MicroSoft Office®) which makes the same points that are included in textual material here; and a *Script* that permits local presenters to show and narrate the animated PowerPoint slides.

This document is designed in four main sections:

- **Components of the *Framework***: Provides a broad overview of the four major parts in the framework; describing what important community functions reside in each; explicating their differences; and showing how they relate to each other in forming a holistic model for making communities safer and healthier.

- **Important Considerations in Applying the *Framework***: Highlights some of the most important opportunities and challenges for practitioners who choose to plan community safety and well-being on the basis of this holistic *Framework*.

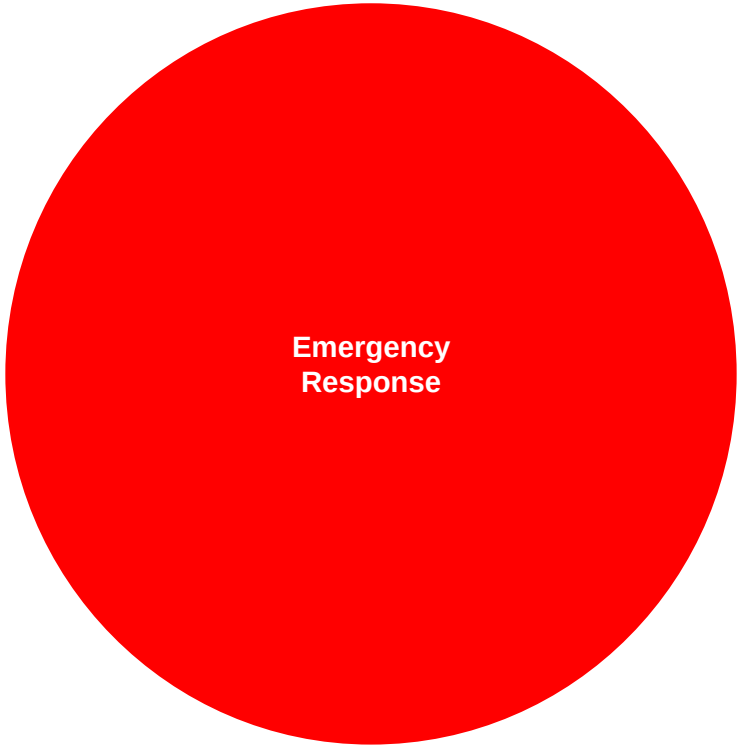
- **Elements in a Community Safety Plan**: Brings the whole discussion down to a practical level by highlighting the most important pieces in any successful community safety plan.

- **Using *Framework* Principles to Start Planning**: Gives practitioners a step-wise way of going about the planning process; built upon the foundation provided by the five principles of the *Framework*.

Components of the *Framework*

Emergency Response

The 911-call usually means that something bad has happened, or is about to happen. It implies harm and victimization to someone. Emergency response systems are therefore well equipped, highly trained, efficiently organized, clearly mandated and finely-tuned to assess needs and mobilize appropriate responses speedily and effectively. Their primary purposes are to stop the harms, minimize victimization, get victims the supports they need, and redirect all those involved into channels of activity that hopefully heal those harmed, and hold those responsible for the event accountable for their actions. Then there is always the hope that emergency response will prevent similar events in the future.



Emergency response involves far more than police. Obviously fire and emergency medical technicians may be needed. But this phase of emergency activity can also include many others like hospitals and emergency rooms, child support workers, women's support workers, mental health and addictions workers. Some Ontario municipalities are discovering that a high proportion of their emergency calls for service involve addictions and mental health incidents. Consequently they configure unique response capacities like Chatham's "Crisis Team" -- a mental health trained police officer teamed with a mental health-qualified registered nurse. Hamilton's COAST (Crisis Outreach and Support Team) mobilizes a multi-disciplinary team consisting of child and youth crisis workers, mental health workers, nurses, social workers and plain-clothes police officers. Sudbury's "Crisis Intervention Service" responds to a 24-hour hotline that is particularly helpful to individuals experiencing crises in addictions or mental health.

There are also aspects of human services that fall within this zone that may not take the typical form of lights-and-sirens emergencies, but are nonetheless examples of state-, and incident-driven responses to situations that have reached crisis, like child apprehension orders and school expulsion decisions based on violent threat risk assessments.

For purposes of this planning *Framework*, it is important to acknowledge that when an emergency call for assistance comes to any of these responders, someone is already in trouble; they may already have been victimized, or victimized someone else; a harmful event has most likely already happened. This central component of the *Framework* is less about anticipating harm from identified *risks*, and more about stopping further victimization from harmful *incidents*. The primary observation about the red bull's eye in our emerging *Framework* is that when immediate enforcement or a suppression action is necessary, our options are extremely limited. When we are in the Red Zone, there can be little attention to risk prevention; our focus must shift to threat management and harm minimization.

If we do not mobilize an appropriate emergency response, harms and victimization will continue and of course the costs of response may climb. Ontario municipalities, generally, have excellent emergency response capacities in place. In recent times, however, many have been discovering these capacities to be unaffordable. They are looking for ways to reduce the demand for emergency response -- which, if done well, would also have the effect of reducing harm and victimization. That is our quest in the *Framework*. What can a municipality do to reduce the demand for emergency response and in so doing, reduce the incidence of harm and victimization for all people in the community?

But at the same time, our capacities in this zone must remain a vital part of any community safety plan, and must continue to receive attention to ensure that our investments in response are effectively aligned with the needs of each community. As the growing dialogue on the economics of community safety requires, we must continue to seek ways to ensure that these same capacities operate at the highest levels of efficiency and responsiveness available within the unique urban, sub-urban, rural or remote circumstances of each Ontario community.

Risk Intervention

Over the past couple of years, Ontario emergency responders and municipal governments have been learning about an initiative in Prince Albert, Saskatchewan which, if adapted to those Ontario municipalities where it fits, holds great promise for significantly reducing the incidence of harmful or victimizing events -- and the commensurate demand for emergency response. Driven by escalating crime rates and the highest crime severity index in North America, Prince Albert Police learned from practitioners in Glasgow, Scotland, that it is possible to custom design and mobilize multi-agency interventions that mitigate imminent threats of harm or victimization to individuals, families, groups or places. Part of its "Community Mobilization Prince Albert" strategy, the "Prince Albert Hub" is a regular meeting of front line workers from diverse acute care agencies. In Prince Albert they convene twice weekly for two hours in order to identify "situations of acutely elevated risk of harm or victimization"; and custom design an immediate, multi-agency intervention to mitigate those risks.

Many Ontario municipalities are in various stages of organizing their own mitigation strategies. For example, United Way Toronto, the City of Toronto and the Toronto Police Service collaborated to launch their adaptation, "FOCUS Rexdale," in 2012 (FOCUS is an acronym for "Furthering our Communities -- Uniting Services"). Two FOCUS Rexdale objectives are to:

- Identify individuals, families, groups or places in Rexdale neighbourhoods that are at elevated risk of victimization or offending
- Respond immediately to these situations with co-ordinated and integrated intervention comprised of the right blend of technical capabilities and service capacities

These first two of four objectives, identifying elevated risk situations and mobilizing immediate interventions to mitigate those risks, have significant potential to reduce subsequent demands for emergency response (thereby reducing harms, victimization and the costs of emergency response). Those two objectives encourage us to install *risk intervention* ring (**Amber Zone**) on the growing *Framework*. In so doing, the area of the *Framework* that requires emergency response gets smaller.

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Peel Region, Sudbury, Halton Region, Waterloo Region, North Bay and other Ontario municipalities are considering, or in various stages of organizing, their own risk intervention initiatives. This has to be a thoughtful and deliberate process based upon a thorough analysis of the incidence of various forms of harm and victimization; the qualities and capacities of acute care services and emergency responses; and the readiness of local governance and human services organizations to collaborate at the level required for effective and efficient, multi-sectoral, risk identification and intervention.

For example, one reason the Prince Albert model works so well in Saskatchewan is because of the critical mass and potential severity of elevated risk situations that are driving the rates of harm and victimization, and the costs of emergency response. Does every Ontario municipality that is considering a similar adaptation have a level of harm and victimization that justifies that particular tactic? Bancroft has decided it does not. Chatham seems to be in that same camp. Interestingly, Chatham also has two other factors to consider. We already noted their Crisis Team that mitigates situations of acutely elevated risk particularly associated with mental health issues. Additionally, that region has a history of close collaboration and partnerships among social and human services that may suffice to reduce demand for emergency response without an overlay of the Prince Albert Hub model. Sudbury claims to also enjoy high levels of interagency collaboration. Yet they have decided to launch a pilot risk mitigation tactic like the Prince Albert Hub. It will be interesting to track their progress.

Brantford does appear to have the density of harm, victimization and emergency response that would justify such a tactic in select neighbourhoods. But they are focusing on adapting the tactic to deal, in particular, with the problem of frequent users of emergency services. Their “situation table” would identify “frequent flyers” (those individuals who repeatedly require emergency room assistance; frequently get apprehended by police; and continue to make decisions that put themselves and others at repeated risk of significant levels of harm). They would use the collaborative energies of the situation table to develop a multi-agency, co-ordinated case management strategy in hopes of, again, reducing the demand for emergency response and saving people from harms.

The Prince Albert experiment can be very helpful to all Ontario municipalities and services in suggesting that a lot more can be done to keep bad situations from getting worse -- whether or not those municipalities take that lesson to the point of convening meetings like the Prince Albert Hub (which, here in Ontario, are generically known as “Situation Tables”). It remains for these communities to carefully study their own needs and capacities in order to adapt the risk mitigation tactics for the most positive, local effects.

Whatever form it might take in any given community, mitigating interventions in the **Amber Zone** produce totally new insights into the community's accumulating risk factors -- factors which left unmitigated will continue to drive demand for *Emergency Response* (Red Zone). But data emerging from those mitigating interventions also have very useful implications for *Prevention* (Blue Zone). They tell us what the most significant risks are; who are the most vulnerable groups; what combinations of services and supports work best in risk mitigation; and what systemic barriers make it difficult to provide those services and supports efficiently, and for sustainable effects.

Until now, our sources for information and measurement of harm and victimization have been limited to incidents, those events that have reached crisis points, recorded as arrests, offences, injuries, and forms of victimization. The Saskatchewan experience has demonstrated that by tracking the acutely elevated risk situations that present most, and the multi-agency interventions that have connected individuals and families to the mitigating services they need most, a rich source of data emerges for analysis and subsequent policy considerations at the local and broader systemic levels.

Prevention

The *Framework* for planning community safety and well-being incorporates the notion of *preventing* harm and victimization from any kind of risk. Those risks include basic threats to safety as well as social disorder and crime. *Prevention* as a tactic for reducing harms and the demand for emergency response entails focusing on known and identified risks.

For example, school children crossing twice daily, five days a week, at a high speed intersection are at risk of serious harm. With that known risk, and identified vulnerable group, it does not take much to decide on tactics for reducing the hazard -- controlling traffic at that intersection. The province highlights those three components of any viable prevention tactic: 1) known risk; 2) identified vulnerable group; and 3) designated protective factors.[1] If a community can identify those three ingredients, it can prevent harm and reduce the demand for emergency response. They are an important component of this planning *Framework*.

This type of prevention model, based on known hazards, at-risk groups and protective measures, is not likely a new idea in most Ontario municipalities. What may be new is the potential to engage in such processes within a collaborative, multi-sector strategy. For example, crime prevention has largely been relegated to policing by virtue of Ontario's *Police Services Act* (R.S.O., 1990). This is notwithstanding a growing body of qualified research which suggests that police have a very limited range of tactics for effective crime prevention (like targeted enforcement) and are not necessarily the most appropriate agents for prevention in many situations. (See *III: Prevention in New Directions in Community Safety*)

[1] "Crime Prevention in Ontario: A Framework for Action," pps. 8-9; Ministry of Community Safety and Correctional Services, 2012.

Effective prevention of harm from any kind of risk requires the collective efforts of a number of agencies and organizations -- many of which work in different sectors. Our simple case of school children regularly crossing a high speed intersection makes the point. At minimum we need total collaboration, support, resources and services of: the school board; the school administration; the municipal traffic department; and police. But if we also intend to include training the children on pedestrian safety, and getting their parents to reinforce those messages then we also need to include other members of the school community like class room teachers, school counselors, parent-teachers' association, and individual parents. And that is before we decide to put out public safety announcements that would require "partnership" from local media.

Bringing the prevention theme back to the risks of crime, consider the threat of domestic violence as an example. Women and children are the predominant vulnerable groups. What are the protective factors? We know that fear of being arrested does not prevent violent perpetrators from victimizing those closest to them. We know that having been arrested before and placed under court sanctions do not prevent such abuses. We know that police are most often not present when the threat is most acute, so they will not be able to prevent as much as is desirable. The most effective protective factors against the risk of domestic violence are a wide range of personal and social supports for the women and children. For example, if in the *Risk Intervention* ring (**Amber Zone**) we have identified particular women or children who are vulnerable to domestic violence, we can refer, encourage, and guide them in accessing those supports so that they do everything within their own power to prevent victimization when risk factors elevate again. The particular supports required will vary depending on the situation. But personal supports for the potential victims could range from temporary, secure shelter; health care (especially for problems associated with mental health and addictions); and safety planning (how to perceive a potential elevation in risk, where to go, who to call, what to do[2]). Among the range of social supports, one of the most important is informed, alert, responsive and supportive neighbours, friends and family members of the vulnerable women and children. Another is increased screening for domestic violence by all primary health care physicians. Research has shown that over 85 percent of abused women want to share their problem with their physicians; but our primary health care system is not set up to deal with that and so it too rarely happens.[3] Recent innovations like a physician-managed cell phone app make a very simple and expedient screening process more available to primary health care workers -- thus increasing the chances that more abusive incidents can be prevented. There are many diverse community agencies and organizations which work to prevent (not just respond

[2] Arizona Coalition Against Domestic Violence. 2010.

[3] Neil Versel, 2011; "App to Help Physicians Screen for Domestic Abuse;" Harbor House of Central Florida; http://mobihealthnews.com/13989/app-to-help-physicians-screen-for-domestic-abuse/

to) domestic violence by offering safe shelter, crisis intervention, advocacy, education, health care and other programs. Effective prevention requires effective collaboration among all of them.

FOCUS Rexdale established two other objectives that show the connection between mitigating situations of acutely elevated risk, and preventing situations from becoming so risky again:

- Encourage and support systemic reform, improved social services and social development that will have a sustainable effect on community safety, security and wellness
- Increase knowledge and awareness of social needs and solutions in Rexdale neighbourhoods

These last two objectives have the potential for longer term systemic changes that might keep those elevated risk situations from arising again, i.e. *prevention* (Blue Zone). These two objectives are based on Saskatchewan's "COR" (Centre of Responsibility) approach to learning from the "Hub" about types of risk and vulnerable groups, and then addressing systemic issues like barriers to access to services, or institutional barriers to collaboration among social service partners. In effect, an integrated, collaborative *Framework* like this allows information collected in the *Risk Intervention* ring (**Amber Zone**) to inform *prevention* practitioners in the Blue Zone.

Notice in the graphic that by moving from the *Emergency Response* centre of the model (Red Zone) outward to the *Risk Intervention* ring (Amber Zone) we are getting further away from harmful incidents. Adding the *Prevention* ring (Blue Zone) further reduces the area of the Red Zone. Each time we apply tactics further out from the incident-level demand for *Emergency Response* we are reducing and preventing risks, threats and hazards sooner. But also notice there is that big red ring around this whole thing. That is as far away from harmful events as we can get. That is where we have to tackle the antecedents to crime and social disorder -- what the health sector calls "the social determinants of health."[4] That is why this *Framework* aims for "community safety and well-being" -- in effect, we are trying to prevent any threats to safety and well-being -- otherwise known as harms and victimization.

[4] Public Health Agency Canada, "What Determines Health?"; < http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#What>

Social Development

Social Development has the greatest potential to fundamentally alter the lifestyles and capacities of people living in marginalized conditions so that they may experience less harm and victimization, and inflict them less on others. It is only when we see some success in fulfilling everyone's needs for economic and social inclusion, adequate housing, positive parenting, addictions treatment, literacy, education, and access to all of life's opportunities that we will actually see improvements in well-being and reductions in social disorder and crime, and the harms, victimization and costs of emergency response that ensue from them. Put another way, all the risk intervention and prevention strategies in the world will be insufficient to keep up with social disorder and crime -- unless we successfully tackle their causes. We have just about exhausted society's capacity to afford *prevention*, *intervention* and *emergency response*. It is time to tackle the roots of these problems.

That is a tall order. Success will not be achieved quickly. Most significantly, no single human service agency can do this alone. Indeed, the very presence of marginalization bespeaks community weaknesses that have prevailed for some time. That is why we should not only identify them, but more importantly, commence rectifying them in a planful way. What are the social conditions that contribute most to people's incapacities to make positive and healthy life decisions? Maybe it is fatherlessness for boys and young men. Then that is a "risk factor." Having identified those who are most vulnerable to this risk, we can begin working with such young men and boys in order to figure out how they may grow and prosper in constructive ways. Maybe the local economy has excluded some people because they lack sufficient literacy or technical skills and professional competencies. Having identified that we can look for ways to increase literacy and offer skills training in order to better equip people to meet the economy that is there.

With the addition of the *Social Development* ring (Green Zone), our *Framework* has finally reduced the level of need for, and investment in, *Emergency Response* by drastically reducing the numbers and frequency of people in trouble. Social development is difficult

because social needs are great and conventional, compensatory social programs have proved insufficient for the need. But social development is made even more difficult because we have organized our human services and governance around concepts like specialization and efficiency in service delivery. While one agency may specialize in training and education for young people, we know that those who wish to improve themselves through its training services will also need significant levels of support that it cannot provide -- like support for their families, health and nutrition, maybe even addictions treatment. No single agency is going to be able to drive the social development agenda alone. This has to be a truly collaborative, multi-sectoral initiative that is driven by a broad, community-wide commitment to reduce the conditions that feed crime and social disorder in the first place.

Local social development must be a process that is informed and driven by accurate insights into the unique dynamics of everyone in community, and not one that is merely led by generic or aggregated assumptions about qualities of life, prosperity and security. Our social and economic patterns produce marginalized populations (e.g. First Nations, New Canadians, chronically unemployed families), disproportionate victimization rates (e.g. women, children, the elderly), and specific vulnerabilities (e.g. persons with disabilities, mental illness, addictions, and chronic illness). A comprehensive community safety plan must be well-targeted and based on solid evidence that addresses specific and real needs of everyone in community.

Collaborating for safety and well-being will not be easy. For most agencies and organizations it is far easier for them to not collaborate. That way they have more control over their own decisions, actions and resources. We use the word "partner" a lot in human service circles. But it rarely represents an experience that all parties to that arrangement welcome and applaud. Indeed, one Deputy Chief of Police jested to the effect that he welcomes partnering with other community agencies, "…as long as we are in charge!" (In fairness, this same Deputy Chief launched a very equitable and transparent partnership with two other municipal organizations. It was successful because he and the others understand the value and mechanics of partnering -- including full transparency, shared accountability and information sharing -- notwithstanding the obvious challenges and pitfalls.)

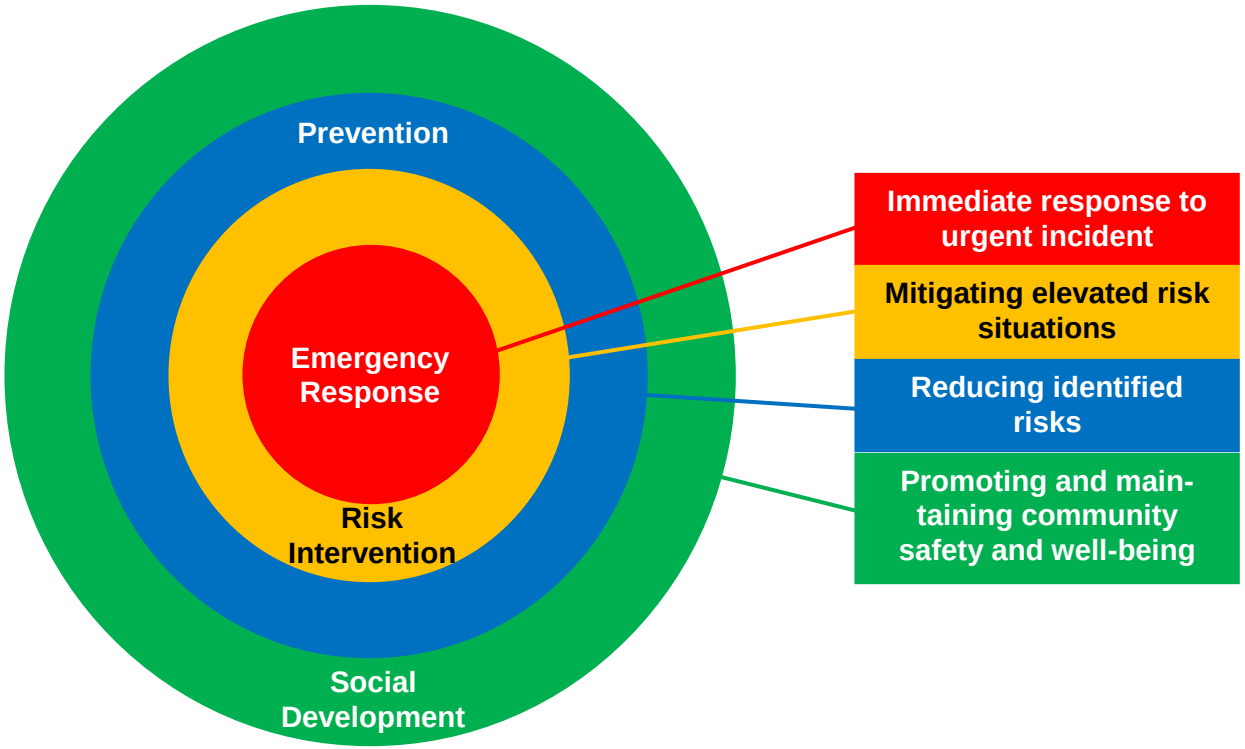
In the following sections, these and other important considerations are discussed with a view to informing the most effective application and operation of the framework.

Important Considerations in Applying the *Framework*

Risk-driven

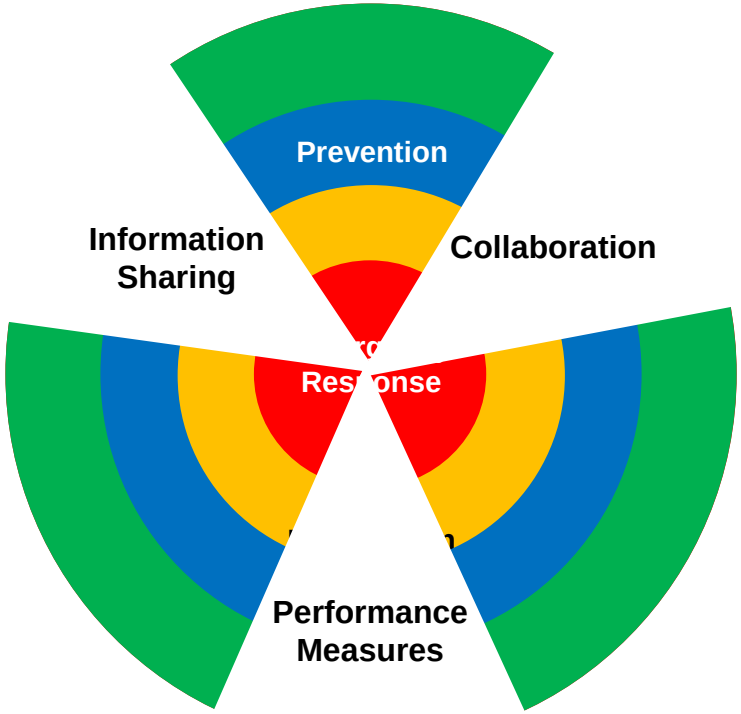
The *Framework* is a risk-driven model for planning community safety and well-being. *Social Development, Prevention* and *Risk Intervention* (Green, Blue and **Amber Zones**, respectively) really give community a chance to reduce harms and the demand for emergency response because they force everyone to anticipate threats to safety and well-being.

In contrast, the *Emergency Response* bull's eye (Red Zone) focuses not on anticipated *risks* as much as on harmful *incidents* for which there was not enough anticipation -- or at least not enough intervention to thwart them if they were anticipated. Consequently, one of the first steps in planning for any of these three levels in the *Framework* will be for planners to do sufficient analysis to allow them to anticipate the greatest threats to safety and well-being. What are the risk factors that must be addressed if everyone is to become healthier and safer because of this initiative?



Data and information for that analysis can come from a variety of sources. Police, of course, have their data on calls for service and occurrences. These highlight the bad things that have been happening in community. But other agencies and organizations also have information that is helpful. School boards track behavioural issues in the school population. Health agencies have information on all aspects of health. Municipal offices track data on land uses and populations, development and even economics of the region. All are helpful in anticipating risks of harm and victimization.

Challenges This *Framework* presents at least three significant challenges for any community which wishes to apply it to their own situation: collaboration, information sharing, and performance measures. To describe them we will cut three pieces out of our safety and well-being pie. Being typically pie-shaped they imply that there is far less content in each of them at the centre of the pie. But by the time we are biting into the crusty bits at the wide end, we are into a lot of this pie's richness. The analogy does fit risk-based community safety planning.



Collaboration Consider the *Collaboration* pie piece. Down at the tip (Red Zone), in the centre, there is very little collaboration -- and that only among emergency responders. We may get police and fire collaborating. In Chatham, as noted before, police and mental health share responsibility for a team that responds to a mental health call. But that is just about it.

Now work our way into the **Amber Zone**. In FOCUS Rexdale 20-30 front line specialists from a whole bunch of acute care agencies, gather to identify persons, families, groups or locations at acutely elevated risk of harm or victimization. There is a lot more collaboration here than in the Red Zone. Still it is limited to acute care providers.

In the Blue Zone there are even more collaborators. Here we find partners who are not really familiar with prevention strategies -- but because they do have some control over identified risks, or are especially interested in vulnerable populations (like the principal of the school where all those young pedestrians spend most of their daylight hours), they are important collaborators.

Finally, for the crusty bits -- out in the Green Zone! Social development requires strategic, resource and operational collaboration among a whole host of human services and governance in the community. Here is where local government, police services boards, health, education, business, social services and more make serious commitments to partner on behalf of long-term policies and strategies for safety promotion.

Information Sharing

A parallel situation prevails in the *Information Sharing* pie piece. In the Red Zone very little information is shared -- and that mostly between emergency responders and in some cases, the criminal justice system. Emergency medical technicians may have to share some particulars with emergency room physicians and trauma nurses; but even that information is closely held -- sometimes even from family members -- and certainly from the broader public.

But in the **Amber Zone** we find that there is need among all those front line workers from acute care agencies to share a little more information. If this group is going to identify individuals, families or places at acutely elevated risk of harm, then quite obviously there will come a point when they are going to have to share some names of people, maybe street addresses, and types of risks. If the group decides to intervene and designates a handful of agencies to do that job, then those agencies will have to go off into a corner and put together knowledge of the vulnerable persons that is sufficient to design a customized package of supports. It is here in the **Amber Zone** that we get the greatest concerns about violation of individuals' rights to privacy and confidentiality. *An Interpretive Guide to Information Sharing Practices in Ontario* provides a lot of excellent support for ways to get this job done within the bounds of extant legislation and protections.

In the Blue Zone, *Prevention*, we begin to draw on even more information about risk factors, vulnerable groups and anticipated protective factors. On the other hand, there is usually less concern in this area about protection of privacy and confidentiality. Here the biggest information sharing challenges relate to the acquisition of data, e.g., demographics on the vulnerable population, history of the risk factors, efficacy of past attempts to deal with them, and so on.

Green Zone *Social Development* activities entail constant and diverse information sharing requirements. The health unit has data on the populations they serve; so does the school board; social services are constantly tracking information about their clients and their services; Ontario Works has data that is useful for determining issues associated with economic exclusion; police have data on incidence of occurrences by type; municipal planners have data and information that inform decisions about land use and environmen-

tal factors; and everybody has the capacity to locate these data on a map of the municipality -- thus highlighting optimal locations for social development policies, priorities and strategies. But there may be significant institutional and technological hurdles in aggregating these data and overlaying them on common maps. It brings new meaning to the challenge of collaboration.

Some Ontario municipalities are already tackling these challenges. Sudbury has a "Data Consortium" comprised of the data managers from diverse human services agencies and offices. It is in partnership with something called the "Healthy Community Cabinet" -- a collaborative of executives from a variety of agencies, organizations and government offices whose purpose is to encourage collaboration on behalf of community well-being. Together they will be aggregating data and information from all sectors in order to establish some planning priorities, objectives and strategies for increasing safety and well-being in that municipality.

For a number of years, the City of Toronto has pulled together data and information from a variety of sources in order to develop an index that helps direct municipal resources to those neighbourhoods in greatest need of social development supports. Their most recent version is based on a World Health Organization tool that integrates measures from a variety of sectors including economic opportunities, social development, healthy lives and physical surroundings.[5]

Performance Measures

The *Performance Measures* pie piece reveals similar distinctions. More diverse measures from a wider range of agencies and organizations are required to assess safety and well-being, the farther out we go from the centre of the pie. But in this case there are not only differences among the four zones in amount of performance measures data, but also types of data. For example, in the bull's eye, *Emergency Response* (Red Zone) the very limited information is about types of occurrences and disposition of harmful incidents. In the **Amber Zone** it gets a little more interesting -- not the least because the measures allow us to begin to track harmful incidents avoided by judicious risk intervention.

In the Blue Zone (*Prevention*) all measures pertain to the particular risks, vulnerable groups, and protective factors the community chooses to plan for. For example, if trying to reduce the incidence of, and harms from, bullying in school we would need to teach some school community members to identify those who are particularly vulnerable to bullying. (Those more likely to be bullied are perceived as different from their peers; are new to a school; cannot afford what kids consider "cool"; are perceived as weak or unable to defend themselves; act depressed, anxious, or have low self-esteem; are less popular than others and have few friends; do

[5] http://www.who.int/kobe_centre/measuring/urbanheart/en/

not get along well with others, are seen as annoying or provoking, or antagonize others for attention.[6]) Similarly we would want to train some school community members to be alert to behavioural syndromes that are predictors of bullying. (Those more likely to bully others are aggressive or easily frustrated; have less parental involvement or have serious issues at home; generally think badly of others; have difficulty following rules; view violence in a positive way; and have friends who bully others.[7])

We would also want performance indicators on protective factors like: indicators of a healthy school climate with detailed measures on efforts of the school community to sustain that climate; measures on the collective commitment of educators, parents, service providers, and other key stakeholders to address the problem of bullying in partnership; evaluations of particular prevention and intervention strategies that have been shown to yield tangible, lasting benefits for individuals, families, schools and communities; cultural competency strategies, skills and programs that are inclusive and enhance communication and relationship building; and indicators that the majority of young people are active allies and advocates in bullying prevention.[8]

The Green Zone (*Social Development*) is where the "well-being" concept dominates. A number of qualified academic and municipal researchers have determined measures for it. Their recommendations are incorporated in a comprehensive performance measures paper that appears in *Performance Measures for Community Safety and Well-being.* Where planning for safety and well-being is concerned there are four things to remember:

- Planners are working with risks that bad things will happen. The challenge is to make the right choices about which of those risks to deal with and engage those most directly affected in the work of reducing those risks
- Community can prevent many things, and intervene before some that were not prevented cause harmful incidents. But they need to use the best data and evidence available in order to choose priority risks, understand vulnerable populations, and select the most appropriate protective factors
- Social development is the best way to keep risks from emerging in the first place, and threatening the safety of community. But of course social development is a challenging and long-term investment
- Collaboration is the key to all of these activities. This is not a job for vertical silos

[6] T. R. Nansel, M. Overpeck, R. S. Pilla, W. J. Ruan, B. Simons-Morton, P. Scheidt; "Bullying Behaviors Among US Youth Prevalence and Association With Psychosocial Adjustment;" *Journal of the American Medical Association*; April 25, 2001, Vol 285, No. 16.
[7] *Ibid.*
[8] "Bullying Prevention Resource Guide;" Partnership for Families and Children, The Colorado Trust's Bullying Prevention Initiative; Denver: 2008.

Principles

Planning for safety and well-being revolves around five principles that should influence every planning decision. They originate from research, experience, and lessons-learned about what works in community safety, from all over the world.

Commitment at the highest level: Safety and well-being is a community-wide initiative. As such it requires dedication and inputs from every agency, organization, group and citizen. Sometimes it is difficult to get some of these constituents to the planning table. This is where leadership, vision, and even inspiration pay off. Get the highest level authority to make a public stand for safety and well-being; and charge everyone to play their roles in the process of planning.

Collaborative: In this *Framework* we have moved well past the old presumption that safety is primarily a police matter. In undertaking planning we are asserting that safety and well-being is everyone's responsibility. This means all government offices, human services agencies, community based organizations, businesses, neighbourhood groups, families and individuals. It is multi-sectoral; multi-disciplinary; and it requires full transparency as everyone shares responsibility for the common good.

Risk-focused: If we want to make everyone safer and healthier, then we have to begin to identify risks, threats or hazards to safety and well-being. This applies equally to all three planning levels in the *Framework.* Risks are pretty obvious in the **Amber Zone** where harm is imminent; they may subtler in the Blue Zone where we are looking for opportunities to prevent harm; but they are most challenging in the Green Zone not the least because the requisite efforts to reduce them seem so daunting.

Asset-based: The soundest and most positive planning strategy presumes that every neighbourhood and municipality is full of assets that can be productively mobilized to achieve safety and well-being. That naturally leads to an effort to identify those assets -- what we call an "asset inventory." Important elements of that inventory are the individuals, families, community groups in marginalized neighbourhoods who possess lots of energy, skills, and strong desires to contribute to the collective goal of community safety.

Measureable outcomes: In a good community safety plan, outcomes will not be abstractions like "safety for all." They will be observable and measureable, like "lower rates of truancy." Specifying objectives, setting benchmarks, and measuring outcomes require the specialized knowledge and technical capacities of all agencies and organizations. Each understands their own domain and probably takes their own measures. Putting all that together for a community-wide profile will require inter-sectoral collaboration.

Everything done in the name of community safety planning must adhere to these five principles for greatest positive effect. Later in this document we will return to them in order to show how they apply to the planning process itself.

Elements in a Community Safety Plan

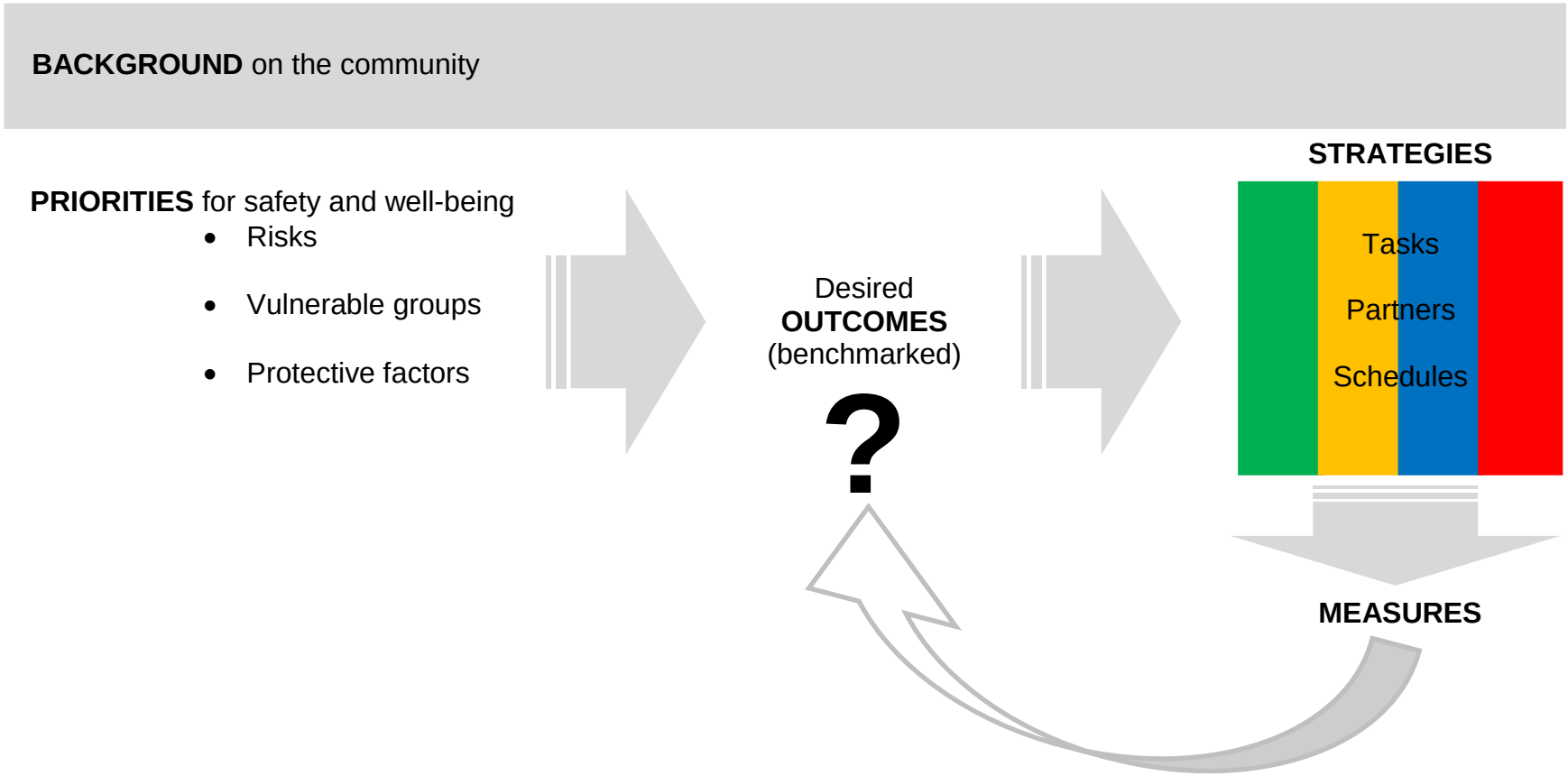
This *Framework for Planning Community Safety and Well-being* is designed, only, to get the ball rolling locally. It is meant to guide the highest possible local level of government in organizing an exercise that gets everyone in the community to think not only about risks and the harms that could result from them, but more importantly, steps and measures all could take to reduce those risks and avoid the harms. As the Ministry said:

> *Reducing crime and victimization requires localized, collaborative and comprehensive planning. In Ontario, existing programs and services intended to build safer communities are delivered by a network of partners, including government, non-profit organizations, law enforcement, and the private sector*.[9]

One of the keys to successful planning is to fully involve all those agencies, organizations, businesses, groups, and individuals whom you expect to implement the strategies and tactics the plan will, ultimately, prescribe. If they do not have a hand in deciding what should be done, people and organizations are less likely to do it. That necessarily means that the planning exercise is also collaborative. But calling on our first principle, *commitment at the highest level*, it starts with the mayor and council declaring safety and well-being a priority, and calling for a collaboratively developed safety plan. If the plan is only covering one neighbourhood -- not the whole municipality -- then try to get that declaration and commitment by the local councillor or other neighbourhood leadership. Finally, put some effort into generating interest and excitement about collaboratively planning community safety and well-being. It is one thing to have a champion on city council; it is quite a bit more to have the heads of agencies and offices support the initiative and throw their influence and resources into the exercise with enthusiasm.

In the end, the plan will have five components: background, priorities, outcomes, strategies and performance measurement. For the most part, each follows logically from the previous one. The fifth, performance measures, specifies how and when to measure what in order to evaluate the degree to which the community has fulfilled the objectives of the plan. That is where planners will evaluate actual outcomes to see how they stack up against the desired ones that were benchmarked earlier in the planning process. That evaluation step is represented by the question mark that appears in the following schematic of the planning process.

[9] Crime Prevention in Ontario: A Framework for Action;" p. 18; Ontario Ministry of Community Safety and Correctional Services: 2012.



The BACKGROUND section puts some detail on the catchment area and population included within the scope of the plan. Show a map of the area. Describe the kinds of land uses it represents (residential, industrial, retail, agricultural, undeveloped area, transportation routes, open spaces, etc.). Most importantly, describe the population of the area: demographics, cultural factors, history, recent or anticipated future changes in the population, factors that have the most direct bearing on the behaviours and sense of community in the catchment area (e.g. maybe it is a one-industry town and there is a downturn in that industry; or maybe there is a

recent influx of new immigrants from some part of the world; maybe it is an area of high-density, low-income housing for university students who are only populating the area nine months of the year; etc.).

Police in Sault Ste. Marie partnered with a local university research department to survey the population in their target, catchment area about levels of victimization and perceptions of crime, safety and well-being. Police and other agencies will also have data that can inform some paragraphs on recent trends in criminal and anti-social behaviour in this neighbourhood. What are some of the obvious signs that some safety and well-being planning has to focus on this area? In other words, write some language that tells all the readers why planners are focusing here.

PRIORITIES for safety and well-being are where community partners do the work that sets the pattern for the entire safety plan. This is where they make decisions about the priority risk factors to deal with. For each of them it is important to specify the groups who are made vulnerable. Establishing those priorities means that all actions going forward are designed to reduce those risks, or at least protect the vulnerable groups from them.

Protective factors are measures that can do any of three things: reduce or remove the risks, insulate vulnerable groups from them, or reduce opportunities for the risk factors to have an effect on the vulnerable groups. Consider for a moment those school children traversing a high speed intersection twice per school day. We could re-route traffic during those times -- thus removing the risk. More practical protective factors that would alter the risk would be traffic control devices including signage, speed bumps, traffic lights, stop signs, pedestrian-crossing signals. Or we could apply protective factors to the children themselves; like, a walking-school bus (volunteer parents take turns accompanying children on their daily treks), crossing guards, and of course, pedestrian safety training for the children. We could apply protective factors that remove the opportunity for high speed traffic to harm the children by, for example, re-routing the children away from this dangerous intersection. For most priorities, planners will wish to apply a variety of protective factors in order to maximise their chances to increase safety.

Establishing the safety plan priorities sets up the challenge of determining the OUTCOMES safety planners expect from implementing the plan. This is where planners put some observable measures on the objectives of the plan. This is an important step because it establishes exactly what improvements in community safety and well-being will be achieved in this first planning cycle. A goal statement may read something like, "…increase the safety of school children traversing high speed intersections." But then the planning team must force themselves to determine exactly how they will know if they have achieved that goal. This is called

"benchmarking". It is used to measure performance using a specific indicator resulting in a specific metric that is compared to others.[10] So, for example, a plan may specify that community expects to reduce motor vehicle traffic at this intersection by one third. Or the planning team may wish to say that they will reduce the average speed of motorized traffic, approaching this intersection, from 50 to 30 kilometres per hour. Benchmarks are important because they not only lay out expected results; they also announce the measures by which the success of this safety plan will ultimately be judged. At some intervals determined later in the planning process, measures will be taken to see if the benchmarks are achieved -- or more realistically, how close they are to achievement -- so that strategies can be altered to maximize desired outcomes.

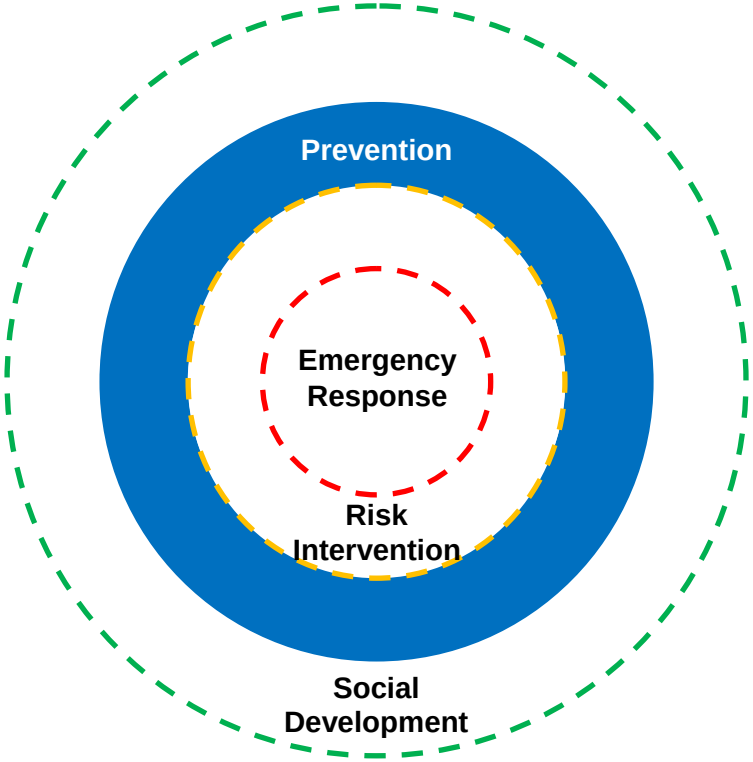
Finally, the planners get to research and select particular STRATEGIES for achieving the specified outcomes. They are comprised of three main elements: tasks, or things to do; partners, or those who will be charged with doing those tasks; and schedules for doing them. One of the most promising parts of this *Framework* is the planners' opportunity to select strategies in each of the four levels of the model. Maybe there need to be some improvements in the Red Zone -- emergency response. For example, if the community decides that mental health is a strategic priority, then perhaps it could start with improvement in emergency response by copying Chatham's Crisis Team, or Hamilton's COAST. Police assisted by qualified mental health workers could then be a lot more effective in obtaining the best services for people who require them. A situation table in the **Amber Zone** provides an excellent opportunity to package a customized blend of services to intervene before someone suffering from mental illness hurts them self or someone else. Further, by monitoring the incidence of such critical events, this group of acute care workers can guide systemic reforms that make the whole community safer and more effective in dealing with mental health issues.

But how can mental illness harms be prevented in the Blue Zone? A little research on the worldwide web (via <Google Scholar>) provided some interesting answers. We learned, for example, that over one third of all people seeking care for any health problem, from a primary health care physician, have some form of mental health issue which will have serious impacts on life style and health if left unrecognized and unmanaged.[11] Yet primary health care physicians do not routinely conduct very simple assessments of all of their patients for problems with addictions or mental health. That might be a good place to begin to implement some prevention strategies to make the community safer with this risk factor. For example, change the protocol so that all physicians routinely screen

[10] Bogan, C. E., & English, M. J. (1994). Benchmarking for best practices: Winning through innovative adaptation.] New York, NY: McGraw-Hill.
[11] T. B. Üstün, N. Sartorius, *Mental Illness in General Health Care: An International Study*; World Health Organization; John Wiley & Sons: 1995.

for these disorders. Secondly, strengthen the linkages between primary health care facilities and specialists, and mental health professionals and their treatment systems and facilities.

Then, in the Green Zone, social development, the community can do other things that help keep community members safer from mental illness in the first place. For example, increased access to extra-curricular physical exercise and other learning opportunities for young people help them deal with the emotional aspects of their lives.[12] Positive parenting courses for first-time parents helps them avoid the behaviours which increase family stresses that can lead to mental and emotional disorders. Strengthening social networks, especially for people living under conditions of high stress (poverty, single parenting, homelessness, etc.) can have a huge impact on reducing the incidence of harms from mental illness.



If the risk factor is domestic violence, vulnerable groups are women and children; and protective factors are strengthened social networks for them. Domestic violence can happen in any neighbourhood; among people at any socio-economic level; for a variety of reasons. But we also know that it is more prevalent among populations that are most vulnerable to other marginalizing conditions like: poverty, single parenting pressures, sub-standard housing, addictions and mental or other significant health problems. For this example we will lay out a strategy for prevention of domestic violence (Blue Zone) in two marginalized neighbourhoods where police are responding most often to domestic violence incidents.

With a little online research we discovered that Ontario has developed two programs that through quality evaluation have been shown to significantly reduce the incidence of harms from domestic violence (preven-

[12] *A.L.L. For Kids* (Activity, Leisure, Lessons) covers the costs of extra-curricular activities for children whose parents could otherwise not afford it. It helps them prepare for future life experiences by developing all areas of the child -- physically, socially, emotionally, and cognitively. For more information contact: A.L.L. For Kids; Municipality of Chatham-Kent; Health and Family Services, Children's Services: 519-351-2171.

tion). The first is *The Fourth R*.[13] This program teaches young people how to have and maintain healthy relationships. It prevents violence in relationships whether among siblings, friends, or mere acquaintances. Adapted to Ontario's school curriculum it is easily delivered in our high schools and reportedly, teachers love it. *The Fourth R*, focused as it is on grade 9-12 students, not only helps them have good relationships now, but also in their futures as adults and parents.

The second element of our prevention strategy focuses more precisely on strengthening social networks for vulnerable women and children in high density populations of marginalized people living in two high rise social housing facilities. Too often life in these neighbourhoods ends up isolating people from each other -- out of fear, shame, or just plain because all the energies of folks living here are concentrated on the necessities of life (food, shelter, health care, housing, parenting, etc.) and those pressures do not provide sufficient time or energy for developing and maintaining a social network.

Here, then, we will draw on a broad public awareness and social media strategy that was also developed and proved through lots of controlled trials in Ontario. Known as *Neighbours, Friends and Families*,[14] this program helps the people who are physically or socially closest to the vulnerable population, recognize the early signs of domestic violence and know what to do about it.

This is just one detailed example of the quality of planning that a community can do for identified risks, in the Blue Zone of our *Framework*. As discussed in the mental health example, similar levels of detail can be applied in the other zones, including emergency response (Red Zone). The key to the success of community safety planning is the level of detail to which planners go in examining data and information about risks; benchmarking desired outcomes; researching and selecting viable strategies; and evaluating the plan's performance. The last section of this document details steps for applying the *Framework for Planning Community Safety and Well-being.*

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[13] * The Fourth R is an evidence-based program that uses best practice approaches to target multiple forms of violence, including bullying, dating violence, peer violence, and group violence. By building healthy school environments we provide opportunities to engage students in developing healthy relationships and decision-making to provide a solid foundation for their learning experiences. Increasing youth relationship skills and targeting risk behaviour with a harm reduction approach empowers adolescents to make healthier decisions about relationships, substance use, and sexual behaviour. For more information visit https://youthrelationships.org

[14] *Neighbours, Friends and Families* is a public awareness campaign that has been developed by a partnership between the Ontario Women's Directorate, Government of Ontario, the Expert Training Panel of Neighbours, Friends and Families and the Centre for Research & Education on Violence against Women & Children. The campaign is designed to reach neighbours, friends and family members of women and their children who are experiencing abuse. Those closest to abused women don't always understand what they are seeing, knowing how to help or knowing where to turn for help in the community. For more information visit: http://www.learningtoendabuse.ca/neighbours-friends-and-families

Using *Framework* Principles to Start Planning

Getting Started

With the *Framework* explained, it is time to get community safety planning started. It does not really matter who, or which agency, takes the initiative to get the ball rolling. It does, however, matter when and how others are engaged in the whole process. In order to lay all of this out in a logical flow of activities culminating in a viable community safety plan, we will use the five principles of community safety planning that were mentioned earlier: 1) commitment at the highest level: 2) collaborative; 3) risk-focused; 4) asset-based; and 5) measureable outcomes.

Commitment at the highest level: Safety and well-being is a community-wide initiative. As such it requires dedication and inputs from every agency, organization, group and citizen. Sometimes it is difficult to get some of these constituents to the planning table. This is where leadership, vision, and even inspiration pay off. Get the highest level authority to make a public stand for safety and well-being; and charge everyone to play their roles in the process of planning.

A community-based exercise like planning for everyone's safety and well-being requires a focal point for leadership, authority, and accountability. Of course this could be a social service agency, or even the local police service. But neither of those would be sufficient because of the inherent limitations in their own mandates and enabling legislation. For this community safety planning champion, we need someone or a group who have the broadest sweep of authority and responsibility for everything that happens in community. At a municipal level that would be the mayor and council. At the neighbourhood level, that might be a local elected councillor. At the level of a single, high-rise social housing unit, that might be the municipal housing authority. In a high school, it would be the school board, or even the principal. The key is "highest level of authority."

In the Town of Bancroft, the Mayor and Council passed a unanimous resolution that declared safety and well-being their "…highest priority…." and asserted their expectation that "…all residents, agencies, organizations, businesses and visitors…." to the Town of Bancroft would play their role in developing and implementing a community safety plan. It also empowered a "community safety planning committee" to form and do this work.

That is just about all that the "highest level" imperative needs to do. But it is key to the success of the whole mission because that planning committee formed in Bancroft can fall back on that Council resolution whenever it needs to remind any party to the planning process to do their share of the work. It also sets a level of expectation that can serve to drive the whole exercise.

Finally, whomever is selected to provide this exercise with the "highest level of commitment" also has the capacity to promote the whole exercise; serve as a rallying point for public support; receive and respond to public requests for information about the plan. In Bancroft, the Deputy Mayor is playing this role.

Collaborative: In this *Framework* we have moved well past the old presumption that safety is primarily a police matter. In undertaking planning we are asserting that safety and well-being is everyone's responsibility. This means all government offices, human services agencies, community based organizations, businesses, neighbourhood groups, families and individuals. It is multi-sectoral; multi-disciplinary; and it requires full transparency as everyone shares responsibility for the common good.

No sooner do we get a higher order directive and imperative to do community safety planning, than we are faced with the challenge of collaboration. We have to recruit members to the safety planning committee. We have to pick agencies and organizations that have data about risks and vulnerable populations to step up and provide that information. Local conditions will determine how hard or difficult this is. For example, the Town of Bancroft is in the northern half of the very long Hastings County. Almost all of the county's human services have executive offices two hours south of Bancroft. That makes it difficult to get authoritative representatives of those agencies around Bancroft's community safety planning table. It is important for local planners to go south and recruit those partners, though, because that is where the authority resides for any and all of these agencies to participate and make decisions on behalf of their own organizations. Their representatives serving in Bancroft are front line workers; few of whom have the authority to make commitments on behalf of their home agency. On the other hand, once the planning process is well underway, it will also have to rely on the kinds of information that only these front line workers can provide -- e.g. types of risks and vulnerable populations; also, protective factors and implementation plans for safety strategies.

In another example, in order to firmly establish this commitment to collaboration among multiple agencies that cross multiple jurisdictional and municipal lines, the Guelph Enterprise partners have executed a "Charter" document. The Charter is not a complex

contract or memorandum of understanding, but rather sets out a number of agreed principles, roles and shared goals. It has been executed by the highest local authorities in each of the sectors involved in the overall program of activities.

Risk-focused: If we want to make everyone safer and healthier, then we have to begin to identify risks, threats or hazards to safety and well-being. This applies equally to all three planning levels in the *Frame-work.* Risks are pretty obvious in the **Amber Zone** where harm is imminent; they may subtler in the Blue Zone where we are looking for opportunities to prevent harm; but they are most challenging in the Green Zone not the least because the requisite efforts to reduce them seem so daunting.

How do we identify the priority risks with which this community safety plan must deal? Many agencies, organizations and individuals have invaluable information about local risks to safety and well-being:

- Police, fire, emergency medical, and other first responders collect data on the occurrences to which they have to respond most frequently; as well as locations and some information about particularly vulnerable groups
- Acute care agencies and organizations also collect information about the people they serve:
    - child welfare
    - mental health
    - primary health care
    - addictions treatment
    - women's support
- Social development agencies and organizations have important information to provide:
    - schools and school boards
    - social services
    - senior's homes
- Business sector (and "gatekeepers" to information about the local economy like, bankers, realtors, insurers, etc.):
    - fraternal and service organizations
    - local business leaders
    - business owners

  - employers
- Citizens, neighbourhood groups
  - faith groups
  - not-for-profit community-based organizations
  - tenant associations

This phase of the planning process entails a broad consultation strategy. The planning committee will want to select members who have the capacity to do outreach to these groups and organizations, and interview strategically selected representatives in order to get the best risk information, most efficiently. Where information from citizens and neighbourhood groups are concerned, the planning process may wish to launch a series of neighbourhood, town-hall meetings; or more selectively, focus groups; some municipalities may wish to use broad social survey techniques. Earlier we mentioned Sault Ste. Marie in which a local academic institute was engaged to conduct a variety of consultation techniques in one target neighbourhood.

It is important to strategically select these informants and methods of obtaining whatever information about risks and vulnerable groups that they can provide, because the success of the whole planning process hinges on the quality of these data. At the end of this exercise, the planning committee should have established their safety planning priorities, including: risk factors; vulnerable populations; and, protective factors.

It is also important to note that this should be a dynamic data set that can grow in its scope and its accuracy as the plan progresses and as new sources of information (such as risk and agency tracking at a Situation Table) become available to the community.

Asset-based: The soundest and most positive planning strategy presumes that every neighbourhood and municipality is full of assets that can be productively mobilized to achieve safety and well-being. That naturally leads to an effort to identify those assets -- what we call an “asset inventory.” Important elements of that inventory are the individuals, families, community groups in marginalized neighbourhoods who possess lots of energy, skills, and strong desires to contribute to the collective goal of community safety.

It is fairly obvious that any "asset inventory" for a social development or risk prevention strategy would include important agencies and organizations that have mandates, resources, information and workers to contribute to the community safety planning exercise. What is less obvious is that even the most marginalized neighbourhoods -- which may, in effect be the targets of this kind of planning -- also harbour tremendous assets without whose involvement no community safety plan will be successful. That is one of the strengths of *Ontario's Mobilization & Engagement Model of Community Policing*. It specifies one principle which says, "Even the most broken neighbourhood has individuals, groups and organizations that can and will apply themselves constructively to building community safety if they can be identified and supported to do so." That *Model* specifies that identifying and supporting local community assets is an excellent role for police who are responding most often in the same neighbourhoods.

"Asset-based community development" is a phrase that emerged out of scores of community development initiatives in the Chicago area over a lengthy period in the '90s.[15] Conducted by scholars at Northwestern University, this research generated an approach to community building which differs significantly from the more conventional "welfare approach". The welfare approach is predicated on the notion that few assets exist in marginalized neighbourhoods, or they would not be marginalized. Hence, it is incumbent on those of us in more privileged circumstances to invest resources in those neighbourhoods in order to compensate for those internal deficiencies. Asset-based community development is just the opposite. It presumes that even in marginalized neighbourhoods there are tremendous assets to enlist in the community building enterprise. Further, that if we do not enlist them fully, no amount of external resources thrown at that neighbourhood will achieve their intended results.

In this phase of the safety planning process, planners need to identify, task, and support small "priority risk teams" -- one each for the specified priority areas for the community safety plan. Members of each team should be selected on the basis of their knowledge about these risks, or vulnerable groups; and their access to more information about them. Each priority risk team will then engage in the process of proposing: protective factors, outcomes, strategies, measures and benchmarks. But notice, to the extent desirable, they need to do this work for each of the four areas in the *Framework* (Green, Blue, **Amber** and Red Zones).

[15] John Kretzmen and John McKnight, *Building Communities from the Inside, Out: A Path Toward Finding and Mobilizing a Community's Assets*; Northwestern University: Evanston, IL; 1993.

Measureable outcomes: In a good community safety plan, outcomes will not be abstractions like "safety for all." They will be observable and measureable, like "lower rates of truancy." Specifying objectives, setting benchmarks, and measuring outcomes require the specialized knowledge and technical capacities of all agencies and organizations. Each understands their own domain and probably takes their own measures. Putting all that together for a community-wide profile will require inter-sectoral collaboration.

Some performance measures will have been identified during the benchmarking exercise. Others may emerge as the planning committee begins to pull the whole plan together, and considers how exactly they will evaluate its performance over time. *Performance Measures for Community Safety and Well-being* shows a number of metrics that correspond to all four levels of the *Framework.* At this step in the safety planning process, it will be important for the planning committee to decide which measures it will rely on, as well as the schedule and processes that will be used to implement them.

Every planning process is never actually finished. For example, a safety plan may specify a three year period for implementation before the team takes measures of safety to see how well the plan has worked. Every time such measures are taken, they suggest new things that need to be done to further safety and well-being. Often, those suggestions emerge into a whole new planning cycle. This is not a bad thing. It is natural in the dynamic process of building community and increasing safety and well-being. As with all things, the challenge is doing the plan so well that implementation naturally leads not only to safer and healthier communities, but also to a process that is self-perpetuating and sustainable.

Planning is the first step -- implementing the plan is where we really find out if the community is ready for the collective enterprise of safety and well-being. Implementation will go more smoothly if those responsible for it had a significant hand in the planning. Collaboration at all levels is the key.

The process should be driven by data from the outset. It is data about types and frequencies of crime and disorder that will get people's attention and bring them to the planning table. Data about the demographics and distribution of particularly vulnerable groups will provide focus to the exercise. Measures of the current status of vulnerable populations will permit the team to define realistic benchmarks. Measures of changes in their status will help the community decide if it is any safer and healthier because of these efforts. It is all in the data!

Plan at all three levels of risk: social development (Green Zone) prevention (Blue Zone) and mitigation (**Amber Zone**). In some ways we could look at these as the if-at-first-we-don't-succeed, try-try-again model. Effective social development should have the most sustainable, longest term positive effect on reducing risks. But if that is not enough, we can get much more focused in a prevention effort. And when that fails, we can always identify those at acutely elevated risk and customize a mitigating intervention. But none of that is available to us if we do not start becoming much more aware of, and responsive to risks of harm and victimization. When we do, then planning and implementation at all three levels will go the furthest toward securing the safety and well-being of community.

This document is accompanied by an attractive and animated Microsoft Office PowerPoint® presentation (Appendix B) which presents all of these same ideas that may be used locally to attract interest and explain what community safety planning is all about, and another document which provides a script for that presentation (Appendix A). Users are encouraged to review and adapt it for their own audiences, and their own purposes. Without interruption, the presentation and script require only about 20 minutes for completion -- though some users may wish to engage their audiences in discussion as it unfolds.