Report on the Hub Discussion 2011/2012:

A Documentation Contributing to the Development of the Hub Discussion and to the Identification of Systemic Issues and Root Causes of Social Problems in Prince Albert and Area

A Submission to CMPA's Operational COR Committee (OCC)

October 31, 2012

1. Executive Summary

The **purpose of this report** is to document the Hub discussion for June 1, 2011, to May 31, 2012, with the goal of supporting the successful identification and optimization of the practices that worked best to mitigate risk in acutely elevated risk situations, and to strengthen the basis for further identification of systemic issues and root causes of social problems in Prince Albert and area.

Within the evaluation period, the Hub discussion addressed **258 situations**. 47% of the individuals were male, 53% female. 50% of the individuals were 12-17 years, 24% were 18-59 years old. Only 8% were 0-11 years old. 85% of the individuals were residents of Prince Albert. 70% were affected by substance abuse issues, 58% had a history of perpetrating abuse and/or violence, 50% a history of victimization, and 36% a history as a missing person.

Intensity of service: Most of the 258 situations were discussed several times resulting in 1454 individual situation specific discussions, averaging 5.6 discussions per situation, or an average discussion time of 36 minutes (6.4 minutes per individual discussion). The action taken based on the Hub discussion primarily consisted of 694 tasks defined, assigned, and carried out by the agencies. This is an average of 2.7 tasks per situation. The tasks were often carried out in a multi agency approach. 12% of all situations were chronic (they had to be reopened) and showed the highest intensity of service. They were addressed by a high average number of 8.1 tasks and 19.6 individual discussions.

71% of the **situations were brought forward by** one of three agencies Social Services with 19%, Education with 21%, and the Prince Albert Police Service with 31%. The health services together made up for 14% of the situations discussed. The three **major categories** made up 73% of the situations: 'Child Welfare' (37%), 'Addictions' (20%), and 'Mental Health' (16%). **The overall top risk factors** causing the intervention were: 'Substance abuse/addictions' (in 57% of the situations), 'Criminality' (56%), 'Victimization' (41%), 'Mental health issues' (30%), 'Missing person' (28%), 'Lacking parenting' (19%), and 'Truancy' (14%).

The typical Hub situation was brought forward by Social Services, the Prince Albert Police Service, or Education. It concerned a 12-17 year old female in the category 'Child Welfare' showing several risk factors in the areas substance abuse/addictions, criminality, and victimization, combined with mental health issues, a history as a missing person, lacking parenting, and truancy. There was direct involvement of 2 to 4 agencies, carrying out 2-3 tasks defined in the discussion, the first of which was carried out within 48 hours. There were 4-5 individual discussions that resulted in a total discussion time at the Hub table of 25-31 minutes, the risk was mitigated and the situation closed within 2-3 weeks.

The range of **positive effects of the Hub discussion** was found to be wide. The results often would not have been obtainable to the same extent without the collaborative approach. The Hub mitigated acutely elevated risk situations to the benefit of the individual, his/her family, and the community at large. It increased community safety and wellness, the effectiveness, efficiency, and quality of our human

services delivery system by mobilizing existing resources, enabling service delivery, and making it take place at an earlier point in time. Also, it allowed for the identification of systemic issues and gaps.

The **systemic issues** of the Hub discussion appear to be: : Incomplete identification and documentation of risk factors, the Hub heavily depends on the performance of the agencies, chronic situations take away resources that could be used more effectively, the age group of the 4-11 year olds did not get the attention it deserves, the Hub discussion can be a risk to privacy rights, missing formalized and detailed evaluation practices or policies, and missing tracking of the outcomes of situations discussed. The systemic issues of the human services delivery system were identified to include the needs for new services in the area of adult protection and cognitive disabilities, general increase of prevention measures throughout the agencies, appropriate data collection to allow for evidence based action and measurement of success, for bridging the mandates between agencies, increased application of the provisions that require or allow information sharing, and the need that the root causes substance abuse/ addictions, violence, victimization, mental health, lacking parenting, and truancy are addressed by vigorous prevention measures.

Some of the **main recommendations** include:

- The agencies define their internal risk assessment/ screening processes in detail;
- The risk factors are systematically recorded in the joint notes;
- The agencies look into ways to reduce the Hub's dependency on the agencies;
- Explore ways to ensure the focus is laid on situations that profit the most from the Hub discussion, and find new ways to deal with chronic situations;
- CMPA continues its effort to make sure that the Hub does not conflict with privacy legislation;
- CMPA pursues its efforts to create an evaluation culture and the establishment of a detailed evaluation framework, including the definition of what success of the Hub discussion means, what data is required to measure it, and how the data can be collected and evaluated;
- The COR puts the focus on prevention of 'Substance abuse/addictions', 'Victimization/violence', 'Mental health issues', 'Lacking parenting', and 'Truancy'.

The Hub discussion appeared to benefit the individuals discussed, their families, the community at large, and the participating agencies. Also its value for the identification of systemic issues could be confirmed. CMPA hopes that this report can provide an adequate insight into what the Hub discussion dealt with over the evaluation period, and that the analysis will be able to serve as a valuable contribution to the success and further development of the Hub discussion, the COR activities, and community mobilization in general.

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3. Introduction

3.1. Purpose of this report

The purpose of this report is to document the Hub discussion for the time from June 1, 2011, to May 31, 2012. The documentation will give insight into various aspects of the Hub and the issues discussed. This will support a successful identification of what worked best to mitigate acutely elevated risks and how the processes can be optimized. Also it will strengthen the basis for the identification of systemic issues and root causes of social problems. The documentation is meant to contribute to the development of the Hub discussion, the COR activities, and CMPA in general.

This report cannot replace an actual evaluation. The data available can provide a good insight, but it was not tailored to serve as a basis for an actual in depth evaluation. Also the terms “success” and “effectiveness” of the Hub discussion and indicators allowing an actual measurement of the outcomes would need to be determined before an evaluation can take place.

3.2. CMPA – vision and mission

Community Mobilization Prince Albert (CMPA) has the vision that Prince Albert and region will achieve dramatic and ongoing reductions in the levels of crime and victimization. Our individual citizens and families at risk will gain the supports they need to build positive and healthy lives, our young people will grow and be educated in environments free from fear and risk, and our businesses will operate in a safe and positive marketplace. CMPA is an effective, integrated multi-agency team, building safer and healthier communities, reducing crime and victimization; accomplished through the mobilization of existing resources to address individuals/families with acutely elevated levels of risk as recognized across a range of service providers, a broader focus on long-term community goals and initiatives, and possible systemic recommendations arrived at via experience, research and analysis. CMPA is carrying out its mission by two key components: The Hub discussion and the Center of Responsibility (COR). The Hub discussion focuses on providing immediate responses to acutely elevated risk as expediently as possible; typically within 24 to 48 or 72 hours. The COR in support of the Hub is a full time centre for research, analysis, and long-term solutions to systemic issues, and root causes of social problems.

3.3. The Hub discussion

The Hub is a discussion between multiple government agencies in the human services delivery taking place twice per week for an hour and a half. It is a discussion and does not have any actual case management role or authority. The case management and the actual service delivery fully remain with the agencies. The Hub discussion focuses on providing immediate coordinated and integrated responses through mobilization of existing resources to address situations facing individuals, families or environments with acutely elevated risk factors, as recognized across a range of service providers.

The participating agencies include Social Services (Child Protection and Income Assistance), Mental Health, Addiction Services, Prince Albert Police Service, Roman Catholic Separate School Division, Sask.

Rivers Public School Division, Prince Albert Grand Council, RCMP, City of Prince Albert, Mobile Crisis, Public Health, Adult Probation, Youth Probation, Corrections, Prince Albert Fire Department, Bylaw Services, Prince Albert Parkland Health Region.

Between the commencement of operations in February 2011 and End of May 2012, 428 situations were discussed. Each of them revolved around a situation, recognized across a range of disciplines, in which an individual, family or neighbourhood was experiencing an acutely elevated level of risk – risk factors that could otherwise have led to offending, victimization, or some other threat to the health and safety of an individual, family, or to the community.

In the course of the discussion a situation is illuminated from different angles according to what agencies are involved and what the acutely elevated risk is. The agencies determine in a joint approach what action has to be taken to counter the risk (e.g. Social Services and Addiction Services decide to do a joint door knock to offer services to a particular individual at risk). At the next meeting they will discuss if the steps taken met the risk or if further action is required.

It is not the focus of the Hub discussion to have all the issues solved that are related to a situation, but to support the participating agencies in dealing with the acutely elevated risk by mobilization of resources. With the mitigation of the risk, the Hub discussion ends and the agencies continue their work within their home agencies until their mandate is accomplished. The Hub is a mere discussion. It does not have any actual case management role or authority. The case management and the actual service delivery fully remain with the agencies.

4. Research questions and objectives

This report is addressing eight research questions and objectives as listed below. A short comment to each question will set out the scope of the analysis.

Question 1: What was the subject of the Hub discussion?

An overview of what was discussed at the Hub table will allow identification of the most pressing acutely elevated risk situations our community is faced with. That knowledge can be expected to significantly contribute to the identification and mitigation of the underlying root causes of social problems. The following sub questions will be covered:

- Who brought forward situations for discussion?
- Who was the target group?
- What were the main categories?
- What were the main risks?
- What agencies were involved and to what extent?
- How was the intensity of service?
- The typical Hub situation

Question 2: What was not the subject of the Hub discussion?

Taking a look at what issues were not discussed at the Hub is an important question when trying to make sure that the issues that belong to the Hub table really do get there.

Question 3: What action was taken based on the Hub discussion?

As a result of the discussion the participating agencies defined specific tasks to be carried out to meet the acutely elevated risk. The answer to this question will take a closer look at those tasks.

Question 4: What worked and what did not when addressing the acutely elevated risks?

There was no actual mechanism in place that would precisely measure the impact of the Hub discussion on the acutely elevated risk. Therefore the question will have to be answered based on a comparison of the situations that did not return to the Hub table ("solved situations") and the ones that had to be reopened ("chronic situations"). Taking a closer look at the solved situations might provide information on what kind of situations can be successfully addressed by the Hub discussion and how they are addressed most efficiently (what was done right to permanently and sustainably mitigate risks). Also, the time it took (resp. how many discussions were necessary) until the risk situations could be addressed, the nature of the risks, and the agencies involved will be considered.

Question 5: Definition of the ideal Hub discussion

A definition of the ideal Hub discussion is a landmark for the development of the Hub procedures.

Question 6: Common elements of the acutely elevated risks addressed

The basic requirement a situation needs to meet in order to qualify for discussion in the Hub is the

acutely elevated risk as recognized across a range of service providers. Can the acutely elevated risk be defined in more detail? What are its key elements?

Question 7: What are the positive effects of the Hub discussion?

The positive effects of the Hub discussion were not systematically measured and cannot easily be proven. The answer to this question will explore the impact of the Hub discussion on acutely elevated risk situations, the community, the human services delivery system, and on systemic change.

Question 8: Lessons learned - systemic issues/gaps identified

The identification of systemic issues and gaps is a key for increased community safety and wellness. The systemic issue and gaps identified based on the experiences from the Hub discussion are presented as follows:

Question 8.1: Root causes of social problems identified,
Question 8.2: Systemic issues/ gaps of the Hub discussion itself,
Question 8.3: Systemic issues/ gaps of the human services delivery system.

5. Data basis used for this report

Two sets of data were used for the present report:

- Joint notes: data that was collected jointly by the Hub agencies during the Hub discussion, and
- Record Management System (RMS) of the Prince Albert Police Service: data collected by the Prince Albert Police Service showing information about an individual's involvement with the local police.

The timeframe for the data collection was June 1, 2011, to May 31, 2012.
If an individual did not have a record with the Prince Albert Police Service or if the record it has did not contain any of the information listed below, only the information recorded at the Hub discussion was used.

5.1. Joint notes

The joint notes were taken separately for each situation. The purpose of recording the notes was to keep an overview of each individual situation in order to be able to continue the discussion at the next meeting, to collect information that is required to analyze the functioning of the Hub discussion, and to be able to provide the COR with information required to identify systemic gaps. Some of the information was recorded systematically, including:

- Who is the owner of the discussion;
- Which one is the lead agency;
- What category does the situation belong to:
    - Housing,
    - Maintenance,
    - Domestic Related,
    - Maintenance,
    - Mental Health,
    - Addictions,
    - Child Welfare,
    - Miscellaneous;
- The number of tasks associated to the situation;
- How many times was a situation discussed at the Hub;
- Start and end date of each situation.

The person taking the joint notes recorded additional information he/she deemed to be relevant to serve the purpose of the notes, typically including:

- A generic description of the risk;
- Facts relevant to address the risk;

- Inputs from the agencies;
- Results of the discussion/ how to proceed further.

The agencies could request that certain information was added or removed to/from the joint notes.

5.2. Data extracted from the Record Management System (RMS)

The following selected pieces of information were used obtained from the PA Police RMS system:

- Was the individual reported as a missing person in the past?
- What is the individual's history of victimization?
- What is the individual's history of being a perpetrator?
- Is the individual in contact with substance abuse in any way?
- Where does the individual reside?

It is likely that the information contained in RMS is just a part of the information about an individual's involvement with the police (e.g. the individual might be involved with the police in other places which would show up in the databases of the other police services). Most likely there are quite large parts of information in other police databases throughout the country that would be of interest here. By getting police information only from RMS, parts of the relevant data are missing and the degree of completeness of the data is lowered accordingly. Also the completeness differs from situation to situation depending on where the individuals have a record with the police. This is one of the reasons why the databases used for this report are not fully complete. As a result the findings related to the pieces of information obtained through RMS might appear to be less significant than they would be, if all the police information had been considered. It can be noted though, that RMS contains a significant amount of information on many of the individuals discussed. Therefore RMS shows to be useful even though some pieces of information are missing.

5.3. Quality of data

The data from the Hub discussion was only partly captured systematically. The joint notes taken additionally are only a summary of some of the relevant facts. Not all the information that was discussed was also recorded. The kind and amount of data pertaining to each situation differs resulting in a data bases that is quite heterogeneous. For those reasons the Hub data does not fully reflect what was going on at the Hub discussion. Also the data was not recorded exactly the same way for each situation. It therefore shows a reduced comparability. The same is true for the data obtained from RMS. RMS cannot deliver the same data for each individual (e.g. because not all the individuals spent the same amount of time in Prince Albert and might have police records outside RMS). This contributes to the fragmentary nature of the databases. For an actual evaluation, the significance of the information used here would need to be clarified. This report will show how the present analysis may be affected by the quality of the data used.

6. Findings

6.1. Number of situations discussed

From June 1, 2011, to May 31, 2012, the agencies addressed 258 situations of acutely elevated risk factors as recognized across a range of service providers in the Hub discussion.

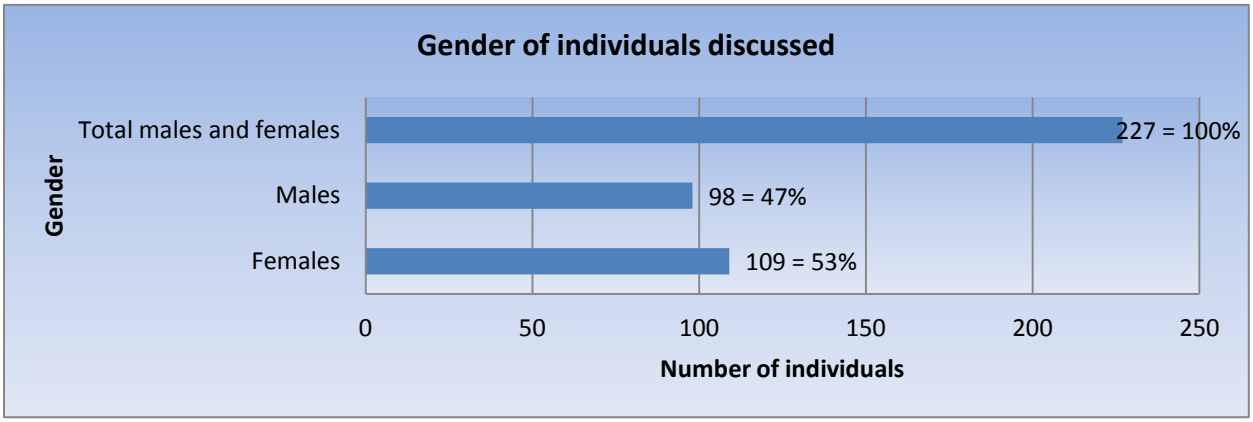
6.2. Demographics

6.2.1. Number of individuals

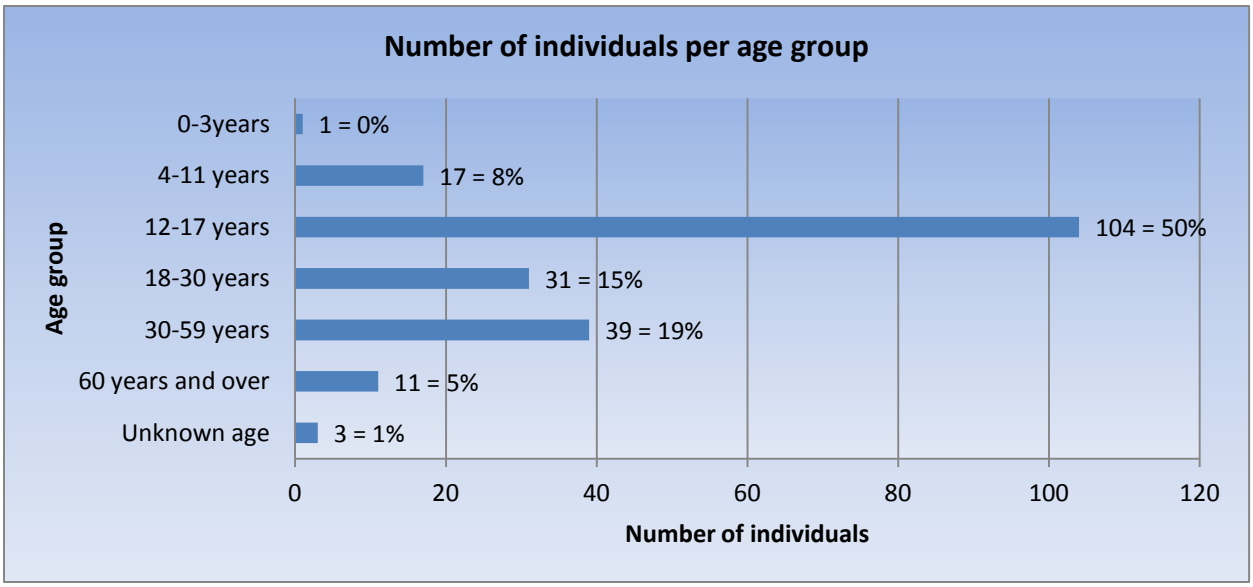
Out of the 258 situations discussed, 207 were attributed to an individual. The remaining 51 situations concerned locations, environmental issues, or the public at large. Attribution to an individual is only an indicator that the risk was mainly connected to that person and that only that person received services. When services were provided to several individuals of the same situation, usually only one individual was counted (e.g. if a family had several children that were in need of services, the situation may have been attributed to the mother, even though the main focus of the discussion was on the children). The number of individuals who received services therefore was significantly higher than 207.

6.2.2. Gender and age

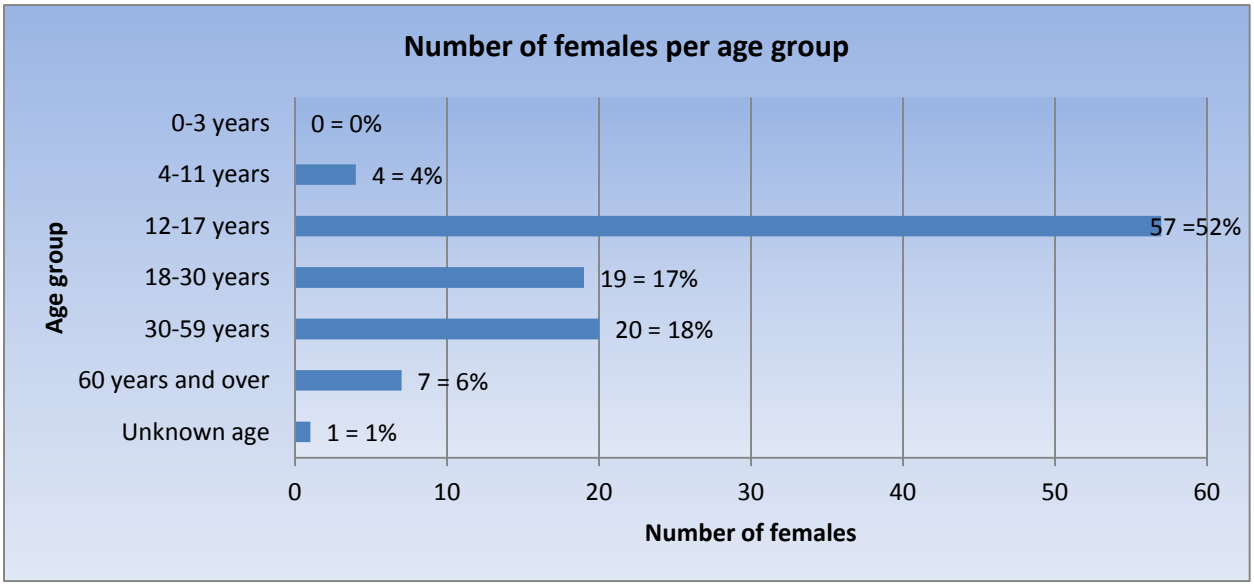
98 situations (47%) concerned a male, 109 situations (53%) a female:



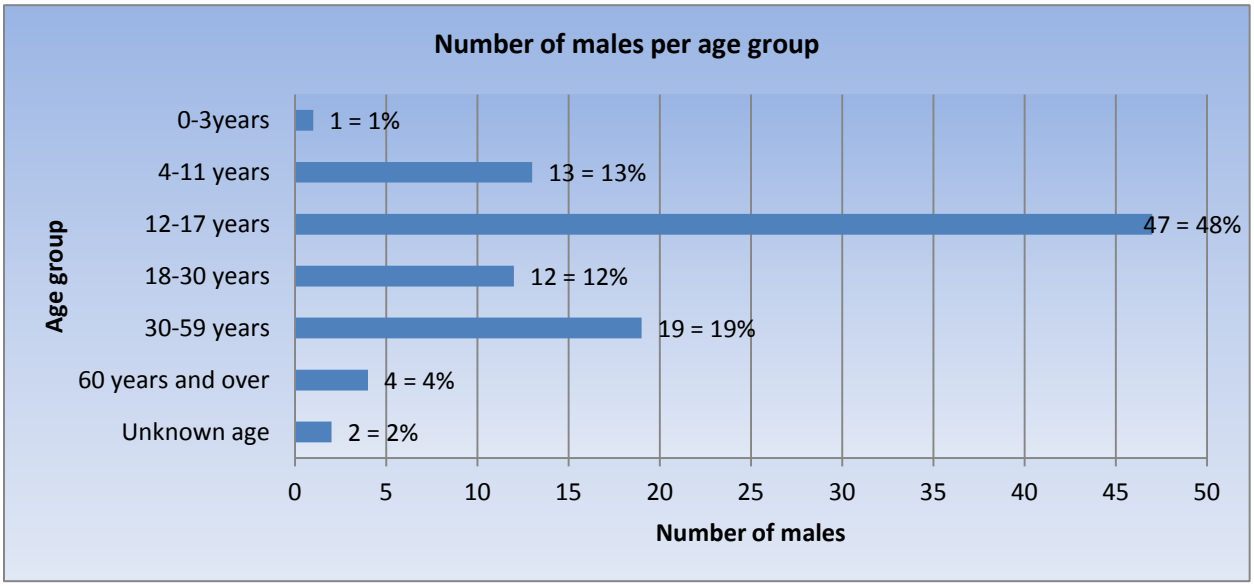
The individuals were distributed into 6 different age groups. They were: 0-3 years, 4-11 years, 12-17 years, 18-29 years, 30-59 years, and 60 years and over. 1 individual (0%) was 0-3 years old, 17 individuals (8%) were 4-11 years old, 104 individuals (50%) were 12-17 years, 31 individuals (15%) were 18-30 years old, 39 individuals (19%) were 30-59 years old, 11 individuals (5%) were of the age group 60 years and over, and for 3 individuals the age group was unknown:



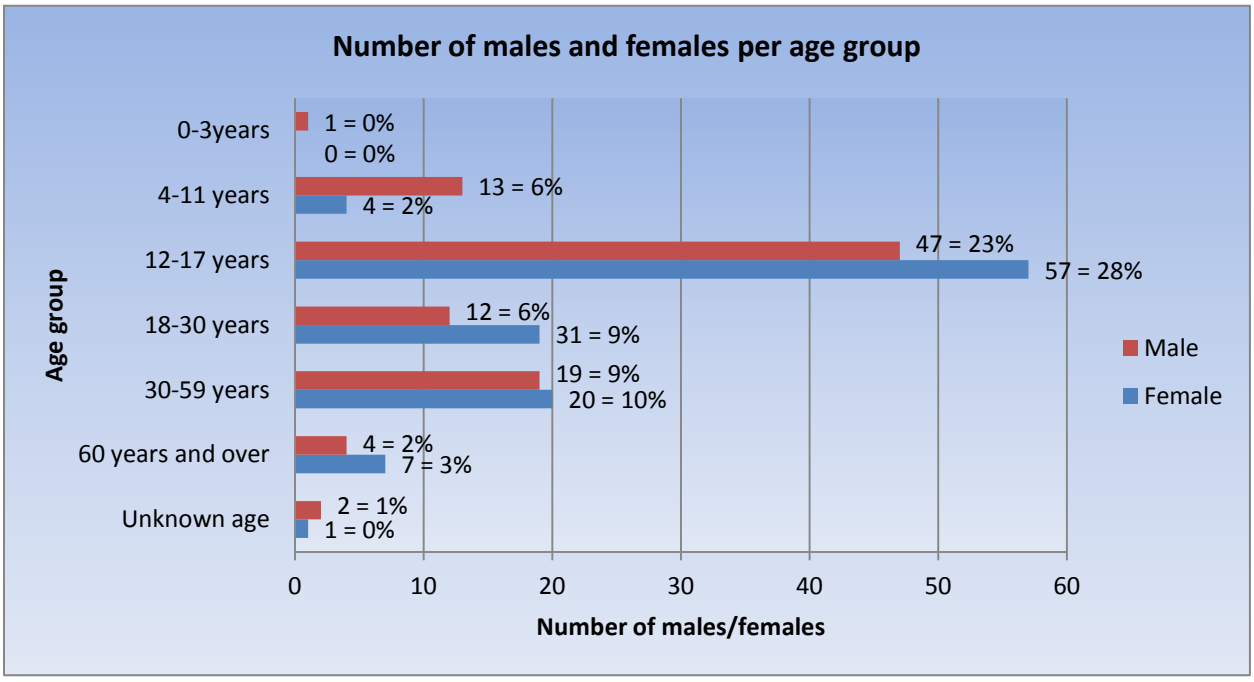
The number of females per age group was: 0 females (0%) were 0-3 years old, 4 females (4%) were 4-11 years old, 57 females (52%) were 12-17 years, 19 females (17%) were 18-30 years old, 20 females (18%) were 30-59 years old, 7 females (6%) were of the age group 60 years and over, and the age of 1 female (1%) was unknown:



The number of males per age group was: 1 male (1%) was 0-3 years old, 13 males (13%) were 4-11 years old, 47 males (48%) were 12-17 years, 12 males (12%) were 18-30 years old, 19 males (19%) were 30-59 years old, 4 males (4%) were of the age group 60 years and over, and the age of 2 males (2%) was unknown:

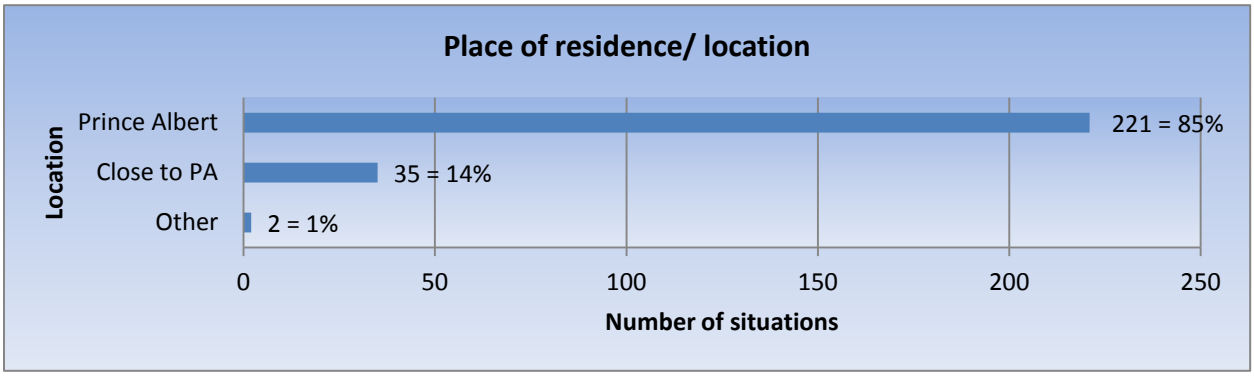


A comparison between the numbers of males and females per age group can be visualized as follows:



6.2.3. Place of residence/location of Hub subject

The number of situations in which the individual or location concerned was resident of/ located in Prince Albert was 221 or 85%. 35 situations (14%) concerned the countryside around Prince Albert, and 2 situations (1%) other areas (within or out of the province):

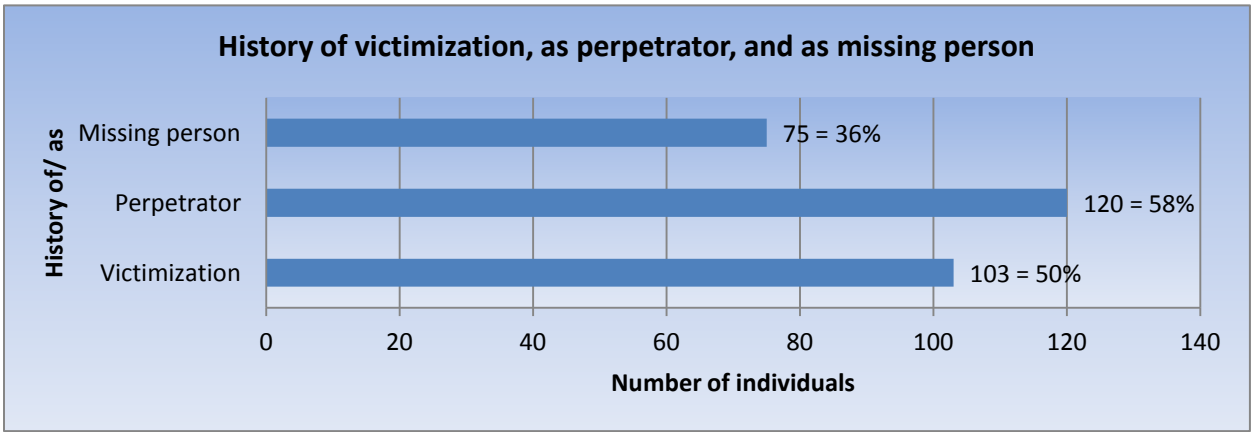


6.2.4. History of victimization, as a perpetrator, and as a missing person

The number of individuals who had a **history of victimization** according to the Prince Albert Police Service's RMS system was 103 or 50%, consisting of 55 females and 48 males. The 55 females represented 50% of all females, 53% of all individuals with a history of victimization (females and males), and 27% of all individuals (females and males). The 48 males represented 49% of all males, 47% of all individuals with a history of victimization (male and female), and 23% of all individuals.

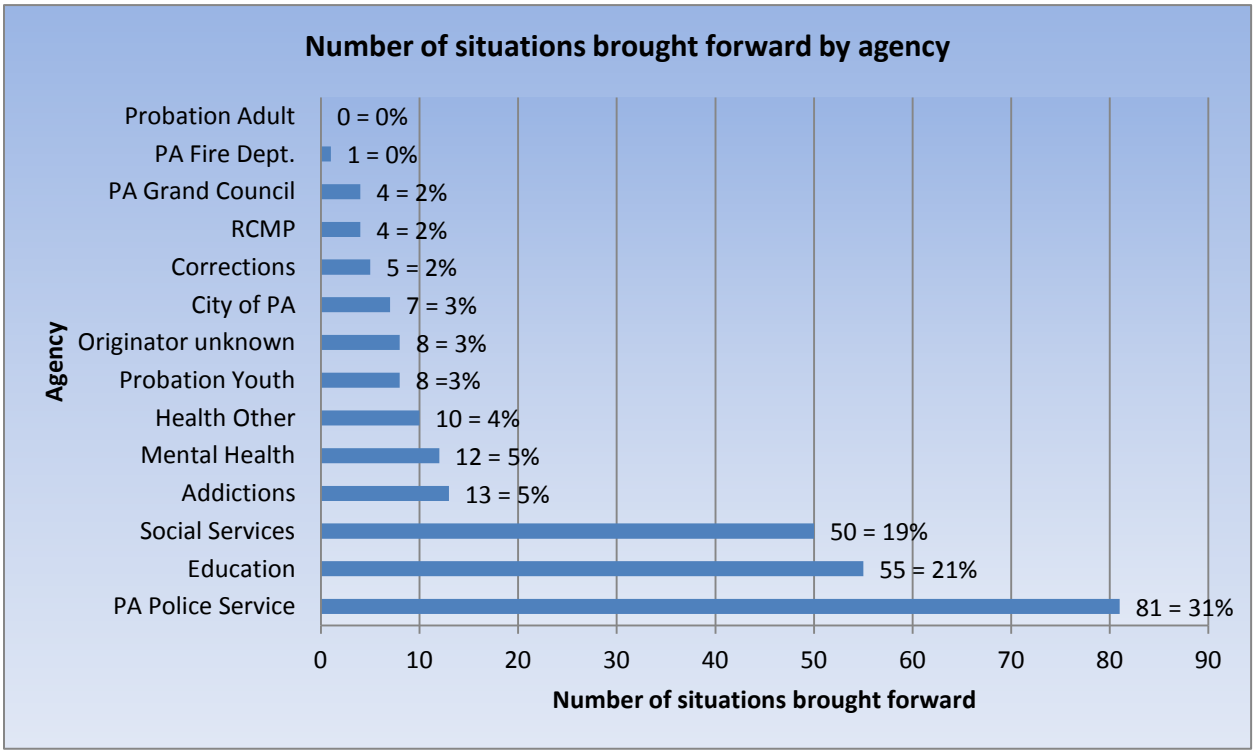
The number of individuals who had a **history of perpetrating abuse and/or violence** according to RMS was 120 or 58%, consisting of 49 females and 71 males. The 49 females represented 45% of all females, 41% of all individuals with a history of perpetrating abuse and/or violence (females and males), and 24% of all individuals (females and males). The 71 males represented 72% of all males, 59% of all individuals with a history of perpetrating abuse and/or violence (male and female), and 34% of all individuals.

The number of individuals who had a prior **history as a missing person** according to the Prince Albert Police Service's RMS system was 75 or 36%, consisting of 42 females and 33 males. The 42 females represented 39% of all females, 56% of all individuals with a prior history as a missing person (male and female), and 20% of all individuals. The 33 males represented 34% of all males, 44% of all individuals with a prior history as a missing person, and 16% of all individuals.



6.3. Number of situations brought forward per agency

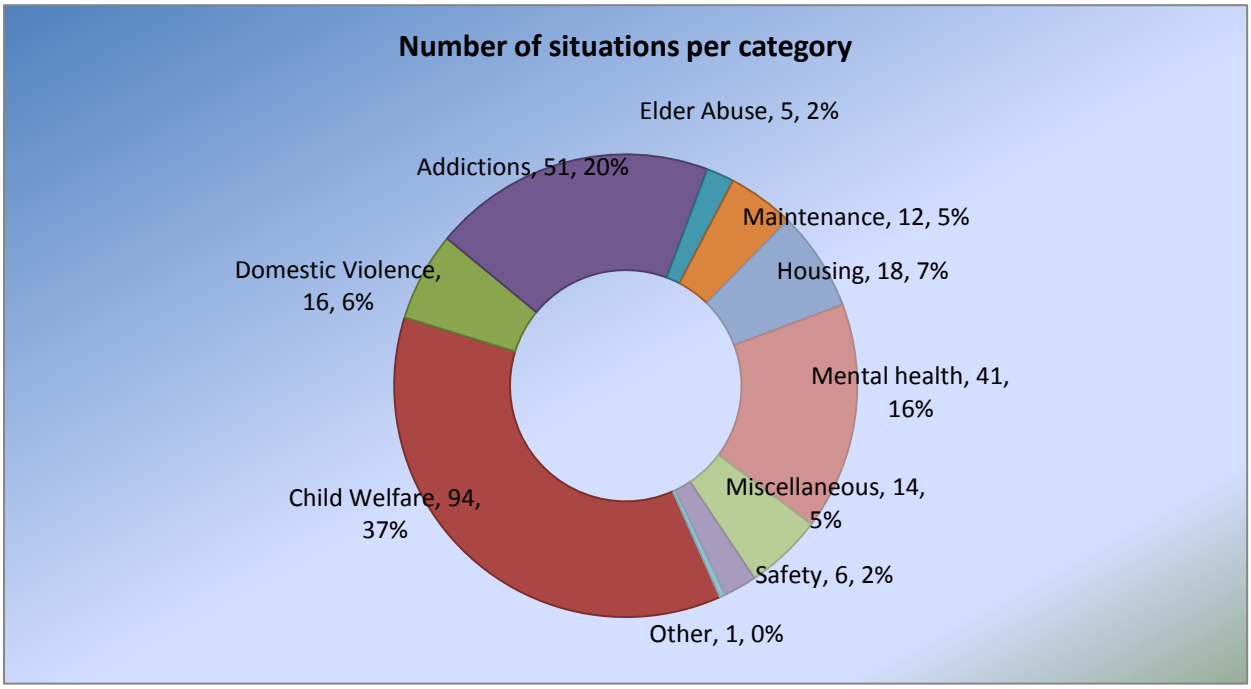
The number of situations each agency brought forward for discussion was: Probation Adult: 0 (0%); PA Fire Department: 1 (0%); PA Grand Council: 4 (2%), RCMP: 4 (2%); Corrections 5 (2%); City of PA: 7 (3%); originator unknown: 8 (3%); Probation Youth: 8 (3%); Health Other: 10 (4%); Mental Health 12 (5%); Addictions: 13 (5%); Social Services 50 (19%); Education: 55 (21%); PA Police Service 81 (31%):



6.4. Number of situations per category

Each of the 258 situations was categorized as to the nature of the primary risk factors involved. The categories were 'Child Welfare', 'Addictions', 'Mental Health', 'Inadequate Housing', 'Domestic Violence', 'Miscellaneous', 'Maintenance of Property or Neighbourhood', 'Safety', 'Elder Abuse', and 'Other'.

94 situations (37%) were categorized as 'Child Welfare', 51 (20%) as 'Addictions', 41 (16%) as 'Mental Health', 18 (7%) as 'Inadequate Housing', 16 (6%) as 'Domestic Violence', 14 (5%) as 'Miscellaneous', 12 (5%) as 'Maintenance of Property or Neighbourhood', 6 (2%) as 'Safety', 5 (2%) as 'Elder Abuse', and 1 situation (0%) as 'Other':



6.5. Risk factors

The fundamental condition for having a situation discussed at the Hub table was the presence of acutely elevated risk factors across a range of agencies. The risk factors were not systematically recorded other than that the situations were categorized. Some additional information on the risk was recorded in the joint notes. That information was used to at least get a somewhat broader idea of what the risks and risk factors were. The joint notes are only a rough summary of the facts and therefore allowed a limited determination of the risk factors.

The risks and risk factors listed below were the most obvious to be identified. Also they could be found the most often. They appeared in various combinations along with other risk factors that are not listed here. Since the risk factors were not systematically and fully recorded the following numbers can only serve as an estimate.

6.5.1. Risk factors in the category 'Child Welfare'

In the 94 situations categorized as 'Child Welfare' the 9 main risk factors were present 293 times resulting in an average of 3.1 main risk factors per situation. The 9 main risk factors identified in the category 'Child Welfare' were:

1. Criminality in 58 situations or 62% (arson, abduction, theft, non-compliance with court orders, break and enter, and including 30 situations of violence);

2. Substance abuse/addictions in 47 situations or 50% (including alcohol and/or drug use and/or addiction, overdose, intoxication, huffing, excessive exposure of baby/child to marijuana smoke and other drugs);
3. History of victimization in 46 situations or 49%;
4. Lacking parenting in 39 situations or 41% (including abandoned child, inappropriate living conditions, basic needs not met, starvation, homelessness of child/youth);
5. Going missing in 37 situations or 39%;
6. Truancy in 26 situations or 28% (including not attending school, missing school, parents not taking children to school);
7. Mental health issues in 19 situations or 20% (including suicide of child/youth, self-harm, homicidal thoughts, depression, not taking mental health medication);
8. Sexual abuse of child/youth in 14 situations or 15% (including child prostitution, child pregnancy, exposure to inappropriate scenes, sexual exploitation of children/youth);
9. Anti social behaviour in 7 situations or 7% (including vandalism, destruction of expensive public infrastructure, extreme behavior at school).

6.5.2. Risk factors in the category 'Addictions'

In the 51 situations categorized as 'Addictions' the 10 main risk factors were present 153 times resulting in an average of 3 main risk factors per situation. The 10 main risk factors identified in the category 'Addictions' were:

1. Substance abuse/addictions in 51 situations or 100% (including addiction, extremely high blood alcohol content, abuse of Listerine);
2. Criminality in 31 situations or 61%;
3. Victimization in 16 situations or 31%;
4. Picked up intoxicated in 13 situations or 25% (including children/youths passed out in public places);
5. History as missing person in 12 situations or 24%;
6. Mental health issues in 9 situations or 18% (including suicidal and self-harm);
7. Truancy in 7 situations or 14% (including not attending school, missing school, parents not taking children to school);
8. Housing issue in 6 situations or 12% (including homelessness and eviction);
9. Lacking parenting in 4 situations or 8% (including abandoned child, inappropriate living conditions, basic needs not met, starvation, homelessness of child/youth);
10. Refusal of addiction services in 4 situations or 8% (including repeatedly missing addiction services' appointments).

Physical health was not separately accounted for as a risk factor, despite the risk health is exposed to in addictions situations. The fact that 29 (58%) of the 51 situations in the category addictions concerned youth between the ages of 12-18 years, indicates that it is likely that there were more than only 4

situations with lacking parenting.

6.5.3. Risk factors in the category 'Mental Health'

In the 41 situations categorized as 'Mental Health' the 10 main risk factors were present 92 times resulting in an average of 2.2 main risk factors per situation. The 9 main risk factors identified in the category 'Mental Health' were:

1. Mental health issues/ conditions in 41 situations or 100%;
2. Substance abuse/addictions in 18 situations or 44%;
3. Criminality in 17 situations or 41% (including victimization, arson, threats to person, gang involvement, anti social behavior, domestic or family violence, prostitution);
4. History of victimization in 17 situations or 41%;
5. History as missing person in 14 situations or 34%;
6. Self-harm in 8 situations or 20% (63% of which are suicidal);
7. Refusing services in 4 situations or 10% (including not taking mental health medication, refusing mental health services, refusing addiction services);
8. Lacking parenting in 4 situations or 10%;
9. Truancy in 3 situations or 7%;
10. Housing issue in 3 situations or 7% (including homelessness).

6.5.4. Risk factors in the category 'Inadequate Housing'

In the 18 situations categorized as 'Inadequate Housing' the 9 main risk factors were present 55 times resulting in an average of 3.1 main risk factors per situation. The 9 main risk factors identified in the category 'Inadequate Housing' were:

1. Criminality in 9 situations or 50% (including high risk offender, violence, family violence, assault, mischief, anti social behavior);
2. Substance abuse/addictions in 9 situations or 50%;
3. Homelessness in 8 situations or 44%;
4. History of victimization in 7 situations or 39%;
5. Physical health in 6 situations or 33% (including one pregnancy);
6. History as missing person in 6 situations or 33%;
7. Mental health conditions in 4 situations or 22%;
8. Eviction in 3 situations or 17%;
9. Housing in inappropriate structure in 3 situations or 17%.

6.5.5. Risk factors in the category 'Domestic Violence'

In the 15 situations categorized as 'Domestic Violence' the 6 main risk factors of that category were present 48 times resulting in an average of 3.2 main risk factors per situation. The 6 main risk factors identified in the category 'Domestic Violence' were:

1. Domestic violence in 15 situations or 100%;
2. History of victimization in 10 situations or 67%;
3. Criminality in 9 situations or 60%;
4. Substance abuse/addictions in 7 situations or 47%;
5. Children involved in 5 situations or 33%;
6. Mental health conditions in 2 situations or 13%.

6.5.6. Risk factors in the category 'Miscellaneous'

In the 14 situations categorized as 'Miscellaneous' the 6 main risk factors were present 27 times resulting in an average of 1.9 main risk factors per situation. The 6 main risk factors identified in the category 'Miscellaneous' were:

1. Criminality in 8 situations or 57% (including dealing prescription drugs, threatening authorities, arson);
2. History of victimization in 5 situations or 36%;
3. Substance abuse/addictions in 7 situations or 50%;
4. Health issues in 3 situations or 21%;
5. History as missing person in 2 situations or 14%;
6. Lacking parenting in 2 situations or 14%.

6.5.7. Risk factors in the category 'Maintenance of Property or Neighbourhood'

In the 12 situations categorized as 'Maintenance of Property or Neighbourhood' the 7 main risk factors were present 25 times resulting in an average of 2.1 main risk factors per situation. The 7 main risk factors identified in that category were:

1. Health in 6 situations or 50%;
2. Public order in 6 situations or 50% (including graffiti, garbage/burnt out equipment/structure on private property);
3. Substance abuse/addictions in 5 situations or 42%;
4. Inadequate housing in 3 situations or 25%;
5. Criminality in 2 situations or 17%;
6. History of victimization in 2 situations or 17%;
7. Mental health issues in 1 situation or 8%.

6.5.8. Risk factors in the categories 'Safety', 'Elder Abuse', and 'Other'

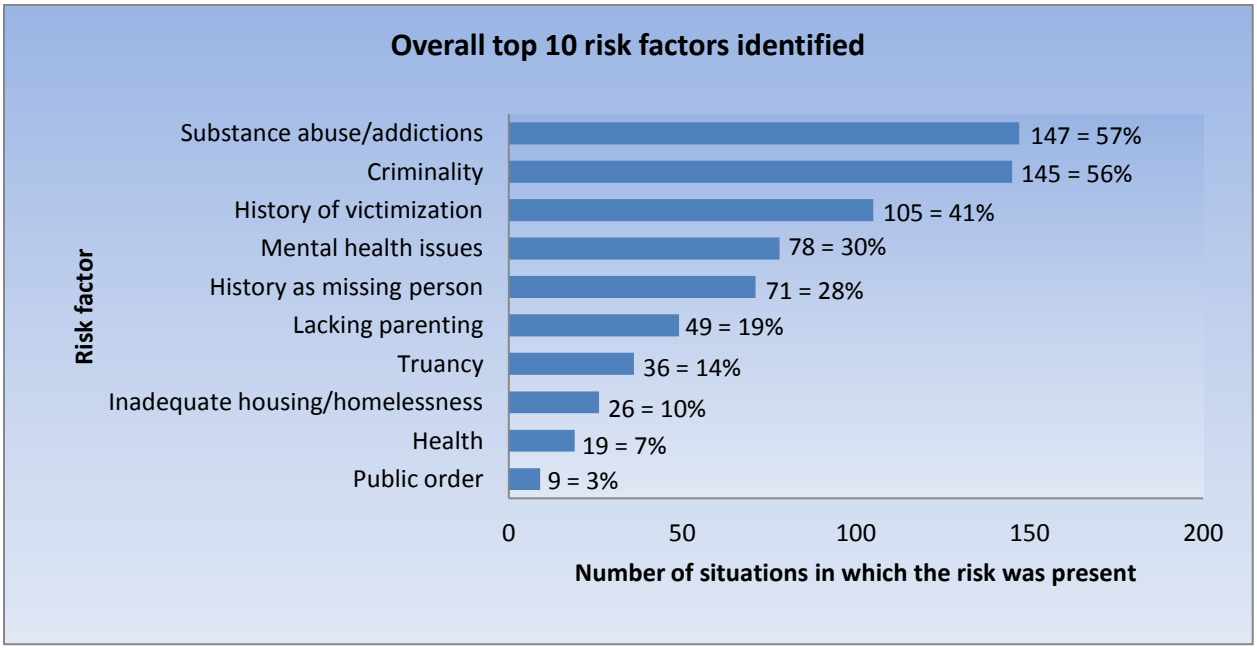
In the 12 situations categorized as 'Safety', 'Elder Abuse', or 'Other' the 6 main risk factors of those categories were present 19 times resulting in an average of 1.6 main risk factors per situation. The 6 main risk factors identified in the categories 'Safety', 'Elder Abuse', and 'Other' were (those categories only contain 12 situations and therefore are presented as one group):

1. Criminality in 5 situations or 42% (including family violence);
2. Health in 4 situations or 34%;
3. Substance abuse/addictions in 3 situations or 25%;
4. Public order in 3 situations or 25%;
5. Mental health in 2 situations or 17%;
6. History of victimization in 2 situations or 17%.

6.5.9. Overall top 10 risk factors/risks identified

The overall top 10 risk factors/risks that were present most frequently were:

1. Substance abuse/addictions in 147 situations or 57% of situations;
2. Criminality in 145 situations or 56% of situations;
3. History of victimizations in 105 situations or 41% of situations;
4. Mental health issues in 78 situations or 30% of situations;
5. History as missing person in 71 situations or 28% of situations;
6. Lacking parenting in 49 situations or 19% of situations;
7. Truancy in 36 situations or 14% of situations;
8. Inadequate housing/homelessness in 26 situations or 10% of situations;
9. Health other in 19 situations or 7% of situations;
10. Public order in 9 situations or 3% of situations.



As mentioned above the risk factors were not recorded systematically or fully. A systematic and complete recording would likely show higher averages of main risk factors per situation. It would also provide more detailed information on the risk factors.

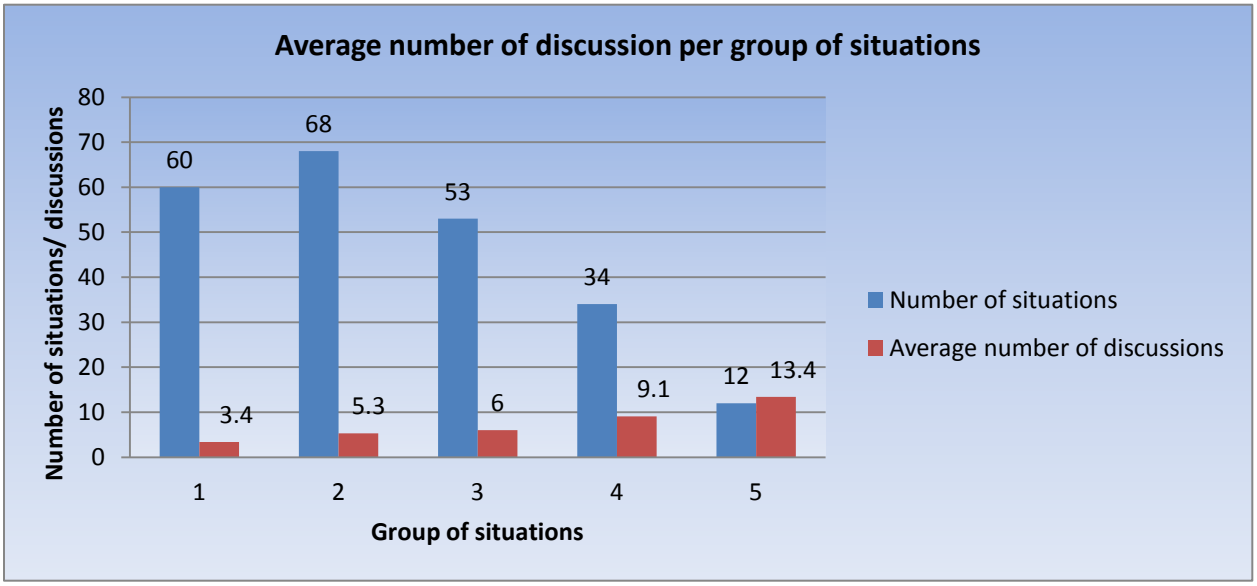
6.6. Intensity of service

6.6.1. Number of individual discussions and time spent

From June 1, 2011, to May 31, 2012, the Hub discussion took place 103 times. Most of the 258 situations were discussed several times resulting in 1454 individual subject specific discussions. In average there were 5.6 individual discussions per situation and 14 individual discussions per Hub day.

Each of the Hub discussions lasted for 90 minutes, resulting in a total discussion time of 154.5 hours. The average discussion time per situation was 36 minutes, and 6.4 minutes per individual subject specific discussion, this is including time spent on opening and organizational remarks.

60 Situations (group 1) showed an average of 3.4 individual discussions, 68 situations (group 2) an average of 5.3 discussions, 53 situations (group 3) an average of 6 discussions, 34 situations (group 4) an average of 9.1 discussions, and 12 situations (group 5) an average of 13.4 discussions:

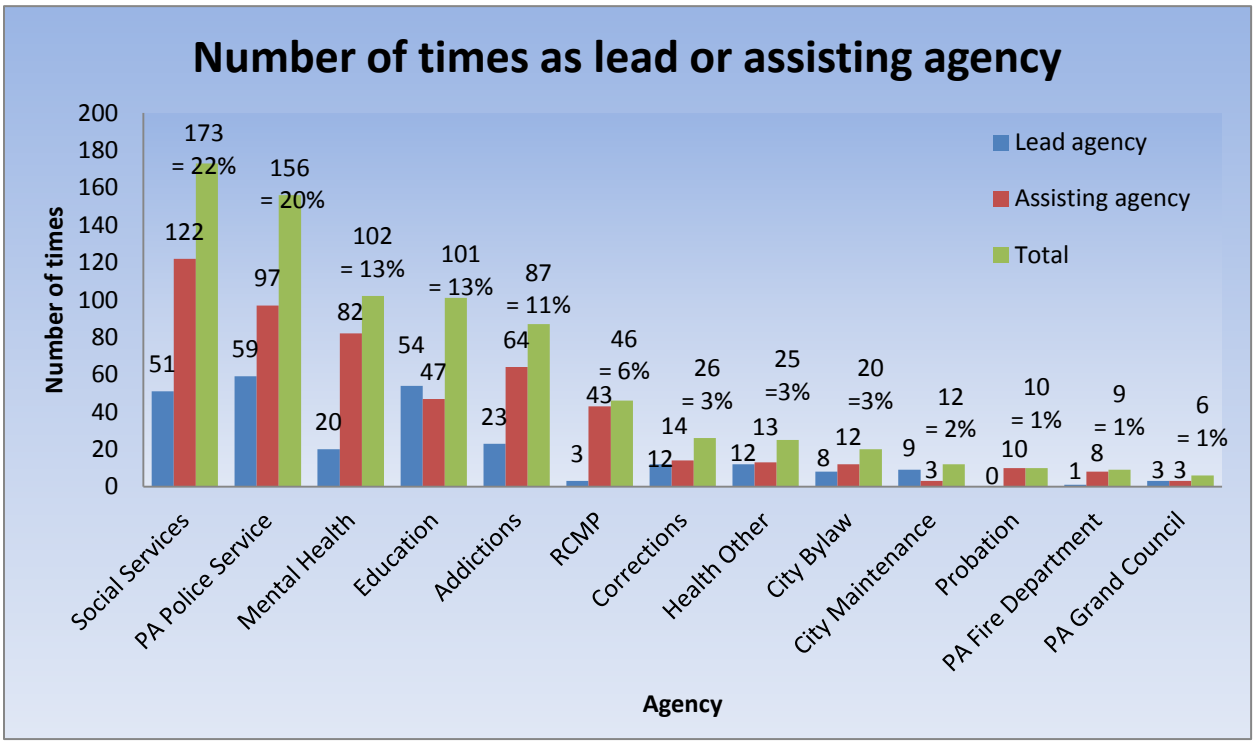


6.6.2. Number of agencies involved as lead or assisting agency

Each Hub situation was assigned a lead agency depending on what agency seemed to be most appropriate to coordinate the action. The assisting agencies supported the lead agency in addressing the risk. Being an assisting agency did not necessarily mean that the involvement meant a smaller or easier workload (e.g. the lead agency might have been able to do its part in one attempt while the assisting agency had to contact several people in several attempts).

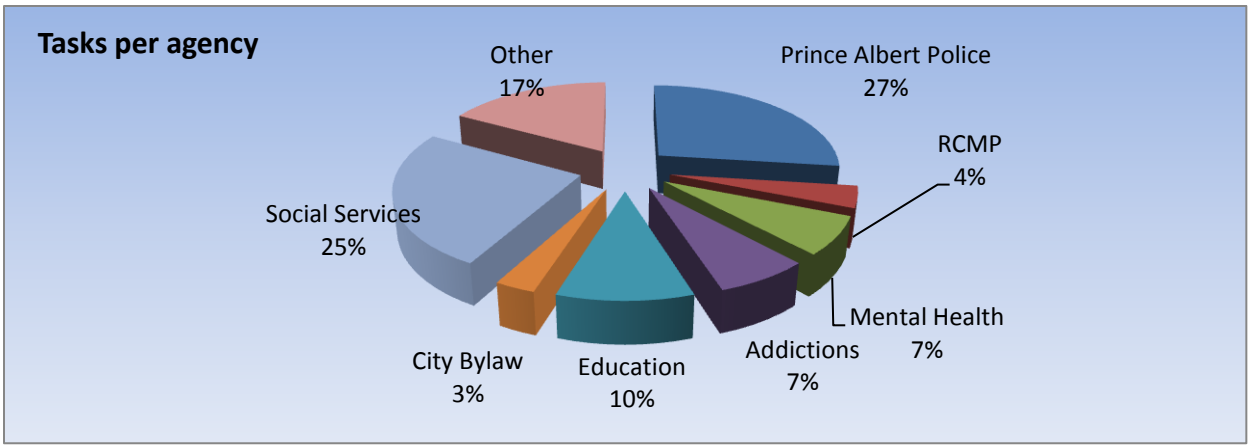
258 times an agency had the lead, 527 times an agency assisted, which makes 785 times an agency was involved either as lead or assisting agency. The highest total involvement (as lead and assisting agency) showed Social Services with a total involvement of 173 times (22% of all involvement), 51 times with the

lead, 122 times assisting; followed by the PA Police Service with 156 times (20%), 59 times as lead agency, 97 times assisting; Mental Health with 102 involvements (13%), 20 times with the lead, 82 times assisting; Education with 101 involvements (13%), 54 times as lead agency, 47 times assisting; Addictions with 87 times involved (11%), 23 times with the lead, 64 times assisting; the RCMP with 46 involvements (6%), 3 times as lead agency, 43 times assisting; Corrections with 26 involvements (3%), 12 times with the lead, 14 times assisting; Health Other with 25 involvements (3%), 12 times leading, 13 times assisting; City Bylaw with 20 involvements (3%), 8 times with the lead, 12 times assisting; City Maintenance with 12 involvements (2%), 9 times leading, 3 times assisting; Probation with 10 involvements (1%), never with the lead, 10 times assisting; PA Fire Department with 9 involvements (1%), with 1 time as the lead agency, 8 times assisting; and the PA Grand Council with 6 involvements (1%), 3 times as lead agency, and 3 times assisting. The remaining agencies together assisted 9 times.



6.6.3. Number of tasks defined and assigned in the Hub discussion

In the course of the discussion the agencies defined and assigned specific problem solving and/or risk-reducing tasks had to be undertaken to mitigate the 258 risk situations. This resulted in 694 tasks successfully completed by one or more agencies, averaging 2.97 tasks per Hub situation. 27% of the tasks were assigned to the PA Police Service, 25% to Social Services, 14% to Mental Health and Addictions, 10% to Education, 4% to the RCMP, 3% to City Bylaw, and 17% to the rest of the agencies.



Since the assignment of a task did not mean that only that agency had a role to play in fulfilling the task, these percentages do not appropriately reflect the number of tasks each agency was involved in. They only indicate that a task was recorded under the agency's name.

6.6.4. Duration of Service

A total of 142 situations or 58% were closed within 14 days, 178 situations or 73% were closed within 21 days, 189 situations or 77% within 28 days. The number of situations that took more than 28 days to be closed was 56 or 23%.

The situations were given the date of their first appearance at the Hub discussion as the start date. Once the acutely elevated risk was addressed appropriately according to the agencies involved, the situation was closed resulting in the closing date. 245 of the 258 situations were opened and closed within the evaluation period.

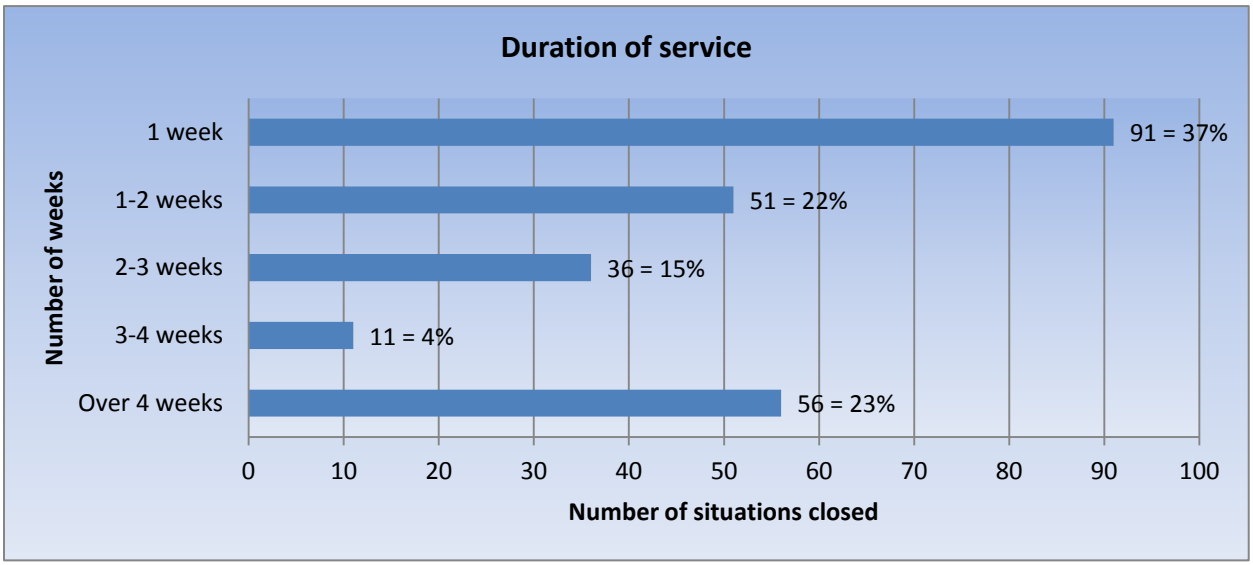
The duration of service is the duration from start date to closing date. For situations that had to be reopened there was no new start date set for the reopening. Instead the start date from the first discussion was used as the start date, and the date of the last discussion was used as closing date.

The re-openings were not considered separate discussions. The time spent for the reopening was added to the previous time spent on the situation, and the time that lay between the first closing date and the date of the reopening was added as well. Therefore a situation that was reopened might seem to have been pending for a long time, when in fact it might have only been pending for part of that time (e.g. it was opened and closed in January and reopened and closed in May: The duration would be calculated from January till May, even though it was only pending in January and in May and not in February, March, and April).

Considering the number of re-openings (32 situations had to be reopened) the following durations are slightly higher than the actual duration really was. In general they seem to still reflect the duration of

service appropriately for the most part, certainly for the group of situations with a short duration of service, which are likely to not include situations that had to be reopened.

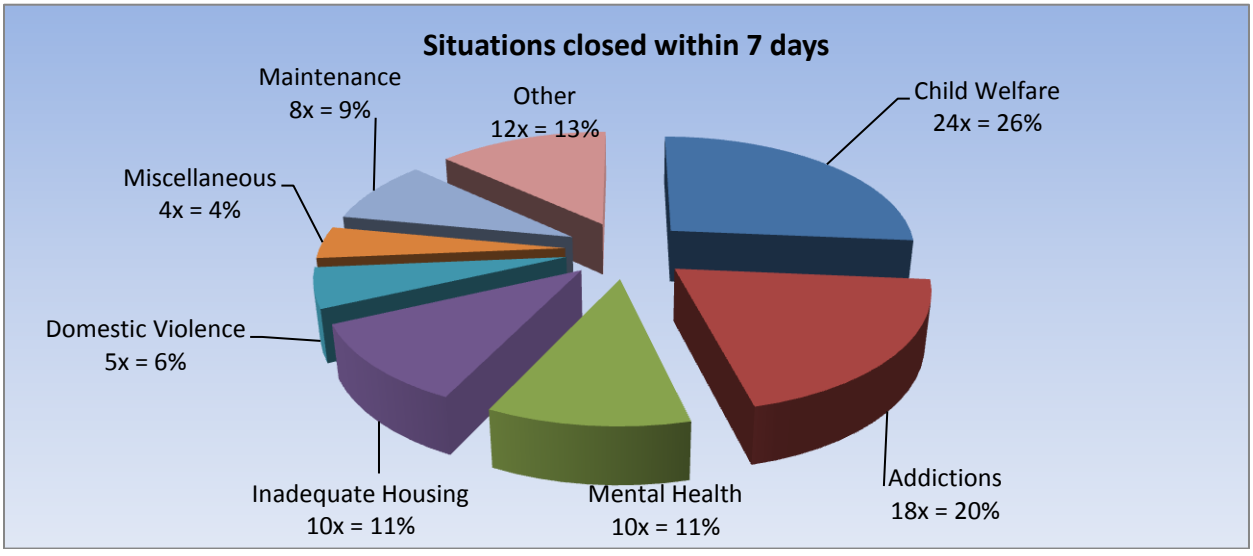
The number of situations closed after 1 week was 91 (37%), between 1 and 2 weeks 51 (22%), between 2 and 3 weeks 36 (15%), between 3 and 4 weeks 11 (4%), and after more than 4 weeks was 56 (23%):



As pointed out above, those numbers are including the days between closing date and reopening date for situations that had to be reopened. The actual duration of service was accordingly shorter.

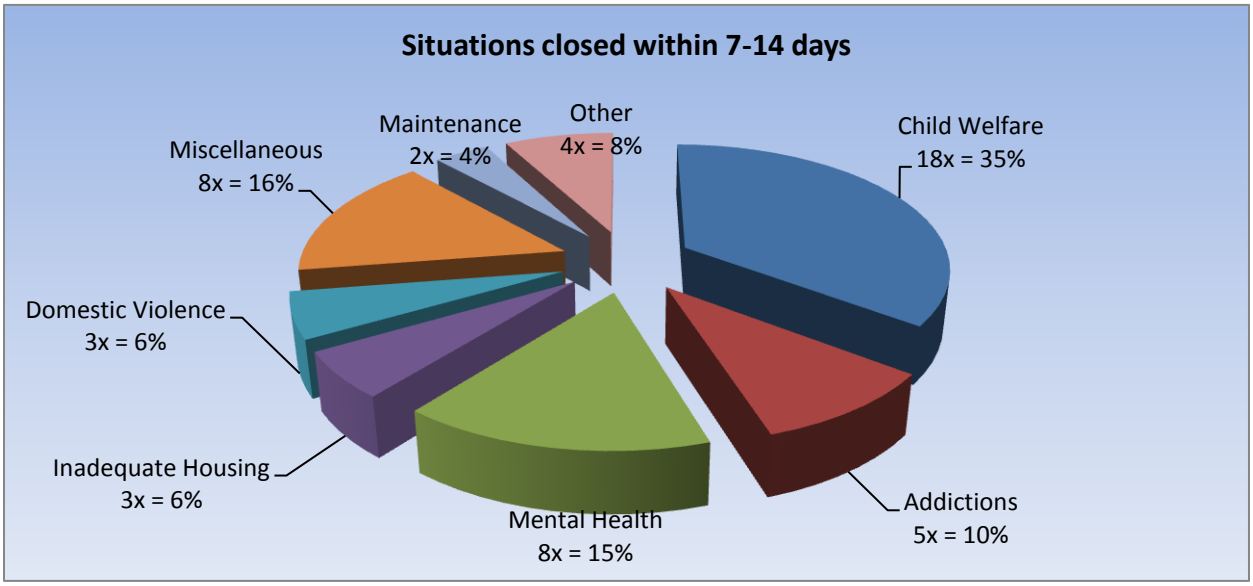
- Situations closed within 7 days

The 91 situations (37%) that were closed within 7 days can be broken up into the following categories:



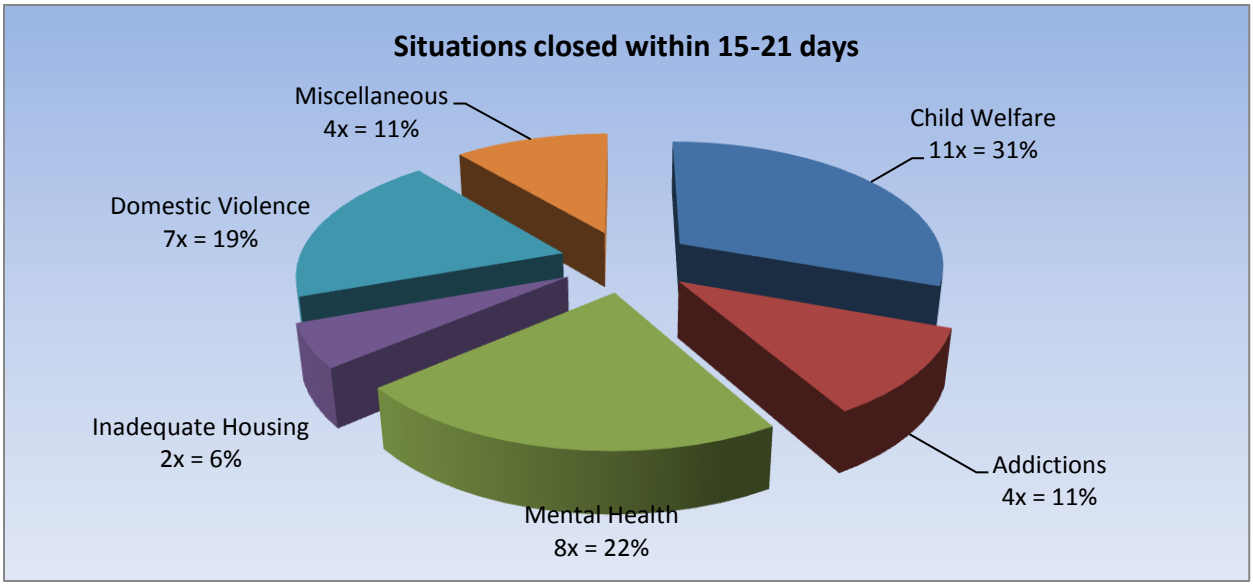
- Situations closed within 8 to 14 days

The 51 situations (21%) that were closed within 8-14 days can be broken up into the following categories:



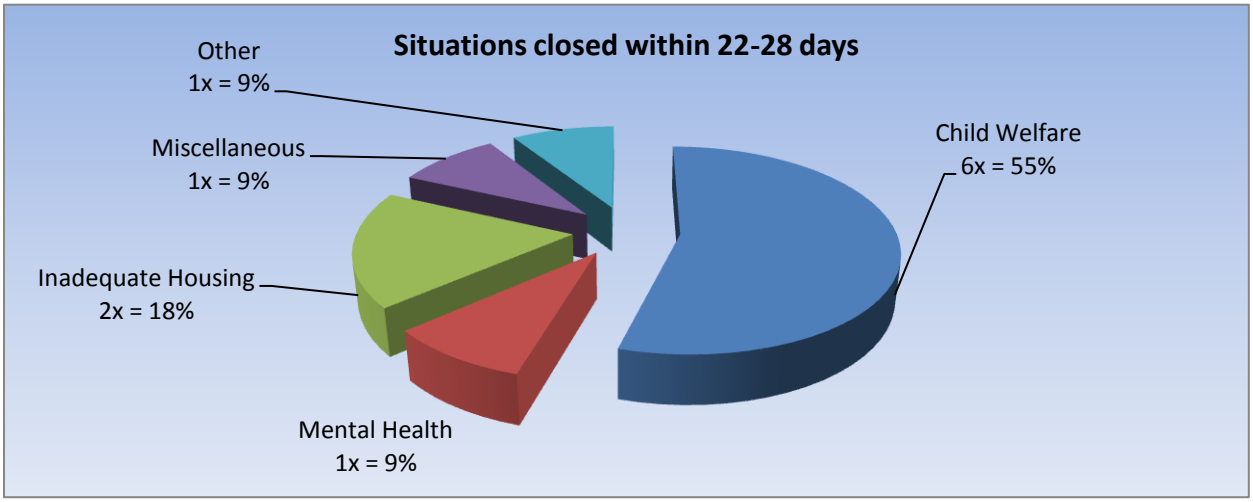
- Situations closed within 15 to 21 days

The 36 situations (or 15%) that were closed within 15 to 21 days can be broken up into the following categories:



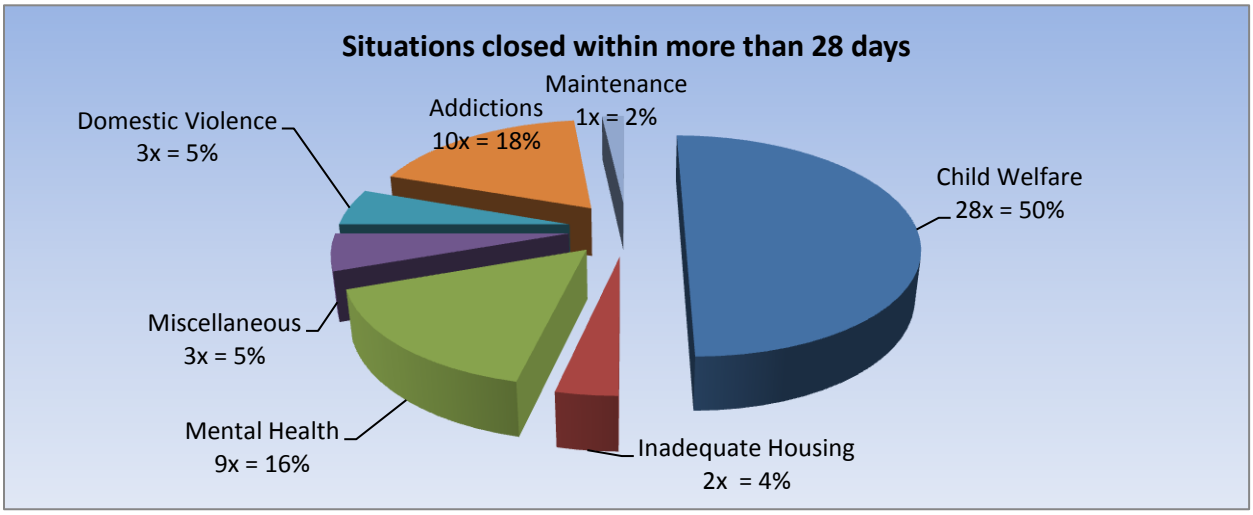
- Situations closed within 22 to 28 days

The 11 situations (4%) that were closed within 22-28 days can be broken up into the following categories:



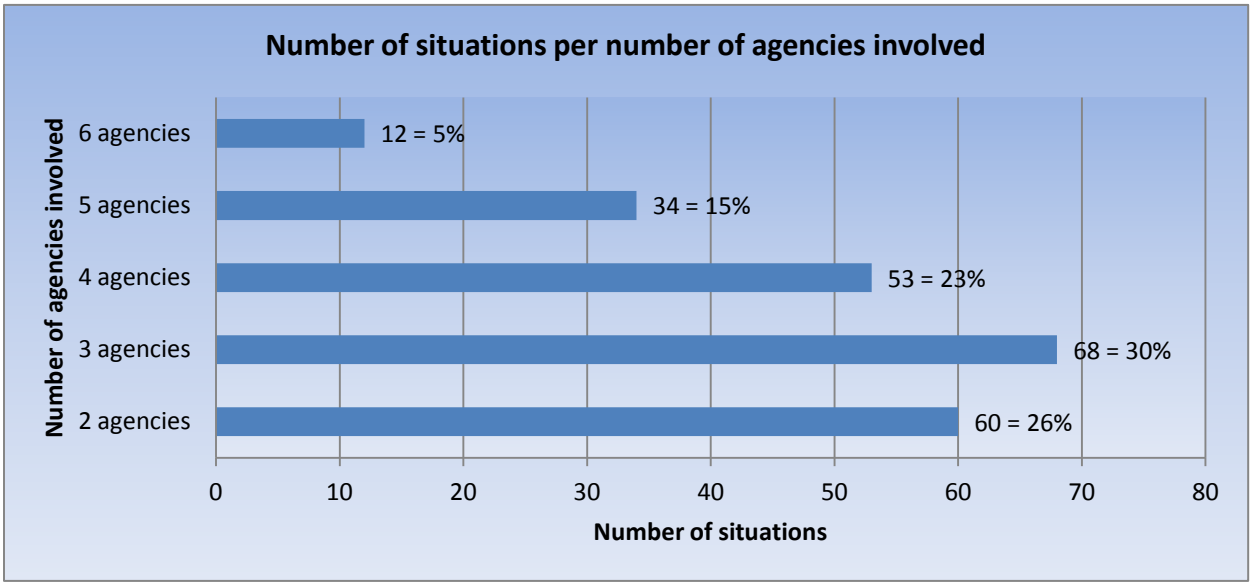
- Situations closed within more than 28 days

The 56 situations (23%) that were closed within more than 28 days can be broken up into the following categories:



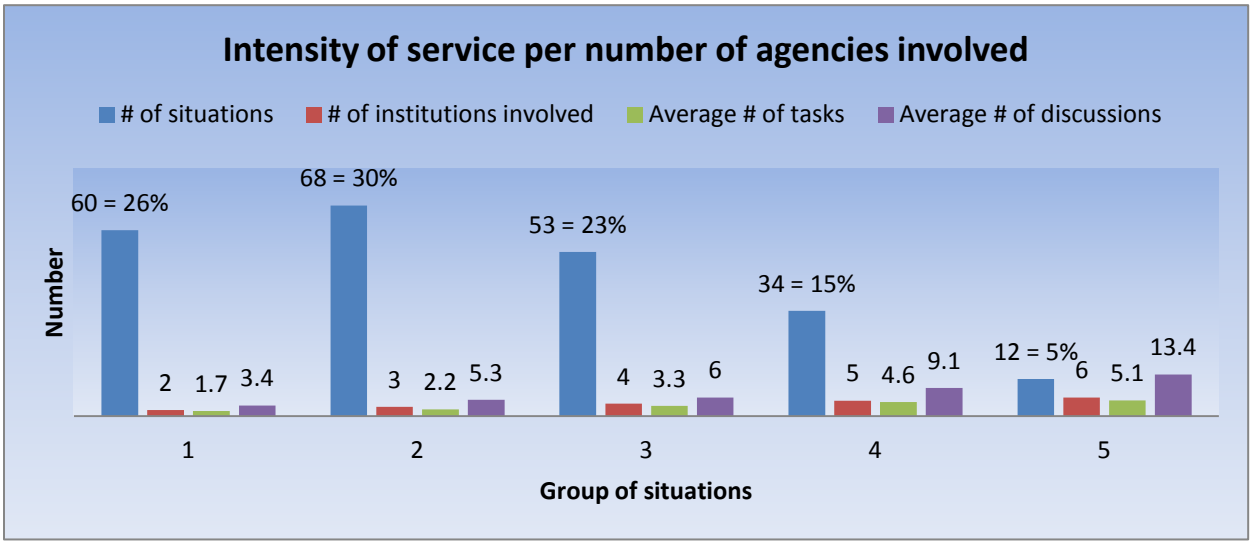
6.6.5. Number of agencies involved per situation

In 60 situations (26% of the situations) 2 agencies were directly involved. In 68 situations (30%) 3 agencies were involved, in 53 situations (23%) 4 agencies were involved, in 34 situations (15%) 5 agencies were involved, and in 12 situations (5%) 6 or more agencies were involved:



6.6.6. Intensity of service per number of agencies involved

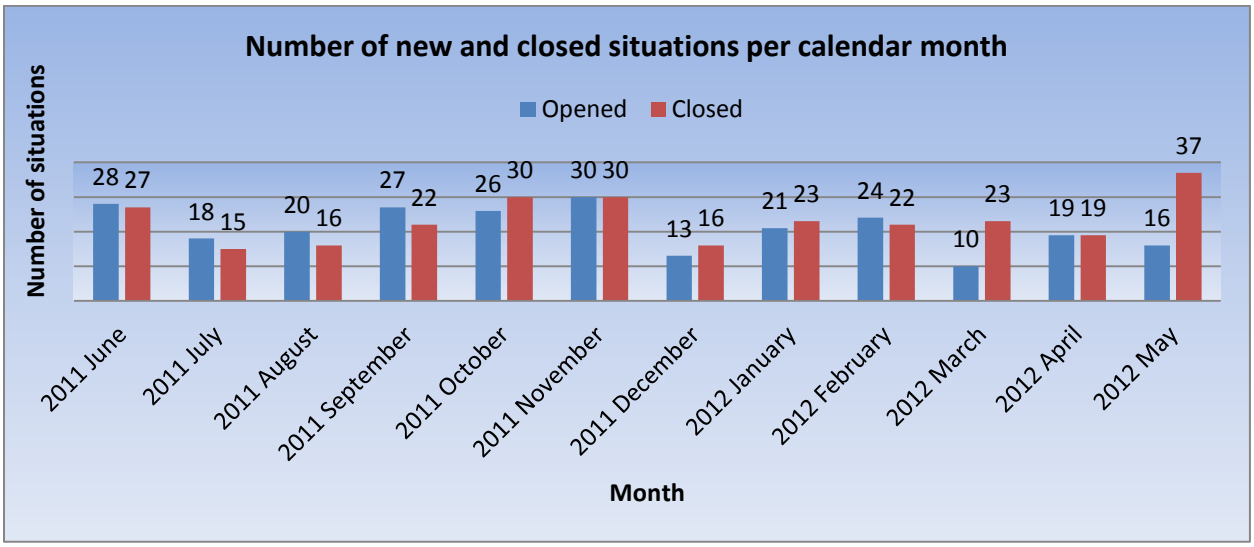
The average number of tasks and discussions in relation to how many agencies were involved in addressing the risks. 60 situations (26%, group 1) show involvement of 2 agencies, with an average number of tasks of 1.7 in 3.4 individual discussions. The 68 situations (30%, group 2) that required involvement of 3 agencies were addressed with an average number of tasks of 2.2 in 5.3 discussions. The 53 situations (23%, group 3) in which 4 agencies were involved show an average number of tasks of 3.3 in 6 discussions. In 34 situations (15%, group 4) 5 agencies were involved, defining an average number of 4.6 tasks in 9.1 discussions. The 12 situations (5%, group 5) that required involvement of 6 or more agencies showed an average number of 5.1 tasks in 13.4 discussions. For the remaining 31 situations the number of agencies involved could not be determined.



The more agencies that were directly involved, the average number of tasks and individual discussions led were higher. The vast majority of situations showed direct involvement of 2-4 agencies (70% of all situations) with an average number of 4.9 discussions and 2.4 tasks. 18% of all situations showed involvement of 5 or more agencies with a significantly higher average of 10.2 discussions and 4.7 tasks.

6.7. Number of new and closed discussions per calendar month

In the time between June 1, 2011, and May 31, 2012, a total of 252 situations were opened, and 280 situations closed. This diagram shows the number of discussions opened and closed per month:



December 2011 showed the lowest number of new discussions (13 discussions opened), followed by March 2012 (10 discussions opened), May 2012 (16 discussions opened), and July 2011 (18 discussions

opened).

In July 2011 the number of closed discussions was the lowest (15 discussions closed), followed by August 2011 (16 discussions closed), and December 2011 (16 discussions closed).

The most productive months were May 2012, with 37 discussions closed, November and October 2011, each with 30 discussions closed, and June 2011, with 27 discussions closed. The highest number of new discussions showed November 2011 with 30 discussions, June 2011, with 28 discussions, September 2011, with 27 discussions, and October 2011, with 26 discussions opened.

6.8. Selected groups of situations

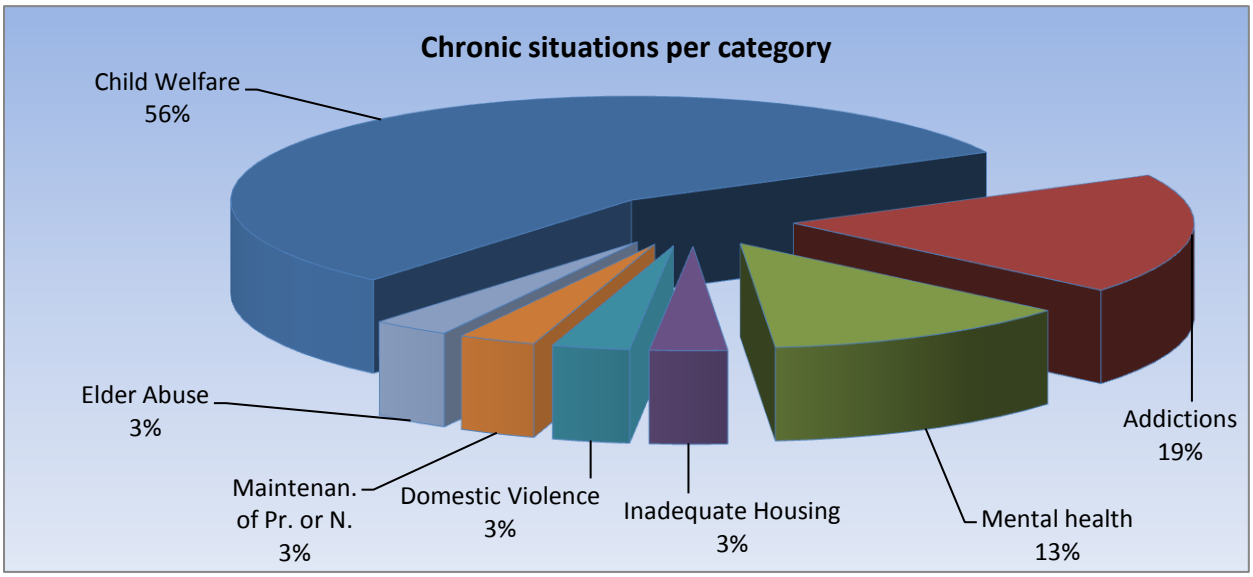
The chronic situation and situations showing substance abuse issues are considered in more detail. They may serve as a basis for the identification of systemic gaps and issues of both, the Hub procedure and the human services delivery system in general.

6.8.1. Chronic situations

The group of chronic situations was defined as situations that had to be reopened. There were 32 chronic situations (12% of all situations). 18 chronic situations had to be reopened for the same risk, 14 for a different risk. The number of males and females in chronic situations was 1:1. At least 6 of the situations concerned whole families.

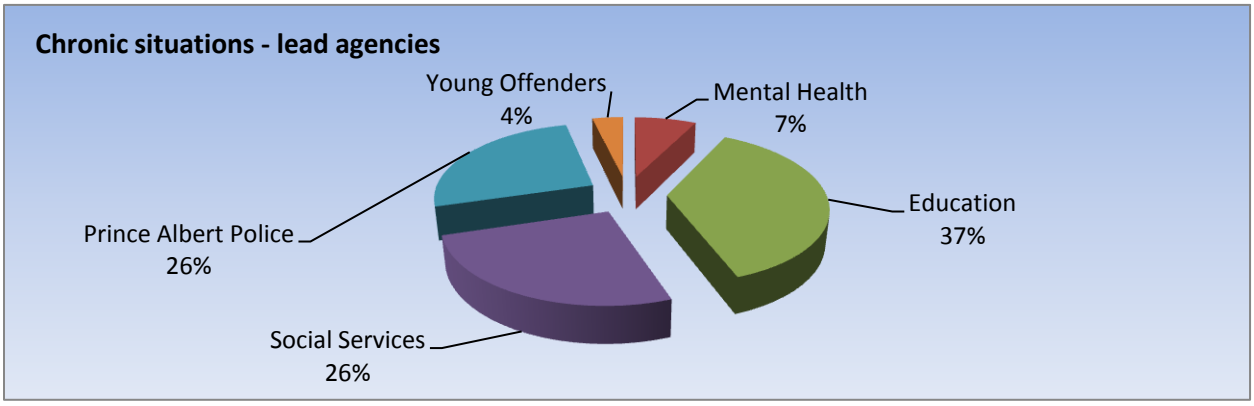
Categories in chronic situations

The chronic situations were mainly part of the categories 'Child Welfare' (56%), 'Addictions' (19%), and 'Mental Health' (13%). The remaining 12% were part of the 4 categories 'Inadequate Housing' (3%), 'Domestic Violence' (3%), 'Maintenance of Property or Neighbourhood' (3%), and 'Elder Abuse' (3%).



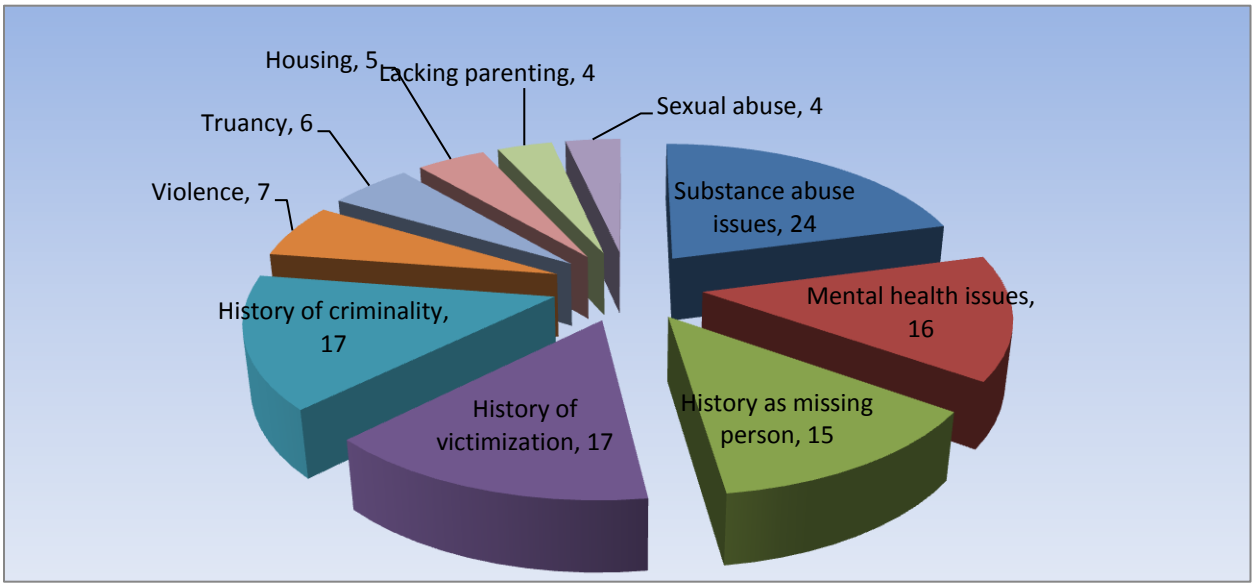
Lead agencies in chronic situations

The lead agencies in the chronic situations were Education with 10 situations or 37%, Social Services and the Prince Albert Police Service each with 7 situations or 26%, Mental Health with 2 situations or 7%, and Young Offenders with 1 situation or 4%:



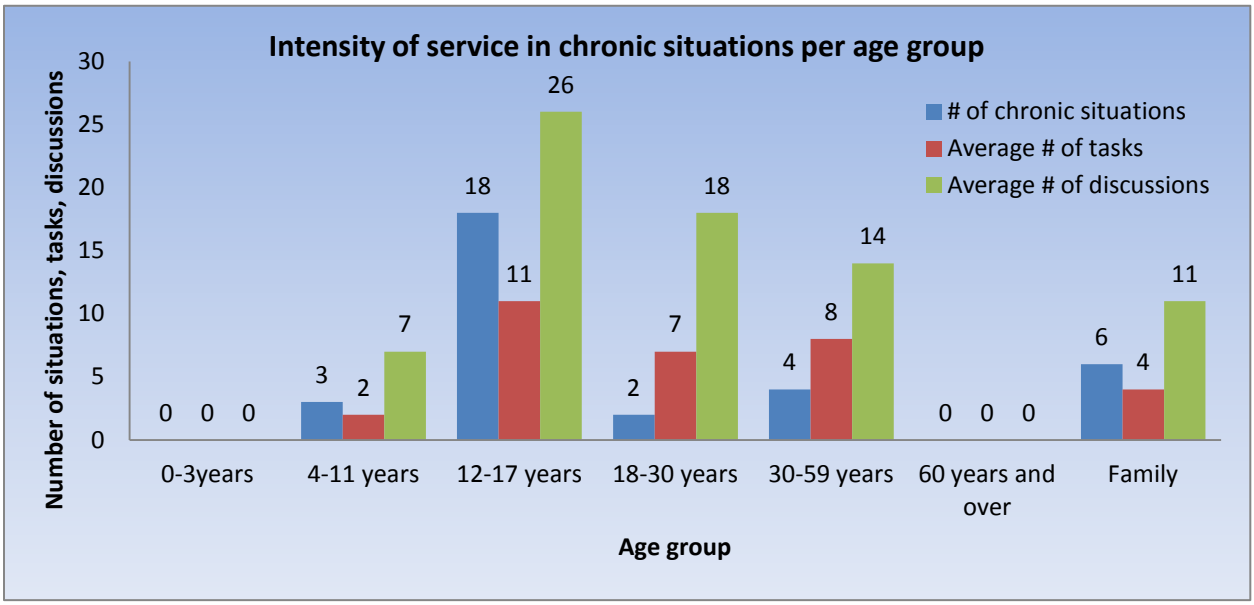
Risks identified in chronic situations

In the 32 chronic situations the 10 risk factors mentioned were present 115 times resulting in an average of 3.6 main risk factors per individual situation. The chronic situations showed the following 10 risk factors: Substance abuse (in 24 situations or 75%), history of victimization (in 17 situations or 53%), history of criminality (in 17 situations or 53%), mental health issues (in 16 situations or 50%), history as missing person (in 15 situations or 47%), the presence of violence (in 7 situations or 22% including gang involvement and prostitution), truancy (in 6 situations or 19%), housing/ homelessness (in 5 situations or 16%), lacking parenting (in 4 situations or 13%), and sexual abuse (in 4 situations or 13%).



Intensity of service in chronic situations per age group

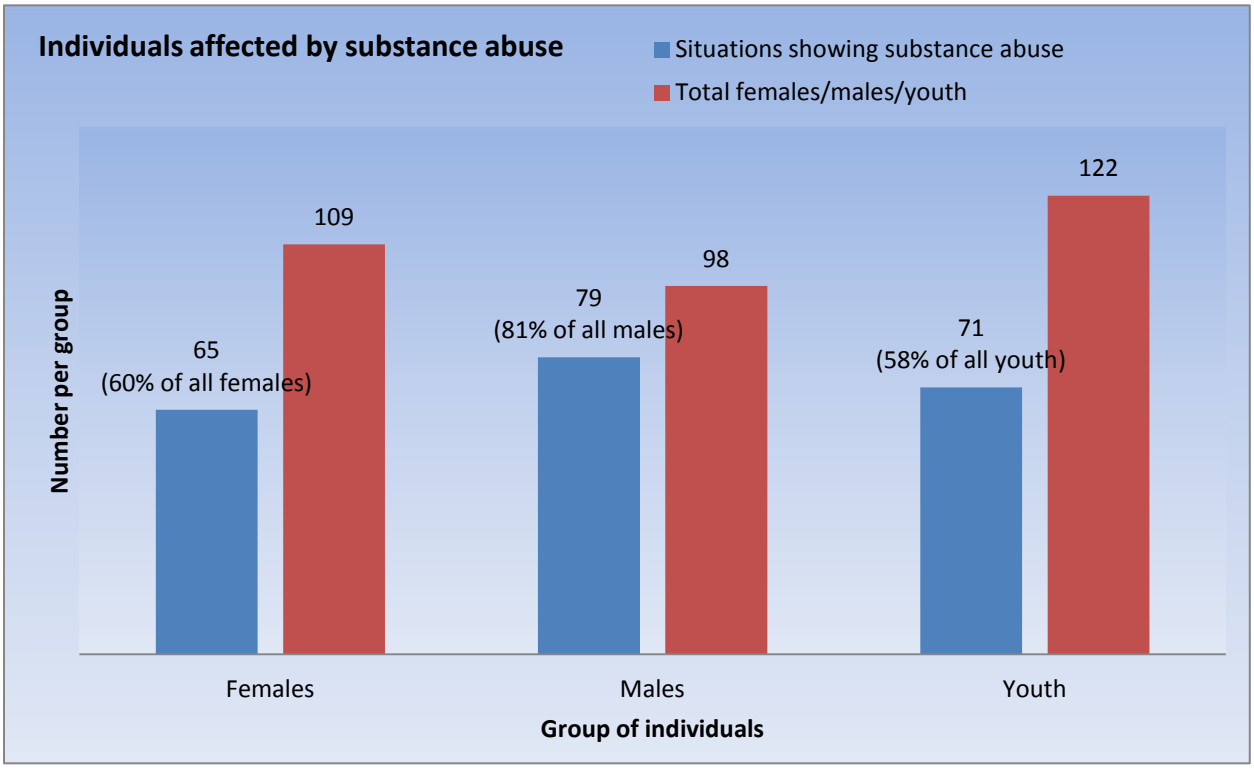
The chronic situations were addressed by the following average number of tasks and discussions per age group: There were no individuals belonging to the age group 0-3 years; the age group 4-11 years showed 3 chronic situations with an average number of 2 tasks and 7 discussions; 18 chronic situations were attributed to the age group of the 12-17 year olds, with an average of 11 tasks assigned and 26 discussions held. The age group 18-30 years was represented twice in the chronic situations with averages of 7 tasks and 18 discussions; the 30-59 year olds were represented 4 times with an average of 8 tasks in 14 discussions; the group 60 years and over did not appear in the chronic situations, whereas 6 chronic situations were attributed to families, with an average of 4 tasks in 11 discussions.



6.8.2. Situations showing substance abuse issues

144 or 70% of individuals were affected by substance abuse issues. Since only the data recorded in the Hub notes and in RMS was considered, these numbers are likely to be larger. Also, it can be noted that several of the 51 situations in which the Hub discussion was not attributed to an individual, showed ties to substance abuse issues. Those 51 situations are not considered here.

Breaking down the 144 situations into females, males and youth showed that 65 females or 60% of all females were affected by substance abuse issues. This is 31% of all individuals and 45% of all individuals affected by substance abuse issues. 79 males or 81% of all males were affected by substance abuse issues. This is 38% of all individuals and 55% of all individuals affected by substance abuse issues. The number of youth affected by substance abuse issues was 71 (ages 0-18) or 58% of all youth. This is 34% of all individuals and 49% of all individuals that were affected by substance abuse issues.



7. Conclusions

The 8 research questions formulated under '4. Research questions and objectives' are answered based on the findings presented above.

Question 1: What was the subject of the Hub discussion?

- **Who brought forward situations for discussion?**

71% of the situations were brought forward by one of the three agencies; Social Services with 19%, Education with 21%, and the Prince Albert Police Service with 31%. The health services together made up for 14% of the discussions (Addictions 5%, Mental Health 5%, and Other Health Services 4%). The remaining 15% of discussions were initiated by 6 agencies (Young Offenders, City of Prince Albert, Corrections, RCMP, PA Grand Council, and Fire), 3% could not be attributed to an agency.

A comparison between the number of situations brought forward by an agency and the total number of times the same agency was involved as lead agency revealed that some agencies were assigned as lead agency considerably more often than the number of times they brought forward a situation for discussion. Other agencies brought forward more situations than they ended up being assigned to as lead agency. In particular, Addictions and Mental Health each brought fewer situations to the table than the number of situations in which they were assigned to be the lead agency. The Prince Albert Police Service on the other hand brought forward situations considerably more often than it was assigned to be the lead agency. For Education and Social Services the number of times they brought forward a situation for discussion was barely different from the number of times they got assigned to be the lead agency.

The differences in the number of times an agency brought forward a situation and was assigned to be the lead agency show, that the identification of a risk situation was not necessarily done by the agency that later was assigned to be the lead agency. The Hub discussion obviously helped to make sure that risk situations get to the attention of the agencies that provide services in such situations. This rendered each agency more effective because it helped them to detect situations they otherwise would not have detected, or would have taken notice of only at a later point in time - possibly too late.

785 times agencies were assigned as lead or assisting agency. All the agencies were assigned to be assisting or lead agency more often than the number of times they brought forward situations for discussion. The amount of involvement of agencies created by the Hub discussion confirms that the Hub discussion strongly mobilizes human service delivery.

- **Who was the target group?**

The target group was analyzed by gender, age, place of residence, history of victimization and criminality, and if the individuals had a history as a missing person.

The percentage of situations attributed to a female was only slightly higher than the situations attributed to a male (53% females, 47% males). This was quite consistent throughout the different age groups, except for the 0-11 year olds where the percentage of males was with 78% considerably higher than the percentage of females (12%).

The age group with the most individuals discussed was the group of the 12-17 year olds with a high percentage of 50% of all the situations. The age group 0-11 years was represented with 6%, the 18-29 year olds with 15%, the 30-59 year olds with 19%, and the group of individuals 60 years old and over with 5%. All together 56% of all situations directly concerned youth.

The percentage of situations in which the individual or location concerned was a resident or located in Prince Albert was 85%. Only 14% concerned the countryside around Prince Albert. The focus of the Hub discussion was laid on the Prince Albert and its surrounding rural area.

70% of the individuals were affected by substance abuse issues. 50% of all individuals had a history of victimization according to the Prince Albert Police Service's RMS system. The number of individuals with a history of perpetrating abuse and/or violence was even higher (58%) and showed a particularly high percentage of males (59%). 72% of all males had a history of perpetrating abuse and/or violence while this was the case in only 45% of the situations concerning females. 36% of all individuals had a history as a missing person.

The fact that the individuals discussed showed a very high presence of substance abuse issues, victimization, crime, and history as a missing person indicates that the agencies successfully filtered out individuals at risk and in need of services.

- **What were the main categories?**

The three major categories made up for 73% of the 258 situations discussed. They were 'Child Welfare' (94 situations or 37%), 'Addictions' (51 situations or 20%), and 'Mental Health' (41 situations or 16%).

- **What were the main risks?**

The risk factors that were addressed most often in the 258 situations were substance abuse/addictions in 57%, criminality in 56%, history of victimization in 41%, mental health issues in 30%, history as a missing person in 28%, lacking parenting in 19%, and truancy in 14%. They are likely to be predominant not only in situations brought forward to the Hub discussion, but in a large number of other situations of social problems and crime. Therefore they can be considered as some of the most widespread root causes of social problems in our community.

- **What agencies were involved and to what extent?**

The agencies that were involved most frequently were Social Services, the Prince Albert Police Service, Mental Health, Education, and Addictions, covering together 79% of all involvement as lead or assisting

agencies. 76% of all tasks were assigned to those 5 agencies confirming their high level of involvement. The remaining 21% of involvement and 24% of tasks were mainly accounted for by 8 agencies.

- **How was the intensity of service?**

The intensity of service was determined by the number of agencies directly involved in a situation, the number of individual discussions and time it took to lead them, the number of tasks associated to the situations, and the time it took until the discussion was closed.

79% of the situations showed direct involvement of 2 to 4 agencies with an average number of 4.9 discussions and 2.4 tasks defined. This is equivalent to an average discussion time at the Hub table of 31 minutes. In 58% of all situations the acutely elevated risk could be quickly mitigated and the discussion closed within 2 weeks. After 3 weeks, 73% of all situations were closed.

In the remaining 30% of situations, there were more than 4 agencies directly involved and the average number of tasks was significantly higher (more than 5 tasks and 13 discussions in average). The high number of involvement of agencies indicates the complexity of those situations confirmed by the high averages of the numbers of tasks and individual discussions.

A total of 142 situations or 58% were closed within 14 days, within 21 days 78 situations or 73% were closed. The short amount of time spent on the average discussion and the large number of discussions closed within a few weeks are signs of the outstanding efficiency of the multi agency approach. Mitigating the same acutely elevated risk situations in a conventional way would take considerably more time per agency involved than the 31 minutes spent in 70% of the situations.

- **The typical Hub situation**

The typical Hub situation was brought forward by Social Services, the Prince Albert Police Service, or Education. It concerned a 12-17 year old female in the category ‘Child Welfare’ showing several risk factors in the areas substance abuse/addictions, criminality, and victimization, combined with mental health issues, a history as a missing person, lacking parenting, and truancy. There was direct involvement of 2 to 4 agencies depending on the risk factors. 2-3 tasks were defined and carried out, the first of them within 48 hours. There were 4-5 individual discussions that resulted in a total discussion time at the Hub table of 25-31 minutes. The risk was mitigated and the situation closed within 2-3 weeks (62% of all situations in the category ‘Child Welfare’).

Question 2: What was not the subject of the Hub discussion?

The number of individuals per age group showed the lowest values for the 0-11 year olds (8% of all individuals) and for the group of the 60 year olds and over (5% of all individuals).

The reasons for the underrepresentation of the individuals 65 year olds and over could include that the agencies gave priority to younger generations based on the prevention aspect of the Hub discussion.

Also there might be less acutely elevated risk situations in that age group. Individuals 60 years old and over might already largely have been connected to the services they need.

Given the preventative aspect of the Hub discussion the age group of the 0-11 year olds seems to have been clearly underrepresented. They seem to not be getting the attention they deserve. The reasons for this may include that the detection of acutely elevated risk factors in that age group was more difficult, that the agency's screening processes are not suitable for younger children, or that children at risk were listed under the parent's name. The introduction or further development of screening methods allowing identification of young children at risk seems to possibly be an approach to a solution of the issue.

In terms of the risks identified, it can be noted that many individuals showed quite severely progressed risk factors (e.g. criminality, substance abuse, truancy). It would be preferable to have the risks identified and countered before they fully form. Coming up with early indicators of forming risk factors will continue to be an important challenge.

All in all it seems to be appropriate not to lay the primary focus on older generations rather than the younger ones, given the goal of the Hub discussion is prevention and that intervention at an early stage is known to be particularly effective. Closing the gap in the identification of young children at risk could possibly result in lower numbers of the strongly represented 12-17 year olds, helping them stay clear of acutely elevated risk.

Question 3: What action was taken based on the Hub discussion?
The existing resources and services were mobilized and delivered. The action taken primarily consisted of tasks assigned in the discussion and carried out by the agencies. The tasks consisted of a variety of actions including door knocks or home visits to offer services or talk to certain individuals, holding intervention meetings with/ or without the individuals concerned, following up with a phone call, doing a house inspection, setting up a case conference, locating certain individuals, connecting an individual with certain human services providers, securing a residence, arranging a meeting with parents and children, to name but a few.

The 694 tasks often were carried out in a multi agency approach. An important factor of the action taken was the time component: In most situations the first contact with the individuals was established within 48 hours. Besides the tasks assigned, each agency delivered the services provided for by it's mandates and protocols to mitigate the risk.

Question 4: What worked and what did not when addressing the acutely elevated risks?
A comparison between situations that had to be reopened ("chronic situations") and the ones that did not return to the Hub table ("solved situations") is used to show what worked and what did not. There was no mechanism in place to technically measure the actual impact of the Hub discussion.

A 'chronic situation' is defined as a situation that had to be reopened/revisited after the agencies had found that the risk was mitigated. The 32 chronic situations made up for 12% of all situations discussed.

➢ **Comparison chronic/ average situations: Age group**

The distribution of chronic situations per age group was similar to the distribution of the average situations. The age group of the 12-17 year olds was represented stronger in the chronic situations than in the average situations (55% compared to 50%). Whereas the age groups 18-30 (6% compared to 15%), 30-59 (12% compared to 19%), and 60+ (0% compared to 5%) are represented less often in the chronic situations than in the average situations. The representation of the age groups 0-3, and 4-11 hardly differs between the chronic situations and the average situations. The age groups of the 0-3 year olds and of the individuals that were 60 and more years old did not show any chronic situations

Chronic situations per age group	Average situations per age group
0-3: 0%	0-3: 0%
4-11: 9%	4-11: 8%
12-17: 55%	12-17: 50%
18-30: 6%	18-30: 15%
30-59: 12%	30-59: 19%
60+: 0%	60+: 5%
Family: 18%	NA

➢ **Comparison chronic/ average situations: Nature of the risks**

A comparison of the top 10 risks present in chronic situations and in the average situation shows various differences between the two groups:

Top 10 risks per chronic situation [%]	Top 10 risks per number of situations [%]
Substance abuse – 75%	Substance abuse/addictions - 57%
History of victimization - 53%	Criminality - 56%
Criminality - 53%	**History of victimizations - 41%**
Mental health issues - 50%	Mental health issues - 30%
History as missing person - 47%	History as missing person - 28%
Presence of violence - 22%	Lacking parenting - 19%
Truancy - 19%	Truancy - 14%
Housing/ homelessness - 16%	Housing/homelessness - 10%
Lacking parenting - 13%	Health other - 7%
Sexual abuse - 13%	Public order - 3%

The chronic situations showed a higher level of risk factors per situation. The level of risk in chronic situations can be considered particularly high. There was an average of 3.6 main risk factors per individual situation compared to the averages of 3.1 (category 'Child Welfare'), 2.2 (category 'Mental Health'), 3.1 (category 'Inadequate Housing'), 3.2 (category 'Domestic Violence'), 1.9 (category

'Miscellaneous'), and 1.6 risk factors (categories 'Safety', 'Elder Abuse', and 'Other').

The history of victimization in chronic situations was 12% higher than in average. It was present as often as criminality. The top 5 risk factors in both categories were the same. Out of the bottom 5 risk factors 2 were different: The chronic situations showed 'Sexual abuse' and 'Presence of violence', whereas the average situations showed 'Public order' and 'Health other'. This emphasizes that chronic situations show a stronger element of victimization than the average situation. There could be a correlation between chronic situations and victimization.

- **Identification of chronic situations**

Signs of a chronic situation can include particularly high levels of risk, a strong element of victimization, and the presence of violence and/or sexual abuse. Three quarters of the chronic situations contain substance abuse issues, and almost 50% of them show the risk factors 'History of victimization', 'Criminality', 'Mental health issues', and 'History as a missing person'. More than half of the chronic situations concerned youth of the age group 11-17 years.

- **Intensity of service in chronic situations**

The chronic situations were addressed by an average number of 8.1 tasks and 19.6 individual discussions per situation. The average situation only required 2.97 tasks and 5.6 discussions. The age group of the 12-17 year olds showed 18 chronic situations that were addressed by an average of 11 tasks and 26 discussions. This is by far the highest number of chronic situations, average of tasks and discussions of all the age groups. For chronic situations the intensity of service was about three times higher than in average. The effort to mitigate the risk in chronic situations required about three times the service of the average situation. Reasons for the high need can be found in the particularly high number of risks in chronic situations. Also, chronic situations showed a stronger element of victimization which could have been a contributing factor.

Question 5: Definition of the ideal Hub discussion

The successful Hub discussion mobilizes existing services of the participating agencies that otherwise were not or would not have been put in place as timely, resulting in acutely elevated risk factors across multiple agencies being mitigated within 48-72 hours.

Question 6: Common elements of the acutely elevated risks addressed

In order to qualify for the Hub discussion a situation needed to meet the basic requirement of the 'presence of acutely elevated risk factors across a range of agencies'. Breaking down the term into its elements and taking a closer look at each of them helps to clarify what 'acutely elevated risk across a range of agencies' means. The elements are:

- The risk factors are **elevated**

Elevated means that the risk factors are higher than what can reasonably be considered the norm. How

high they needed to be in order to qualify depended on the acuteness (please see elements below).

- The risk factors are **acute**

The term 'acute' generally contained the following elements:

- ✓ Nature of the interest at stake: The interest at stake is of a significant nature.
- ✓ Intensity of the risk factors: The risk factors are of an intensity that is endangering the interest at stake.
- ✓ Probability: It is probable that the risk will lead to harm.
- ✓ Severity of the harm: The imminent harm is of substantial severity.
- ✓ Time component: The risk could lead to harm anytime.

- The risk factors were **spread across several agencies**

The risk had to be of a nature that no one agency could appropriately mitigate it alone and that a multi-agency approach was required (e.g. a situation of truancy that is caused by domestic violence and mental health issues). The agency who brought forward the discussion must have tried everything it could to mitigate the risk.

Additionally it was required that:

- The discussion was **justified**

The interest of having the discussion had to outweigh potential interests of the individual in not having the discussion take place. Typically the discussion was to the direct benefit of the individuals discussed. No individuals made any complaints that they were discussed at the Hub.

- The **agencies involved recognized the presence of the criteria** that:
  - ✓ The risk is elevated,
  - ✓ The risk is acute,
  - ✓ The risk factors are spread across several agencies,
  - ✓ No one agency can mitigate the risk alone,
  - ✓ A multi-agency approach is required,
  - ✓ The agency bringing forward the situation did all it could do to mitigate the risk,
  - ✓ Taking into account the interests of the individual to be discussed it seems justified that the discussion takes place.

If the sectoral specialists present at the Hub discussion agreed that the elements were met, they held the discussion. There does not seem to be a way to have more expertise than having all the sectoral specialists at the same table making that call together.

Question 7: What are the positive effects of the Hub discussion?

The Hub discussion had a wide range of positive effects. It created a synergetic[1] effect: The results often would not have been obtainable to the same extent without the collaborative approach of the Hub discussion. The Hub mitigated acutely elevated risk situations, increased the safety and well being of the community, increased effectiveness, efficiency, and quality of our human services delivery system by enabling service delivery and making it take place at an earlier point in time, and allowed for the identification of systemic issues and gaps.

- **Impact on acutely elevated risk situations**

The primary benefit from the Hub discussion was mitigating acutely elevated risk. The Hub discussion had a significant impact on a large number of individuals in acutely elevated risk situations. Due to the multi-agency approach the risks were identified earlier and more comprehensively. The high number of individuals reached and the exceptional effectiveness allowed for a reduction of risk that would not have been obtained by applying traditional ways of doing business.

There was no measurement of the number of situations the services would have been administered or offered without the existence of the Hub discussion. For the services that would have been offered anyhow, it consequently was not measured what the delay of the service delivery would have been without Hub, and what its effect on the individuals/ families concerned, and the community as a whole would have been. It is quite obvious that only a small percentage of the 258 situations addressed, would have been delivered the same services in the same short amount of time.

- **Impact on the community**

The positive effects reached far beyond the primary function of mitigating acutely elevated risk. The increased well being of the individuals discussed strengthened the well being of their families which in turn resulted in more safety and wellness for all citizens. Therefore the community benefitted as a whole from the multi-agency approach.

Regarding the measurement of the impact on the community it can be noted that such measurement heavily depends on the definition of indicators of change. Once the indicators will have been determined, an appropriate system for the collection of data can be put in place to measure them in an in depth evaluation. Under the current circumstances the impact on the community can only be assumed. Potential indicators include the crime statistics for Prince Albert, the number of prosecutions, and the number of visits to the emergency room. They all have been showing decreasing numbers lately. Since there are many factors that affect those numbers, it is unknown to what extent the Hub discussion contributed to the change.

[1] **Synergy** is two or more things functioning together to produce a result not independently obtainable. The term synergy comes from the Greek word synergia, meaning "working together".

- **Impact on the human services delivery system**

The Hub discussion strongly mobilized human services delivery by providing the agencies with the opportunity to take notice of situations that required their services. Situations that otherwise would not have been detected or would have been detected, but only at a later point in time (e.g. Education presents a situation that urgently needs the attention of MSS and other agencies). This enabled the delivery of services that would not have been delivered even though they were needed and made it possible that services could be delivered and that the risks were addressed at an earlier point in time than they would have otherwise. Taking into account that risks potentially come true and are breeding grounds for other risks, the timely mitigation of risks increased the efficiency of the human services delivery and led to more community safety and wellness.

By providing a profound understanding of the facts surrounding the risks the Hub discussion created room for refined service delivery from the start. The agencies made use of this opportunity and delivered their services more effectively and efficiently, increasing the overall quality of service delivery.

Besides the reduction of the risks and the promotion of overall community safety and wellness, there was a positive impact on human services delivery in general. The regular Hub discussions strengthened the collaboration between the participating agencies. The agencies obtained a more in depth understanding of each other's mandates allowing them to establish stronger professional ties that sustainably serve as the basis for an intensified, differentiated, and effective collaboration, also outside the Hub environment. This rendered each agency stronger and increased their overall effectiveness to the benefit of the community and the agencies themselves.

- **Impact on systemic change**

The Hub played a crucial role in the identification of systemic issues in terms of both, our human services delivery system, and for the identification of root causes of social problems in our community. Based on the information obtained at the Hub discussion, the systemic issues can be identified. This is key for defining what preventative measures and initiatives are required in order to increase community safety and wellness. Therefore the Hub laid a valuable basis for systemic change.

Question 8: Lessons learned - systemic issues/gaps identified and recommendations

- **Question 8.1: Root causes of social problems identified**

The overall top ten risk factors identified can be considered as root causes of social problems. They were 'Substance abuse/addictions' (in 57% of the situations), 'Criminality' (in 56% of the situations), 'Victimization' (in 41% of the situations), 'Mental health issues' (in 30% of the situations), 'History as missing person' (in 28% of the situations), 'Lacking parenting' (in 19% of the situations), 'Truancy' (in 14% of the situations), 'Inadequate housing/homelessness/eviction' (in 10% of the situations), 'Health other' (in 7% of the situations), 'Public order' (in 3% of the situations).

It is quite obvious that the risk factors are connected with each other and influence one another. **Substance abuse/addictions** for instance has the tendency to increase criminality, victimization, mental illness, increased numbers of missing people, lacking parenting, truancy, homelessness, eviction, health issues, and public disorder. **Criminality** leads to victimization, mental health issues, other health issues, and public disorder. **Victimization** was identified as one of the root causes of chronic situations. It has a tendency to fuel substance abuse, mental health issues, truancy, and new criminality. **Mental health issues** often are the results of other risk factors. Once present, mental illness can be the root cause of substance abuse, criminality, victimization, lacking parenting, truancy, and homelessness. Being a **missing person** often is the result of the presence of risk factors as well. Missing people, in particular missing youth, can well increase substance abuse, criminality, and victimization, and therefore all the risks that are connected to those risk factors. **Lacking parenting** will likely result from the presence of risk factors. It seems that it is particularly caused by substance abuse and mental health issues. Its consequences are heavy, since it has a tendency to cause lacking parenting later on, substance abuse, criminality, victimization, mental health issues, missing children, and truancy. **Truancy** as well fuels a number of risk factors like substance abuse, mental health issues, criminality, and victimization. So does **inadequate housing**.

Due to the "interrelation" of the risk factors it cannot be said which one of them is the actual root cause of a specific social issue. What seems to apply to all situations equally is that the risk factors need to be identified early in order to be able to address them before they reach a certain intensity. This will help to address them efficiently and effectively.

Risk factors can be relative in the sense that they could have looked different, if 50% of the individuals targeted had not been part of the age group 11-17, but of the age group of the 0-11 year olds. Younger kids might have shown different risk factors (e.g. less consumption of alcohol and drugs, and less severe criminal activity). Risk factors can be much more subtle than the ones identified here. In other words, the risk factors identified could be a sign that the risk screening applied needs to be fine tuned in order to be able to detect younger individuals at risk more frequently than it was the case and have them connected to services before their risk factors are as severe as the ones identified here.

Recommendation:

- The substance abuse/ addictions issue, victimization and violence, mental health issues, and lacking parenting need to be solved, in order to see a substantial reduction of social problems.
- The risk factors need to be broken down into early indicators, so they can be addressed before they fully form (please also see the recommendation regarding the risk assessment/ screening process of the agencies).
- The agencies lay a greater focus on the age group of the 0-11 year olds when screening for Hub discussions.

Question 8.2: Systemic issues/ gaps of the Hub discussion itself

➢ **Incomplete identification of risk factors**

The main risk factors identified here are of a quite general nature (e.g. 'Substance abuse/addictions', 'Criminality', 'History of victimizations', 'Mental health issues', 'Lacking parenting', 'Truancy', 'Homelessness'). They are the products of yet another deeper layer of elements, which in turn might be the product of even other elements. Therefore the identification of risk factors is incomplete. For two reasons this is problematic and was considered a gap in the system of the Hub discussion:

- The agencies need risk factors that allow them to identify situations at risk before the risk is as intensive as criminality, victimization, truancy, or homelessness, and in particular before any harm is done;
- The root causes of our social problems need to be identified in as much detail as possible in order to be able to tackle them appropriately.

The reason for the limited identification of risk factors includes the way the joint notes were recorded respectively the way data was collected at the Hub discussion. The risk factors were not systematically listed and named in the joint notes. The data collected does not necessarily contain information on all the relevant risk factors. For those reasons the data needs to be collected differently. The risk factors need to be recorded as specifically as possible. This requires the agencies to specify the risk factors in detail and raises the question of the screening processes that take place within the agencies. It would be beneficial if the screening processes were designed in a way that allows for the identification and communication of the most relevant risk factors in as much detail as possible.

Recommendation:

- The agencies define their internal risk assessment/ screening processes in detail including the definition of the risk factors (e.g. possible detailed risk factors that could be identified by schools might be cruelty, bullying, being mean to others, no signs of guilt, breaking rules, bad friends,

lying, swearing, temper, stubbornness, and so on). For each situation they wish to bring forward for discussion, they identify the risk factors in detail. They collect the data required to do so.
- The risk factors are systematically recorded in detail in the joint notes.
- The COR in collaboration with the agencies examines the hierarchy and causal connection between the risk factors and their root causes and participates in breaking down the risk factors into early indicators, so they can be addressed before they fully form.
- Examples include information on students at risk (e.g. statistical information from education; it would be desirable if education could determine what students are at risk in terms of social problems, truancy, lacking parenting, performance, etc.).

➢ **Dependency on the agencies**

The Hub discussion heavily depends on the performance of the participating agencies. This became obvious in situations in which agencies showed reduced participation (e.g. because their representative was on annual leave and did not get replaced, or the representative was replaced, but the substitute was not properly informed about the pending situations the agency was involved in). During school holidays, education basically did not participate at the Hub, which emphasized the importance of having a representative from education at the Hub discussion (please also consider the reduced numbers of situations opened and closed in the holiday seasons).

Recommendation:
- Agencies replace representatives when they are on annual leave, and they make sure that their representatives are appropriately informed about the pending situations the agency is involved in.
- The agencies might also want to look into ways to reduce the Hub's dependency on the agencies by strengthening the obligation to collaborate (e.g. by MOU or by exploring ways how the collaboration could be supported by legislative change).
- The agencies ensure that they show consistent effort to detect risk situations.

➢ **Chronic situations**

The chronic situations showed that particularly high levels of risk require a high intensity of service resulting in a much longer discussions and reopening once the situation was closed at the Hub. This gives rise to the question if an actual complex case management by a specialized unit should take place at an earlier point in order to allow the Hub to allocate resources to situations that are more receptive of the solutions the Hub can offer. This would allow the agencies to have more situations addressed at the Hub. Situations that are not open to solutions plug the workflow of the Hub discussion and have to be avoided.

Recommendation:
- Explore ways to make sure that the agencies lay the focus on situations that profit the most from the Hub discussion and find new ways to deal with chronic situations.

➢ **Target group 0-11 year olds**

Only 8% of the situations concerned individuals 0-11 years of age, whereas the age group of the 12-17 year olds was represented in 50% of the situations. It is generally known that the earlier an intervention takes place in a person's life, the better the results. From that point of view it would be desirable to see more individuals of the age group 0-11 years old discussed at the Hub. There is no point in withholding the intervention until they are 12-17 years old. In order to be able to have more early interventions, there is a need for early indicators that allow the identification of the 0-11 year olds at risk. This might imply the development of appropriate risk screening tools.

Recommendation:

- The agencies intensify their efforts to identify 0-11 year olds at risk and develop the risk screening tools that allow them to do so.

➢ **Privacy concern**

If a situation meets the criteria to be discussed, the agencies disclose personal information about the individuals concerned. Disclosure of personal information can endanger privacy rights. None of the individuals discussed at the Hub table filed any complaints regarding privacy. This indicates that the agencies dealt appropriately with personal information in the Hub environment. Nonetheless, the Hub discussion could have negative effects on the right to privacy, if the agencies failed to pay the right attention to privacy matters. It seems indicated that the existing risk is countered by additional safeguards like more precise agreements on the disclosure, collection, and use of personal information, and the introduction of filters to ensure that only situations are discussed that meet the criteria. A more formalized risk assessment/ screening process with well defined criteria/ risk factors on the agency level would be desirable also from the privacy point of view. The recommendations of the provincial Information Sharing Issues Working Group (ISIWG) will need to be considered in detail once available.

Recommendation:

- CMPA continues its effort to make sure that the Hub does not enter into conflict with privacy legislation.

➢ **Evaluation of the Hub discussion**

CMPA is well aware of the importance of measurement and reporting and that the Hub discussion needs to be able to determine its effectiveness, as well as areas for improvement, so that it can continue to best serve the needs of the community (CMPA business case page 9). The agencies participating in CMPA provided for the collection of the data used for the present report. The development of CMPA's evaluation practices are proceeding, amongst other efforts by establishing collaboration with experts in the field.

Prior to the start up of the Hub discussion there were no formalized and detailed evaluation practices or

policies in place. There was no tracking of the outcomes of situations discussed at the Hub. These circumstances would likely not allow for an in depth evaluation.

A thorough basis for an actual in depth evaluation of the Hub discussion would contribute to an outcome measurement and create more in depth evaluation opportunities and therefore is desirable. In order to do so CMPA could formally determine the objective of the evaluation. An actual evaluation could include the definition of what the effectiveness of the process is, measurement of the impact on the individuals, identification of indicators for overall community safety measures, measurement of the impact on the participating agencies, identification of gaps in the system, and measurement of the overall effectiveness of the program. Also there would be a need to determine how the evaluation will be conducted, and accordingly, what data is required, and how the data can be collected (e.g. by further developing the data collection, involving the agencies, and/ or developing questionnaires). The recording of data will need to be refined, taking into account the goals of the evaluation and the limitations set by privacy legislation.

It appears to be an important part of the evaluation culture to engage the participating agencies as partners for the evaluation. Only the agencies will be able to answer the question, if their participation at the Hub was beneficial to the situations discussed and what the outcome in terms of workload and resources saved/ used were. Also it would be advisable to involve the Hub clients in the process. Their inputs could be a valuable contribution to the further development of integrated service delivery. The roles the partners have to play for the purpose of the evaluation will need to be formulated and agreed upon.

Recommendation:

- CMPA pursues its efforts to create an evaluation culture and the establishment of a detailed evaluation framework, including the definition of what success of the Hub discussion means, what data is required to measure it, and how the data can be collected and evaluated, resp. how the success can be measured.
- For evaluation purposes it would be beneficial if the screening process could be used as an evaluation tool after the situation has been closed at the Hub (e.g. the screening would be repeated in order to show the change in risk factors). After the situation is no longer pending at Hub the risk assessment could be repeated to show to what extent the risk changed.
- The agencies formulate and agree upon the roles they need to play for the purpose of the evaluation.
- The participating agencies and the individuals discussed at Hub are appropriately involved in the evaluation.

Question 8.3: Systemic issues/ gaps of the human services delivery system

The Hub discussion showed itself as a great tool for the identification of systemic issues, in particular by bringing many sectoral specialists to the same table. The results from the Hub discussion showed that the human services delivery system is fit to effectively address situations that require human services delivery (e.g. only 12% of all situations had to be reopened). However, there are areas that can yet be optimized:

Targeting root causes more vigorously

Based on the findings, the main root causes of our social issues **'Substance abuse/addictions', 'Victimization/violence', 'Mental health issues'**, 'Lacking parenting', and 'Truancy' were present extraordinarily often. 70% of all individuals discussed for instance were affected by substance abuse issues. These root causes need to be targeted much more vigorously by prevention measures than has been the case. Their presence needs to be lowered. In order to do so there needs to be funding for appropriate measures.

Based on the finding that chronic situations showed a much stronger element of **victimization** than the average situation, the question needs to be raised if the services provided to victims need to be prioritized.

The high number of situations showing **truancy** raises the question if the rules that intend to avoid truancy, and the respective enforcement practices need to be reinforced. If children do not attend school the legal guardian might need to see more severe consequences that will be enforced.

The high number of situations showing **lacking parenting** could be addressed by further developing and increasing mentorship to at least replace some of the lacking parenting and divert some of its negative consequences.

Recommendation:

- The agencies, including their collaboration at the COR, target root causes of social problems more vigorously by prevention measures and find ways to fund the increased effort.

Increasing prevention generally

Human services delivery seems to have the tendency to only take action once harm is already done. Increased prevention efforts, including the development of appropriate risk factors will allow early identification of individuals at risk. This will help to prevent increases in their risk factors and contribute significantly to more community safety and wellness along with massive cost savings for the agencies involved and for the agencies that will not need to be involved as a result. The Hub discussion certainly increased the prevention aspect of human services delivery, but the prevention work should be expanded far beyond Hub.

Recommendation:

- Prevention measures are increased throughout the human services delivery system.

Bridging the mandates

Increased collaboration by the agencies also proved to be effective outside the Hub discussion. There still is a large potential for more collaboration in general. In particular it seemed desirable that once the needs of a client goes beyond the mandate of an agency the agency always makes sure that the connection to the agency is made that deals with such issues, including situations in which an individual relocates. This will help to avoid individuals in need of services falling through potential gaps in the human services delivery system. The agencies need to make sure that they have the capacity to connect individuals with the appropriate services if necessary.

Recommendation:

- The agencies make sure that once the limit of their mandate is reached, they connect individuals with agencies that can offer further services the individual requires to be provided with.

Appropriate sharing of information

Appropriate sharing of information will help to avoid individuals falling through gaps in the system. Sharing will allow mobilization of services to the benefit of the individuals, their families, the community at large, and the agencies involved. In general, privacy legislation seems to be confusing to the agencies. This could result in a tendency to basically not share just to be on the safe side, which contravenes the provisions that allow sharing of information, and hinders community safety and wellness.

Recommendation:

- The agencies make sure that they actively make use of provisions that allow sharing of information to the benefit of individuals concerned.

Missing services

There are gaps in the human service system that cannot be bridged by connecting the individual with agencies: The services simply do not exist in an appropriate form. Groups of situations that do not fit under any of the agencies mandate, present a tremendous risk. They will continue to be risk situations and possibly promote the formation of more risk.

Examples of missing services are people who do not qualify for any type of support in terms of living arrangements and therefore are living "independently", but cannot manage to live like that. Such individuals showed to be at high risk, e.g. of getting victimized and being exposed to the consequences victimization can have in terms of the formation of risk. Often they were continuously producing episodes that required intensive service delivery (e.g. by the courts because they were victimized or by emergency services). The same applies for adult protection including individuals with cognitive disabilities who do not meet the level required for assistance.

Recommendation:

- The agencies, through their collaboration at the COR, further identify missing services and possible solutions.

Tailored service delivery

The services need to be tailored to the specific needs of the client. For that purpose the needs have to be identified in depth. Custom made services will save time and money in the long run, for instance

because the individuals will not need to be dealt with over and over, because the service they got met their need.

Recommendation:

- The agencies appropriately tailor services to the need of the individual.

Missing data basis for evidence-based action

In order to be able to develop credible prevention measures and to measure their success there is a need for solid data. Numerous areas have been identified in which the data being collected is insufficient, because it does not allow for an appropriate assessment of what prevention measures need to be taken.

Recommendation:

- The agencies and the COR need to determine what the changes in data collection need to be implemented.

Collaboration Police/Prosecutor/Probation:

In the CMPA business case of March 30, 2012, reframing what is presented to the courts was identified as an additional mobilization opportunity. Several situations discussed at Hub showed that there was a positive progress in that direction which will need to be expanded.

Recommendation:

- Police and probation look into ways to further expand their collaboration with one another and the Crown.

Appropriate application of the YCJA

The Youth Criminal Justice Act (YCJA) provides for many preventative measures agencies, in particular the police, can take in order to divert a youth from getting hooked up in the justice system. Many of the individuals discussed showed prior involvement with the police, in particular a history of criminality at young ages. There were no indications that the Police made use of the measures provided for by the YCJA.

Recommendation:

- The Police might want to look into the question what internal changes they need to undergo in order to make more use of the prevention options of the YCJA.

Service delivery in the street

Increasing service delivery in the street by specialized personnel might be one of the viable ways to appropriately address certain situations of social problems, e.g. applying de-escalation techniques, connecting individuals to services, providing information (e.g. HIV prevention for prostitutes), being a role model, talk to individuals at risk, listen to their concerns, and take on an ad hoc mentor role.

Recommendation:

- The agencies, through their collaboration at the COR, further identify missing services and possible solutions.

8. Summary of recommendations

- **Recommendations regarding root causes of social problems**
  - The substance abuse/ addictions issue, victimization and violence, mental health issues, and lacking parenting need to be solved, in order to see a substantial reduction of social problems.
  - The risk factors need to be broken down into early indicators, so they can be addressed before they fully form (please also see the recommendation regarding the risk assessment/ screening process of the agencies).
  - The agencies lay a greater focus on the age group of the 0-11 year olds when screening for Hub discussions.

- **Recommendations regarding systemic issues/ gaps of the Hub discussion**
  - The agencies define their internal risk assessment/ screening processes in detail including the definition of the risk factors (e.g. possible detailed risk factors that could be identified by schools might be cruelty, bullying, being mean to others, no signs of guilt, breaking rules, bad friends, lying, swearing, temper, stubbornness, and so on). For each situation they wish to bring forward for discussion, they identify the risk factors in detail. They collect the data required to do so.
  - The risk factors are systematically recorded in detail in the joint notes.
  - The COR in collaboration with the agencies examines the hierarchy and causal connection between the risk factors and their root causes and participates in breaking down the risk factors into early indicators, so they can be addressed before they fully form.
  - Examples include information on students at risk (e.g. statistical information from education (it would be desirable if education could determine what students are at risk (e.g. in terms of social problems, truancy, lacking parenting, performance, etc.).
  - Agencies replace representatives when they are on annual leave, and they make sure that their representatives are appropriately informed about the pending situations the agency is involved in.
  - The agencies might also want to look into ways to reduce the Hub's dependency on the agencies by strengthening the obligation to collaborate (e.g. by MOU or by exploring ways how the collaboration could be supported by legislative change).
  - The agencies ensure that they show consistent effort to detect risk situations.
  - Explore ways to make sure that the agencies lay the focus on situations that profit the most from the Hub discussion and find new ways to deal with chronic situations.
  - The agencies intensify their efforts to identify 0-11 year olds at risk and develop the risk screening tools that allow them to do so.
  - CMPA continues its effort to make sure that the Hub does not enter into conflict with privacy legislation.

- CMPA pursues its efforts to create an evaluation culture and the establishment of a detailed evaluation framework, including the definition of what success of the Hub discussion means, what data is required to measure it, and how the data can be collected and evaluated, resp. how the success can be measured.
- For evaluation purposes it would be beneficial if the screening process could be used as an evaluation tool after the situation has been closed at the Hub (e.g. the screening would be repeated in order to show the change in risk factors). After the situation is no longer pending at Hub the risk assessment could be repeated to show to what extent the risk changed.
- The agencies formulate and agree upon the roles they need to play for the purpose of the evaluation.
- The participating agencies and the individuals discussed at Hub are appropriately involved in the evaluation.

➢ **Recommendations regarding systemic issues/ gaps of the human services delivery system**

- The agencies, including their collaboration at the COR, target root causes of social problems more vigorously by prevention measures and find ways to fund the increased effort.
- Prevention measures are increased throughout the human services delivery system.
- The agencies make sure that once the limit of their mandate is reached, they connect individuals with agencies that can offer further services the individual requires.
- The agencies make sure that they actively make use of provisions that allow sharing of information to the benefit of individuals concerned.
- The agencies, through their collaboration at the COR, further identify missing services and possible solutions.
- The agencies appropriately tailor services to the need of the individual.
- The agencies and the COR need to determine what the changes in data collection need to be implemented.
- Police and probation look into ways to further expand their collaboration with one another and the Crown.
- The Police might want to look into the question of what internal changes they need to undergo in order to make more use of the prevention options of the YCJA.
- The agencies, through their collaboration at the COR, further identify missing services and possible solutions.

9. Closing remarks

The questions and objectives of this report could, for the most part, be addressed appropriately, despite the heterogeneous and incomplete nature of the data basis. Certainly the data allowed for a good insight into numerous aspects of the Hub discussion. The results seem to be able to show the potential for systemic change in the Hub procedure and the human services delivery system in general. However, this report cannot replace an actual evaluation of the effectiveness and success of the program.

All in all, the Hub discussion showed to be of tremendous benefit to the individuals discussed, their families, the community at large, and the participating agencies. Also its value for the identification of systemic issues became apparent. CMPA hopes that this report can provide an adequate insight into what the Hub discussion dealt with over the evaluation period, and that the analysis will be able to serve as a valuable contribution to the success and further development of the Hub discussion, the COR activities, and CMPA in general.