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Report on the Hub Discussion 2013/2014:

A Documentation of the Prince Albert Hub Discussion Study Period: September 1, 2013, to August 31, 2014

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

February 18, 2015



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2 Table of abbreviations

BPRC	Building Partnerships to Reduce Crime
CFBSJS	Centre for Forensic Behavioural Science and Justice Studies of the
	University of Saskatchewan
СМРА	Community Mobilization Prince Albert
COR	Centre of Responsibility
CORR	Ministry of Justice Community Corrections
Education	SRPSD and PARCSSD
ESC	CMPA's Executive Steering Committee
Hub	Please note: This is not an abbreviation
IPC	Saskatchewan Information and Privacy Commissioner
ISIWG	Information Sharing Issues Working Group (Saskatchewan Ministries of Jus-
	tice, Health, Social Services, Education)
MSS CFS	Ministry of Social Services Child and Family Services
MSS IA	Ministry of Social Services Income Assistance
MSS MCU	Ministry of Social Services Mobile Crisis Unit
000	CMPA's Operational COR Committee
PAFD	Prince Albert Fire Department
PAGC	Prince Albert Grand Council
PAPHR	Prince Albert Parkland Health Region
PAPHR AS	Prince Albert Parkland Health Region Addiction Services
PAPHR MH	Prince Albert Parkland Health Region Mental Health Services
PAPHR OTHER	Prince Albert Parkland Health Region's services other than Addiction and Mental Health services
PAPS	Prince Albert Police Service
PAPS BYLAW	Prince Albert Police Service Municipal Bylaw Enforcement Unit
PAPS VSU	Prince Albert Police Service Victim Services Unit
PARCSSD	Prince Albert Roman Catholic Separate School Division
RCMP	Royal Canadian Mounted Police
SRPSD	Saskatchewan Rivers Public School Division
YCJA	Youth Criminal Justice Act



3 Executive summary

The present report is the third documentation of data collected at the Prince Albert Hub discussion. It covers the study period September 1, 2013, to August 31, 2014.

The agencies **brought forward** a total of 295 situations, 83% of them were accepted for discussion and are considered in more detail here. 65% of the situations accepted concerned an individual, 34% an entire family. The **age group** of the 12 to 17 year olds made up 48% of situations, followed by the 18 to 64 year olds with 42%. The 0 to 11 year olds made up 7%; the age group 65+ was represented in 2% of the situations.

Three agencies, the Prince Albert Police Service, Social Services, and Education, brought forward 87% of the situations accepted and made up 72% of the total engagement as lead agency. In 42% of situations the originating agency was different from the lead agency indicating a strong mobilization of services via Hub. With an average of 6 agencies involved per situation **agency involvement** showed an increase compared to the previous study period. At the same time the main originating and lead agencies' shares slightly decreased which is indicating broader involvement. The agencies that assisted the most often were the Prince Albert Parkland Health Region's Addiction and Mental Health Services, the Prince Albert Police Service, Social Services' Mobile Crisis Unit, and Education.

1907 times a **risk factor** from the 26 risk categories was selected resulting in an average of 7.8 tracked risk factors per situation. The situations discussed showed 'Alcohol' with 65% of the situations as the largest **risk factor category**, followed by 'Parenting' (55%), 'Physical Violence' (55%), 'Criminal Involvement' (52%), 'Emotional Violence' (47%), 'Mental Health' (47%), 'Missing School' (43%), and 'Drugs' (42%). A closer examination showed differences in **risk profiles** and **companionships of risks** per age group and gender. **Re-opened situations** showed higher overall levels of risk than the average situation. The major risk factors in Hub identified situations of **systemic issues** were examined providing insight into risk profiles that can be of interest to documenting systemic observations.

The **duration** from opening a discussion to closing in 56% of situations was one week or less, after two weeks 80% of situations were closed. Durations per lead agency and risk factors were considered as well. 54% of the discussions were closed under the **closure variable** 'Connected to services/ cooperative', 35% as 'Informed of services', and 6% as 'Refused services/ uncooperative'.

While indicators of community wellness have been showing favourable trends since the inception of Hub in Prince Albert (e.g. a -23% decrease in violent crime severity index compared to 2010), the **out-come measurement** is facing privacy implications related to the multi-agency dimension of Hub. A causal relationship between Hub work and impact on the individual can be established through each agency's readiness to measure its outcomes to the benefit of the community. The present Hub data can be expected to inform positive and sustainable action in the direction of improving human service delivery locally and in combination with data from other Hubs also provincially.



4 Introduction

The purpose of this report is to document Hub data in the interest of adding to the local, regional, and provincial evidence-base for systemic issue identification and solution of root causes of social problems.

This is Community Mobilization Prince Albert's (CMPA) third data report on the CMPA Hub discussion. It covers the study period September 1, 2013, to August 31, 2014. The first CMPA Hub data report covered the timeframe from June 1, 2011, to May 31, 2012; and the second from September 1, 2012, to August 31, 2013. They can be accessed via CMPA's website under www.mobilizepa.ca.

CMPA's Hub is risk-driven collaborative intervention through the mobilization of existing services to individuals and families at acutely-elevated risk. Over 1,000 risk situations have been discussed at the CMPA Hub since its inception in February 2011 supporting many more individuals and families at risk. CMPA's Vision and Mission, its formation in the provincial context of the Building Partnerships to Reduce Crime Initiative (BPRC), details on the Hub data collection process, the Information Sharing Guidelines for Hub by the Inter-Ministerial Information Sharing Issues Working Group (ISIWG) and ISWIG's Privacy Impact Assessment of the Prince Albert Hub are laid out in the previous Hub reports and/or in the documents mentioned below. They are not repeated here.

The University of Saskatchewan's Centre for Forensic Behavioural Science and Justice Studies published a preliminary impact assessment of CMPA's Hub model in May 2014 called '*Risk-Driven Collaborative Intervention: A Preliminary Impact Assessment of Community Mobilization Prince Albert's Hub Model*' accessible via the website of the Provincial Government's BPRC under <u>www.saskbprc.com</u> or the Centre for Forensic Behavioural Science and Justice Studies' website under <u>www.usask.ca/cfbsjs/research</u>.

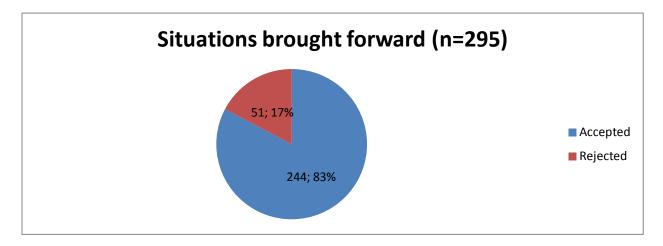
The Saskatchewan Information and Privacy Commissioner (IPC) finalized his Investigation Report 105/2014 on CMPA's Hub discussion on November 10, 2014. It is accessible via the IPC's website: <a href="http://www.oipc.sk.ca/Reports/Investigation%20Report%20105-2014/Investigation%20Report%20105/2014/Investigation%20Report%2015/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%20105/2014/Investigation%20Report%



5 Findings

5.1 Number of situations brought forward

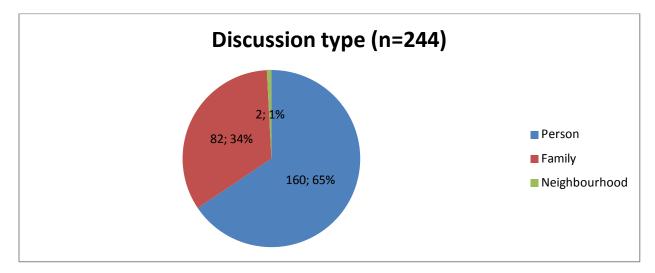
From September 1, 2013, to August 31, 2014, the agencies brought forward 295 situations. 83% of them were accepted for discussion and will be considered further here.



5.2 Demographics

5.2.1 Discussion type

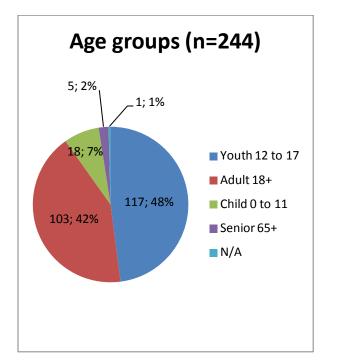
The situations accepted for discussion showed these discussion types:

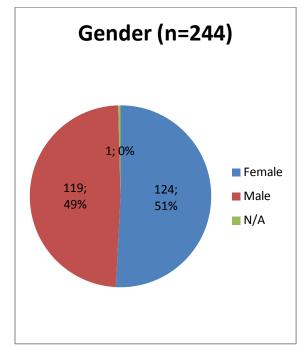




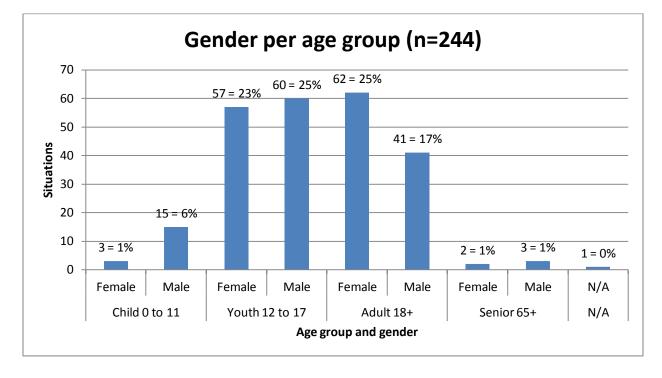
5.2.2 Age group and gender

Age groups and genders were represented as follows:





The genders were represented as follows in the different age groups:

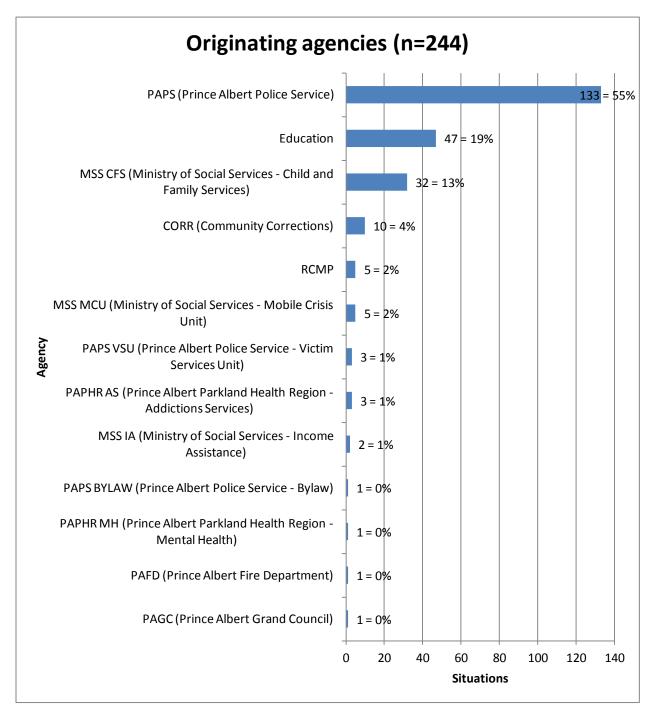




5.3 Agency involvement

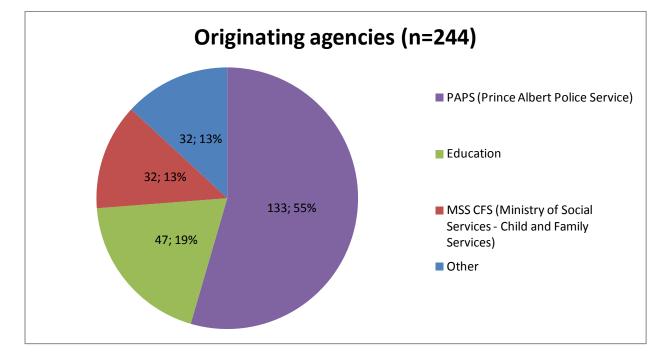
5.3.1 Originating agencies

In the following number/percentage of situations the agencies were the originating agency:





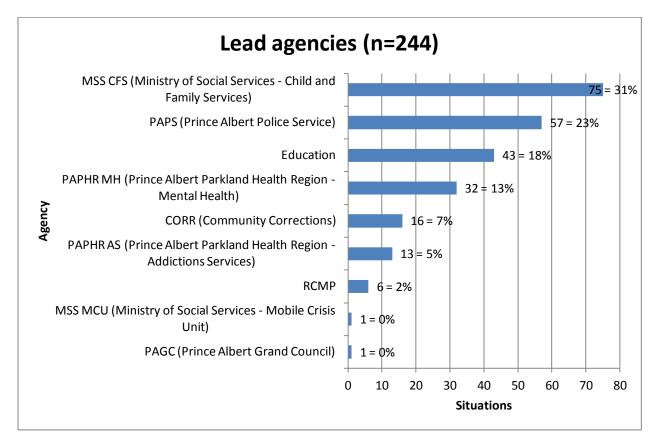
Three agencies brought forward 87% of situations accepted for discussion:



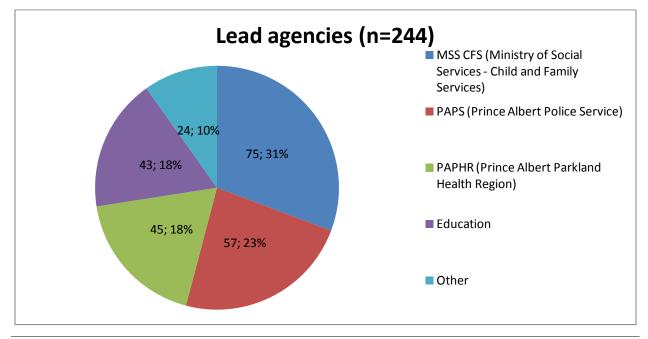


5.3.2 Lead agencies

In the following number/percentage of situations the agencies were lead agency:



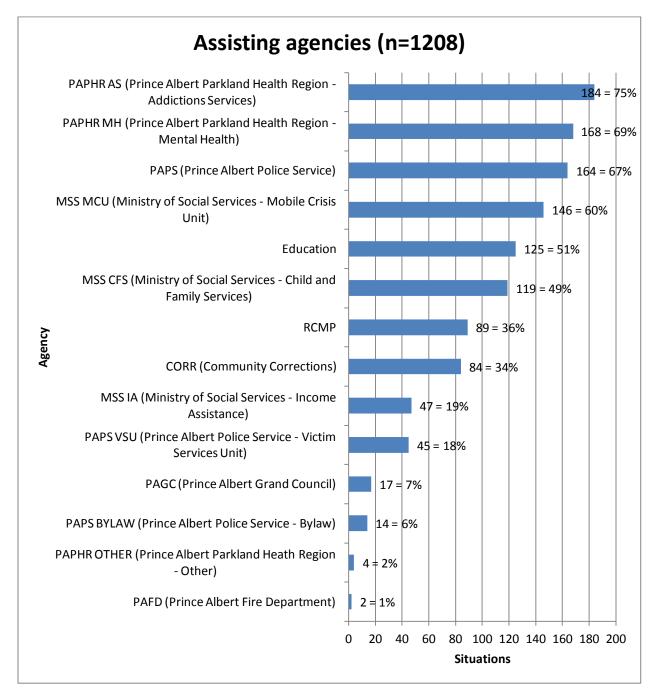
Four lead agencies covered 90% of situations:





5.3.3 Assisting agencies

1208 times an agency was involved as an assisting agency. In the following number/percentage of situations the agencies were assisting agency:

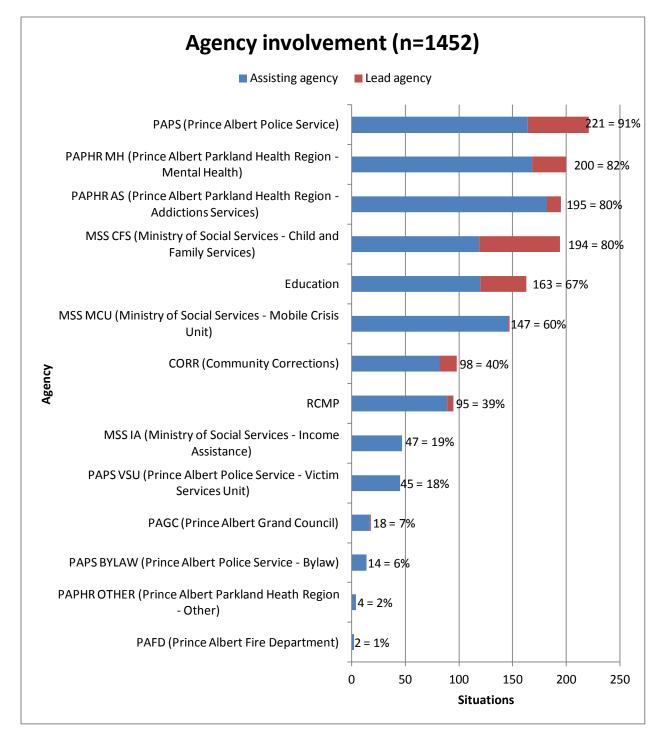


Mental Health and Addiction Services showed the highest involvement as assisting agency, followed by the Prince Albert Police Service, Mobile Crisis, and Education.



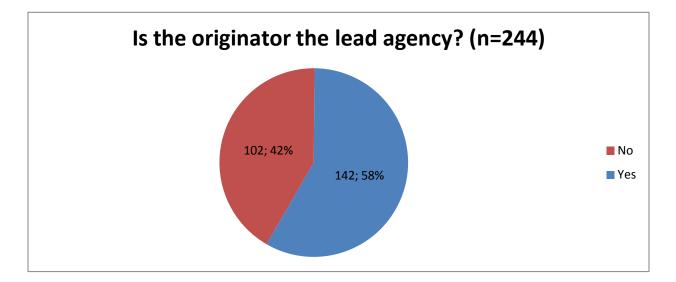
5.3.4 Summary of agency involvement

The mobilization of services via Hub facilitated connecting risk situations to the appropriate agencies. 1452 times an agency was involved as lead or assisting agency (244 times as lead agency; 1208 times as assisting agency) resulting in an average agency involvement of 6 agencies per situation. The agencies were involved as lead or as assisting agency as follows:





In 42% of the situations an agency different from the originating agency took the lead emphasizing the scope of the service mobilization with regards to the main focus of the collaborative intervention.



5.4 Risk profiles

The risk profiles of the situations accepted for discussion can be of great interest to identifying, preventing, and mitigating acutely-elevated risk on a systemic level and/or in a specific situation.

There were 26 risk factor categories in use, grouping 102 risk factors available for selection. Risk factors were selected if they were considered relevant to the formation, continuation, or mitigation of acutelyelevated risk, respectively to the probability of significant harm to a significant interest at stake in a multi-disciplinary risk situation. By selecting a risk factor the corresponding risk factor category was automatically selected.

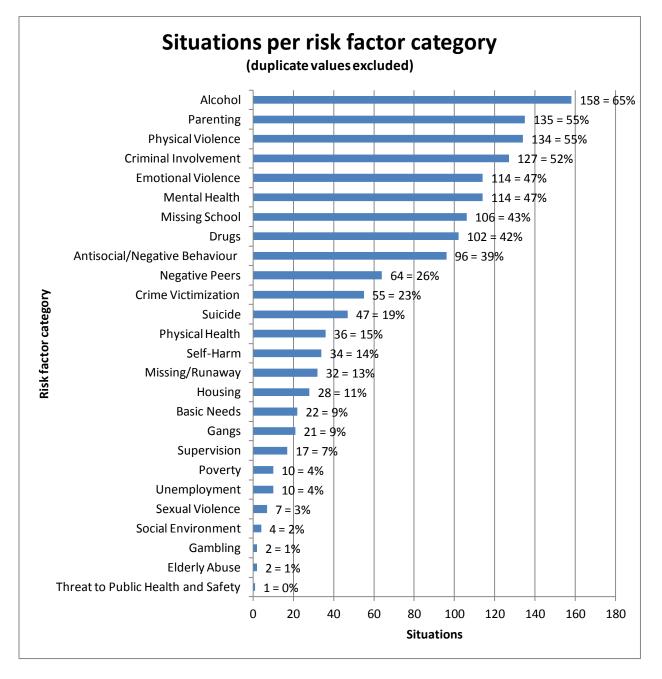
The risk categories are broken into risk factors of varying degrees in terms of the number of risk factors they contain and how closely related the risk factors of the same category are. This section is taking a look at the risk factor categories and the risk factors (in general and per age group and gender), their companion risk categories/factors, and it introduces potential future discussion on the value of risk combinations, and risk profiles per agency involvement.



5.4.1 Risk factor categories

5.4.1.1 Risk factor categories: General overview

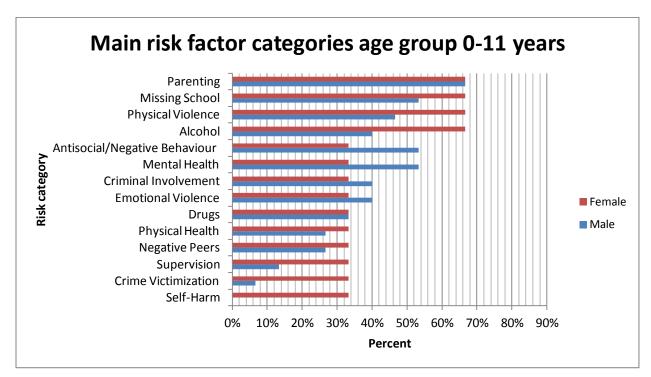
On average, 6 different risk categories were selected per situation. The risk categories were selected as follows (multiple selection of a risk factor of the same category in the same situation was counted as one situation in order to account for the varying degrees to which risk factor categories are broken into):

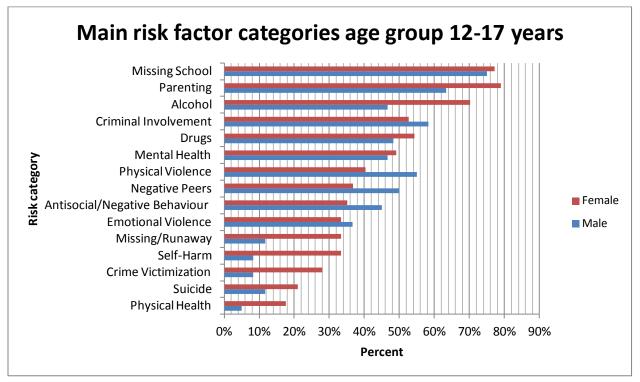




5.4.1.2 Risk factor categories per selected age groups and gender

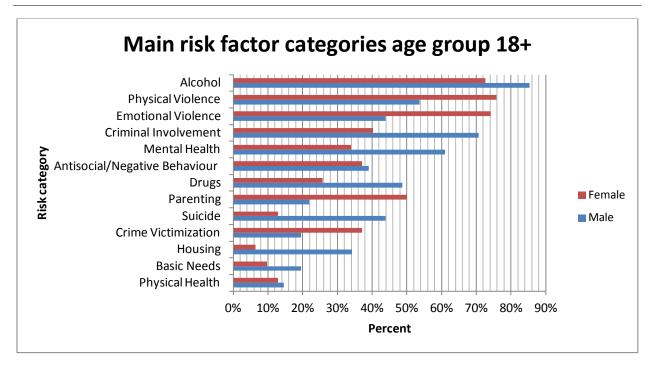
The age groups, children, youth, and adult, showed the following main risk factor categories per gender. A colour coded table of all risk factor categories per gender and selected age groups can be found in Appendix A on page 53.





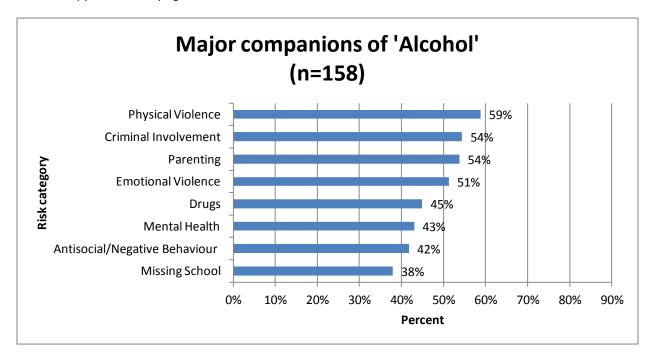
Community Mobilization Prince Albert (CMPA)



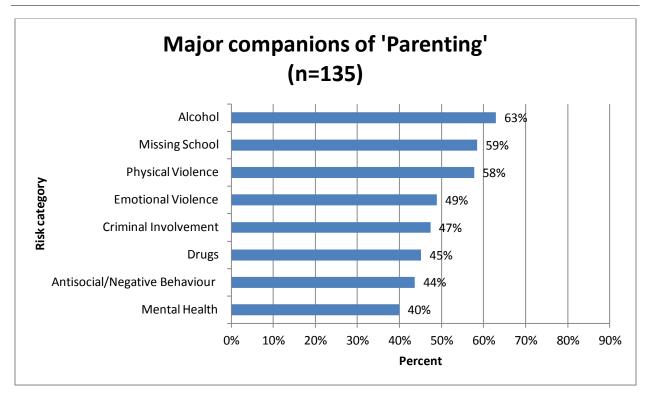


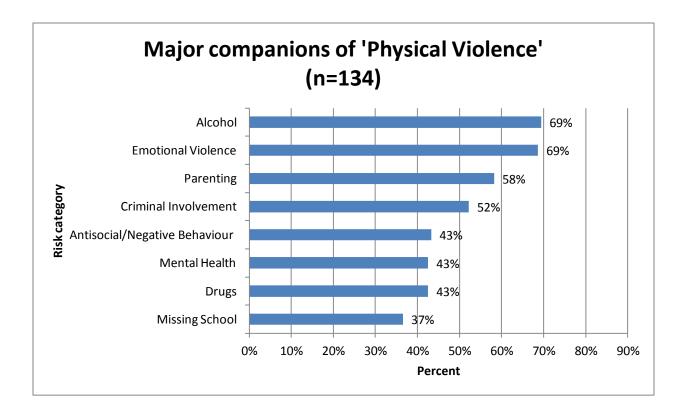
5.4.1.3 Risk factor categories and their companions

The charts below are showing the major risk category companions of the 12 risk factor categories observed the most often. Companions were included if they were present at least in 30% of the situations showing the accompanied risk category. Colour coded tables of all companion risk categories can be found in Appendix B on pages 54-57.

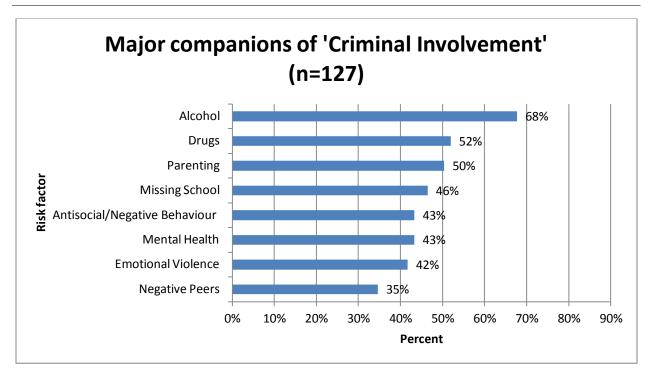


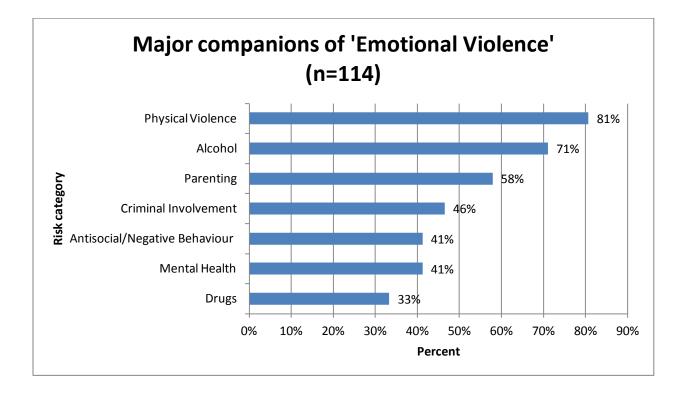




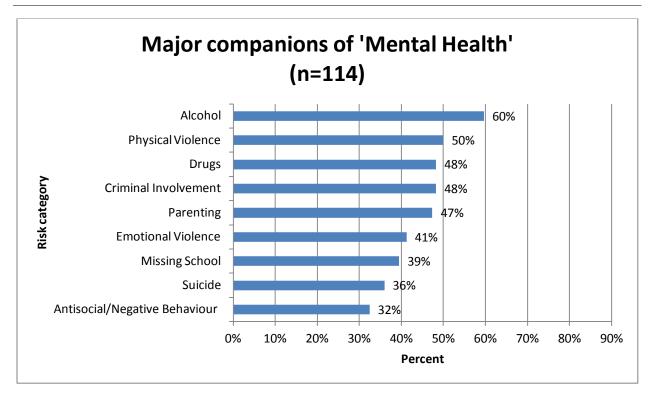


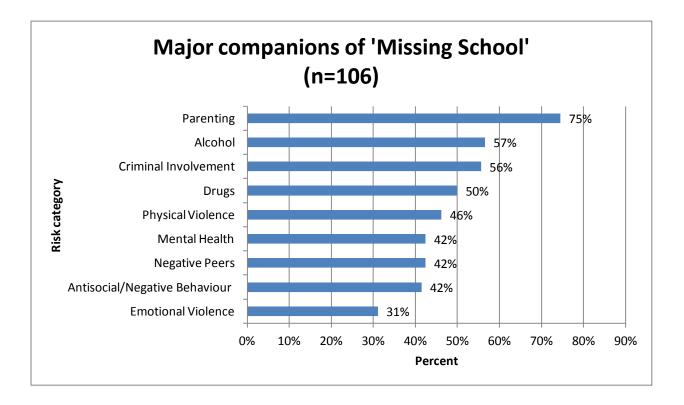




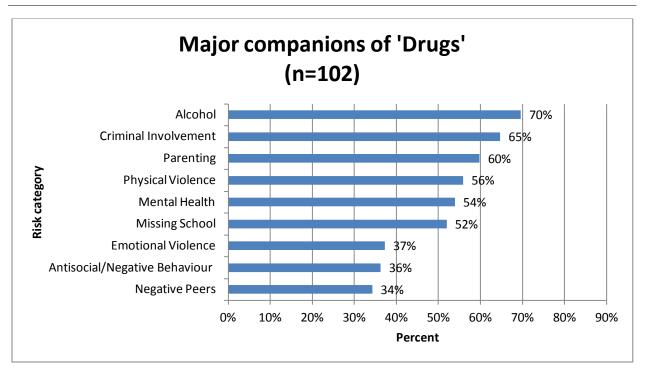


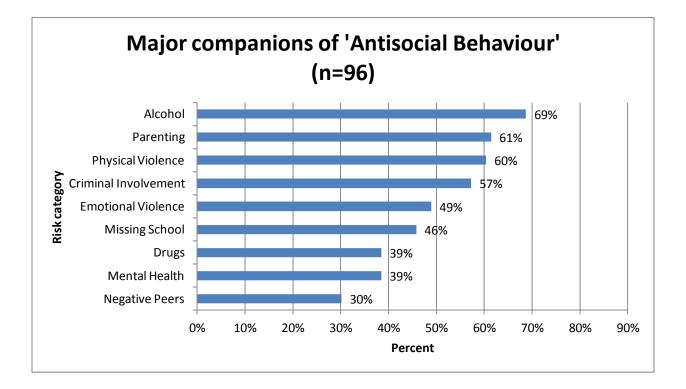




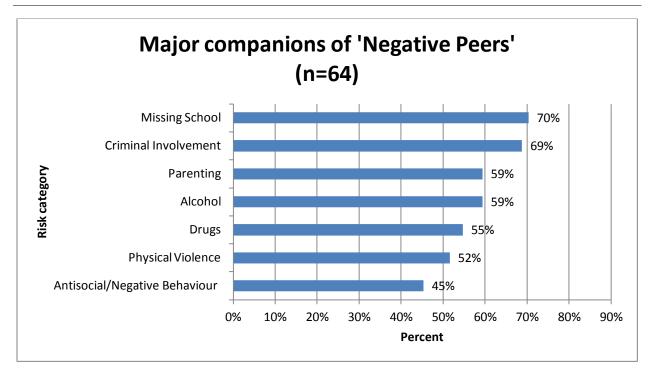


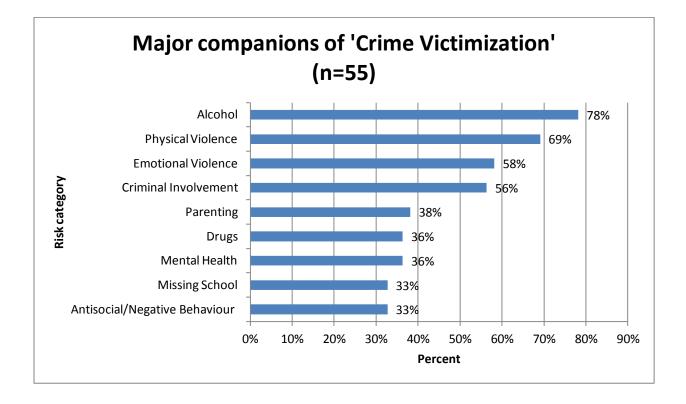




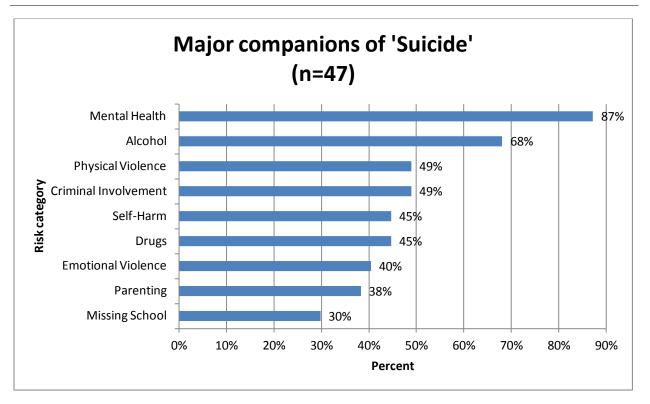












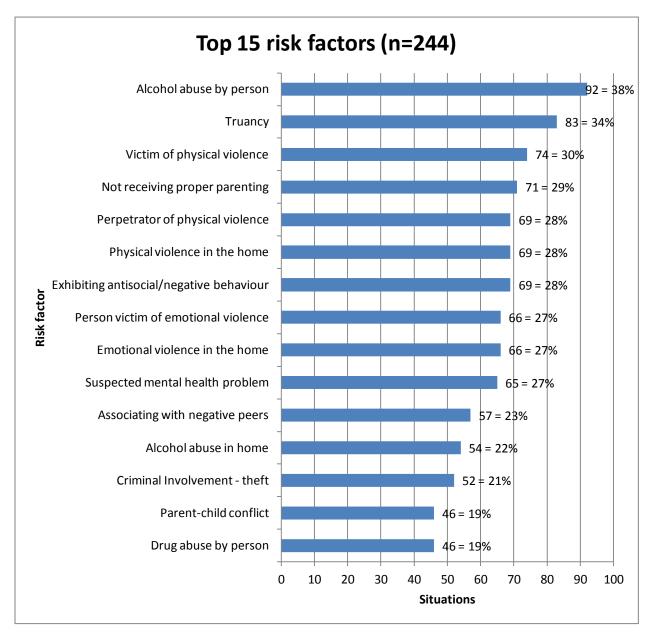


5.4.2 Risk factors

In the 244 situations accepted for discussion, a risk factor was recorded 1907 times resulting in an average of 7.8 risk factors per situation.

5.4.2.1 Risk factors: General overview

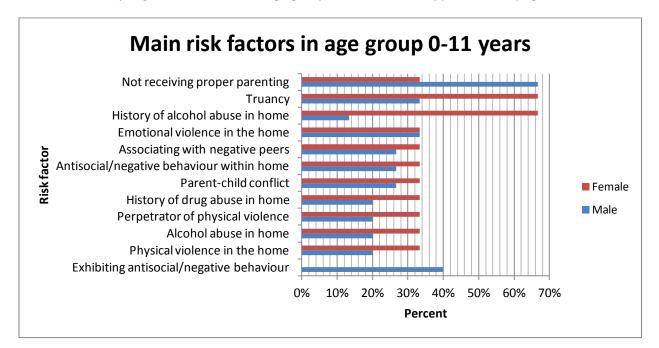
A colour coded table of the percentage of situations per risk factor can be found in Appendix C on pages 58-59. This chart is showing the 15 risk factors that appeared the most often:

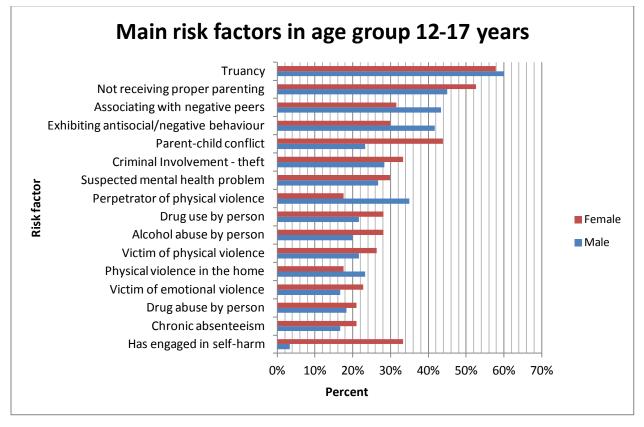




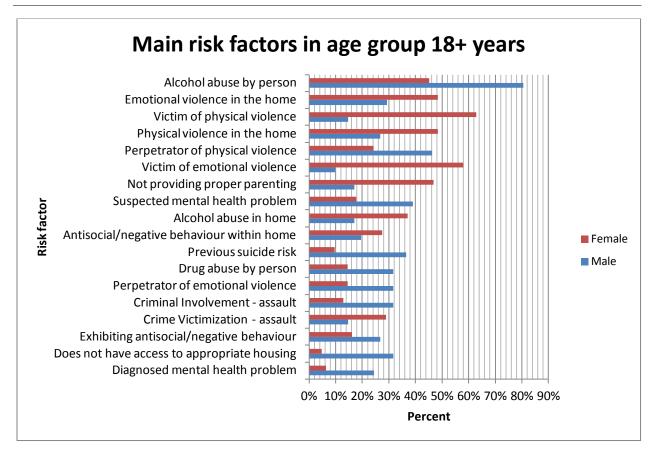
5.4.2.2 Risk factors per selected age groups and gender

The age groups children, youth, and adult showed the following main risk factors. A colour coded table of all risk factors per gender and selected age group can be found in Appendix D on pages 60-62.











5.4.2.3 Risk factors and their companions

The following table depicts the most prevalent risk factors and their companions, colour coded, based on how often the companion was present in situations showing the accompanied risk factor. The colour code ranges from red (highest) to yellow (lowest). A table of companion risk factors for all risk factors can be made available.

Risk factor	Alcohol abuse by person	Criminal Involvement - theft	Drug abuse by person	Emotional violence in the home	Suspected mental health problem	Truancy	Person not receiving proper parenting	Physical violence in the home
Alcohol - alcohol abuse by person	100%	38%	63%	36%	37%	24%	17%	33%
Perpetrator of physical violence	29%	25%	28%	36%	26%	30%	25%	43%
Exhibiting antiso- cial/negative be- haviour	29%	31%	28%	23%	26%	34%	38%	35%
Person victim of physical violence	27%	12%	17%	58%	18%	24%	23%	59%
Truancy	22%	46%	35%	12%	26%	100%	65%	26%
Associating with negative peers	22%	48%	33%	6%	22%	41%	31%	13%
Person victim of emotional vio- lence	23%	6%	11%	56%	18%	19%	21%	55%
Not receiving proper parenting	13%	33%	24%	18%	31%	55%	100%	22%
Alcohol abuse in home	25%	8%	9%	47%	15%	20%	23%	48%
Physical violence in the home	25%	6%	17%	67%	23%	22%	21%	100%
Parent-child con- flict	10%	29%	24%	14%	26%	29%	32%	14%
Suspected mental health problem	26%	21%	24%	18%	100%	20%	28%	22%
Emotional vio- lence in the home	26%	12%	11%	100%	18%	10%	17%	64%
Criminal Involve- ment - theft	22%	100%	35%	9%	17%	29%	24%	4%
Drug abuse by person	32%	31%	100%	8%	17%	19%	15%	12%



5.4.3 Combinations of risk factor categories or risk factors

The examination of risk category or risk factor combinations beyond just considering how often two risk categories/factors appeared together could be of great value, i.e. for risk category/factor combinations including three or more risk categories/factors. This could be of interest in the context of identifying risk profiles and related systemic issues, as well as economic analysis of the Hub effort. Such analysis would need to be completed before those results could be presented.

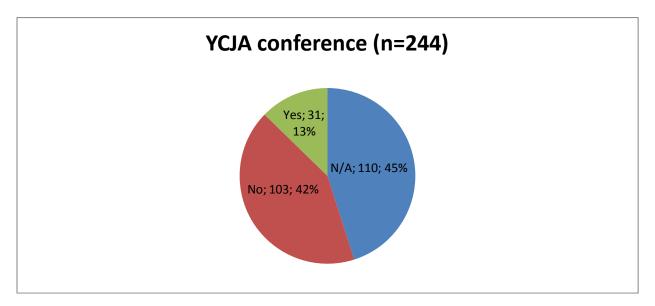
5.4.4 Risk profile and agency involvement

The Hub data allows for detailed outlines of risk factor categories/risk factors per originating, lead, and assisting agency. Examination of such information will inform an agency as originating, lead, or assisting agency to what relevant extent the agency's clients' risk profiles reached beyond the agency's mandate and abilities. Such information may assist decision makers in improving agency protocols, policies, and mandates. It can also be of interest in determining what degree of information sharing is needed to meet the needs of those at risk. Risk profiles per originating, lead and assisting agency are not included here.



5.5 Conference under the YCJA

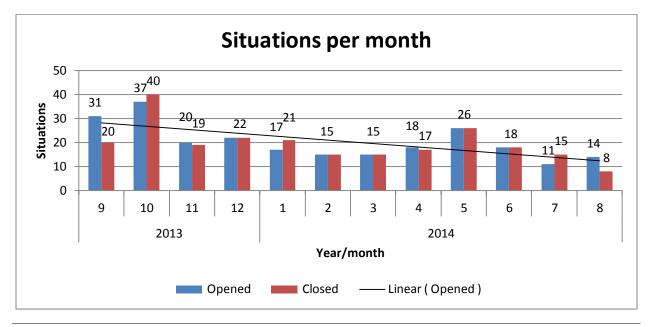
31 situations or 13% of Hub discussions were held in the form of a conference under the Youth Criminal Justice Act (YCJA).



The Hub provided an effective platform for youth conferences in acutely-elevated risk situations. The number of youth conferences held is indicating that the agencies made use of this additional opportunity to the benefit of the youth.

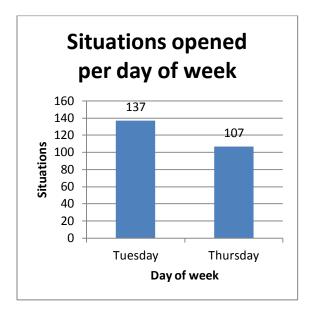
5.6 Situations opened/closed per month, and day of week

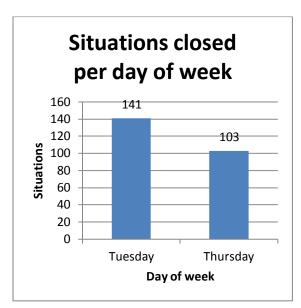
The average number of situations accepted for discussion was 20.3 situations per month and 4.6 situations per week. 8 months showed values below the average. 5 of them lay in the second half of the study period resulting in a slight decreasing trend of situations being brought forward.





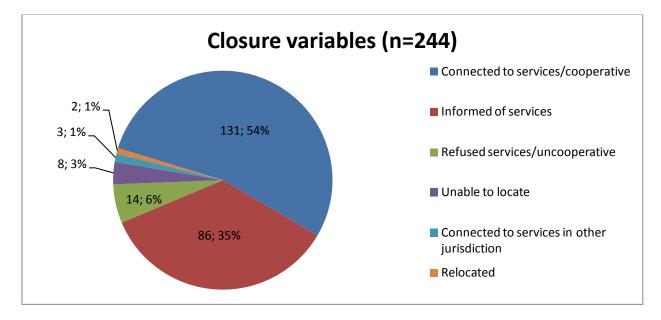
The Hub took place 53 times on a Tuesday and 51 times on a Thursday. Factoring in the minor difference in the number of Hubs per Tuesday/Thursday, Tuesdays still showed higher overall volumes in the number of both, situations opened and closed. The number situations opened/closed per day of week was:





5.7 Discussion closure

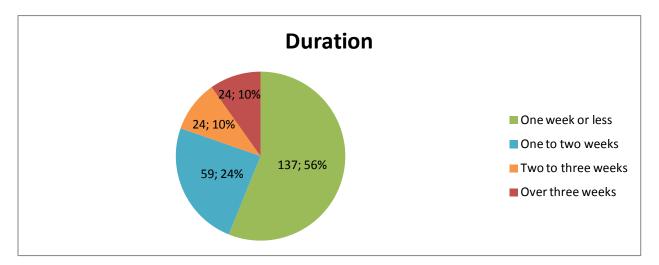
The vast majority of situations were closed as 'Connected to services/cooperative' or 'Informed of services'. Once a discussion is closed the agencies may still be continuing their service delivery outside the Hub.



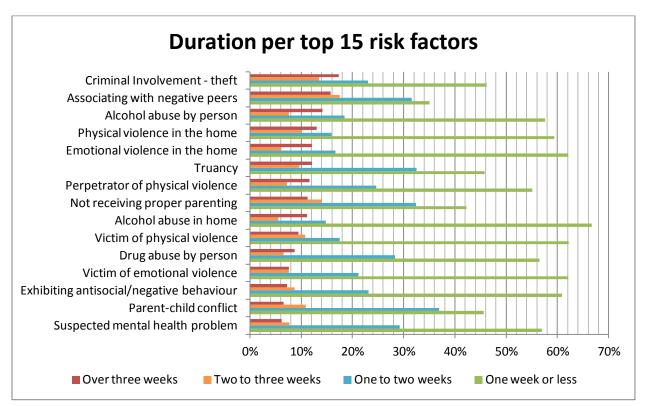


5.8 Duration of a Hub discussion

Most Hub discussions are closed within one week (56%). After two weeks 80% of discussions are closed. Only 10% of the discussions were pending for over three weeks.



Duration can vary depending on a number of factors such as the risk profiles and other particular circumstances of a situation. The following chart is showing the duration of discussions for the top 15 risk factors. For a detailed chart on the duration per risk factor please refer to Appendix E on pages 63-65.

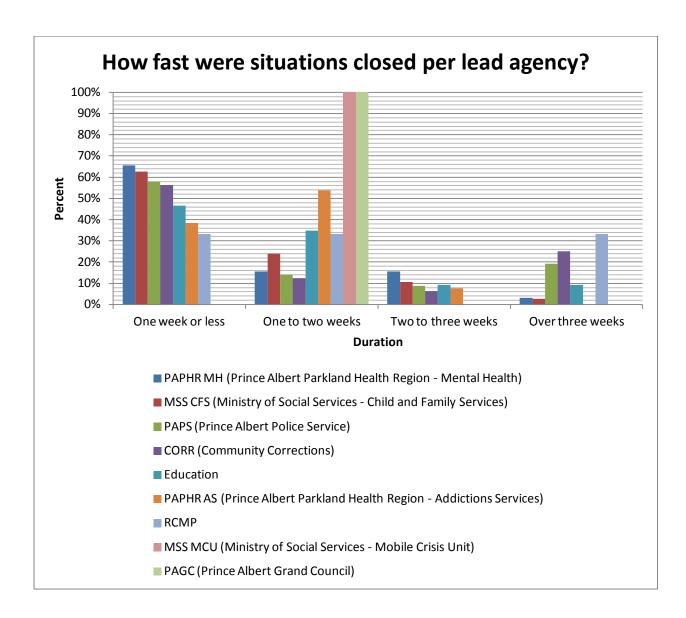


Situations that showed the risk factors 'Criminal Involvement – theft', 'Associating with negative peers',



or 'Alcohol abuse by person' most often took over three weeks before they could be closed.

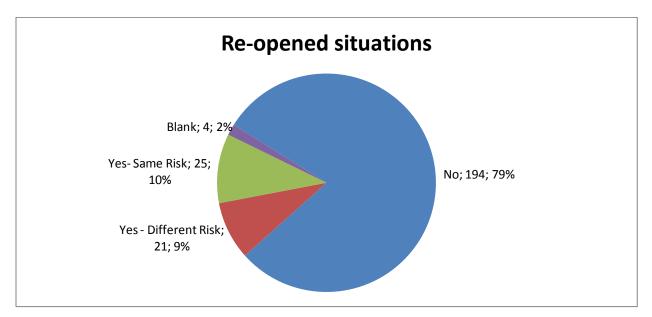
It can be expected that different risk profiles would show varying degrees of duration. Lead agencies are to some degree an indicator of at least part of the risk profile. The duration per lead agency was as follows:





5.9 Re-openings

19% of the situations accepted for discussion were re-openings showing particularly complex needs. Reopenings are indicating that a mobilization of services alone cannot always prevent acutely-elevated risk. CMPA's Centre of Responsibility (COR) is documenting relevant barriers to successful service delivery in order to create opportunities for systemic improvement including improved service delivery to individuals in complex needs situations.



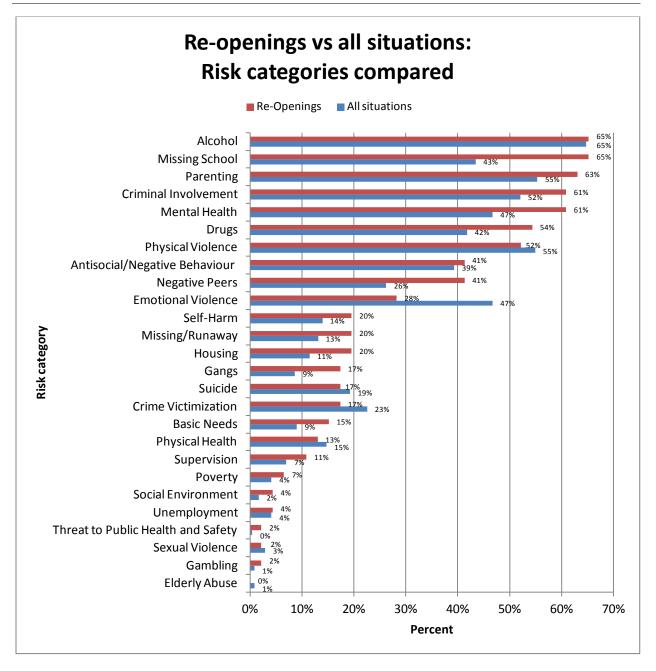
5.9.1 Re-openings: Risk factor categories

Risk profiles in re-openings seem to be more complex than in the average situation. Re-openings showed an average of seven risk factor categories per situation which is 17% higher than the average number of six risk factor categories in the average situation.

Generally all types of risk categories were observed to be more prevalent in re-openings. Only a few risk categories were observed less frequently. They were: Emotional Violence (-18%), Crime Victimization (-5%), Physical Violence (-3%), Suicide and Physical Health (both -2%), Elderly Abuse and Sexual Violence (both -1%). That result may indicate that individuals showing those risk categories may have a tendency to not see services mobilized as easily or that the service professionals were able to address those risk categories better in the initial mobilization of services.

The risk categories that were most prevalent in re-openings were: Missing School with +22%, Negative Peers (+15%), Mental Health (+14%), Drugs (+13%), Criminal Involvement (+9%), Gangs (+9%), Housing and Parenting with each +8%. That information may be of interest to the COR in the process of the identification of systemic issues.





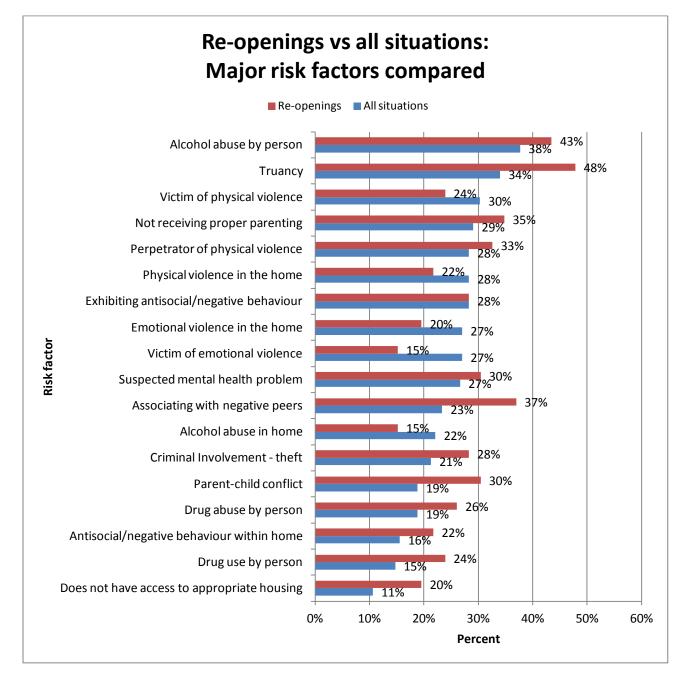
Also in terms of risk companions, re-openings showed some interesting differences compared to the average situation. A colour coded chart on comparisons between all risk category companions in re-opened situations and the average situation can be made available.

5.9.2 Re-openings: Risk factors

Re-opened situations showed an average of 8.9 risk factors per situation which is 14% higher than the average number of 7.8 risk factors for the average situation. A comparison of the major risk factors (risk factors that showed values of at least 19% in re-openings or in the average situation) showed that re-openings generally indicated higher levels; whereas for some risk factors such as victimization (physical



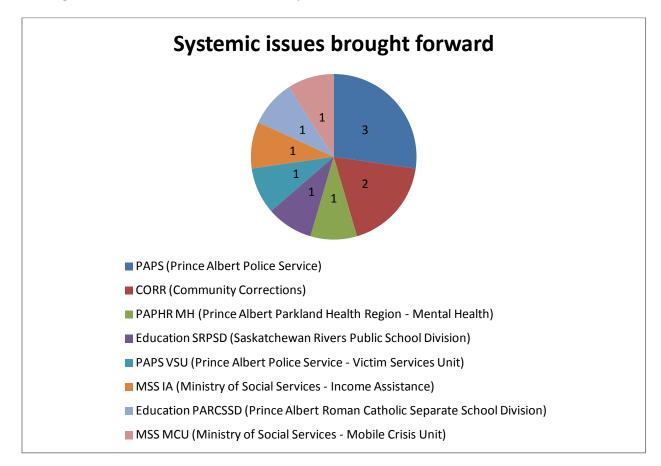
and emotional) re-openings showed lower values. Re-openings showed the largest discrepancies for 'Truancy' and 'Negative peers' with a difference each of +14% compared to the average situation, followed by 'Parent-child conflict' (+11%), 'Does not have access to appropriate housing' and 'Drug use by person' with a difference each of +9% compared to the average situations. That may be indicating a particular challenge to be able to meet the needs of individuals showing those risk factors.





5.10 Situations showing Hub identified systemic issues

In 11 situations the Hub discussants collectively identified the presence of a systemic issue. The COR is expected to further document, analyze and communicate Hub identified, and other, systemic issues via COR observation papers. These papers are forwarded to the appropriate audience such as the decision makers who would be in a position to implement relevant change.

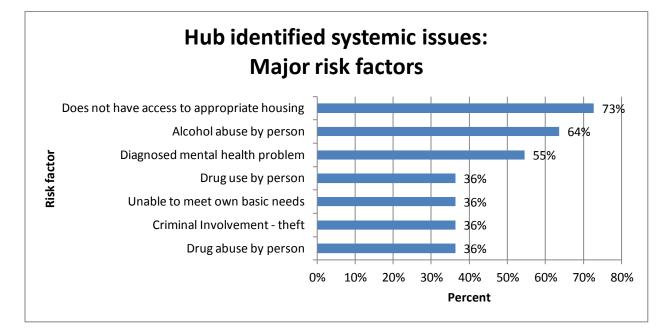


The originators of the situations identified as systemic at the Hub discussion were:

The ratio of systemic issue situations to all situations brought forward differed widely per agency. 2.3% of the situations PAPS brought forward were considered as showing a systemic issue based on consensus of the agencies involved. That number was 4.3% for Education, 20% for both, Mobile Crisis Unit and Community Corrections, 33.3% for Victim Services, and 50% for Income Assistance.

A closer look at the risk factors in situations of Hub identified systemic issues could be supporting the COR team's further documentation, analysis, and communication of such issues to the decision makers.





The most prevalent risk factors in situations of Hub identified systemic issues were:

The major risk factors in Hub identified systemic issue situations are pointing in the direction of a need for systemic change in the areas of 'Does not have access to appropriate housing', 'Alcohol abuse by person', 'Criminal Involvement – theft', 'Diagnosed mental health problem', 'Drug (ab)use' and/or 'Unable to meet his/her own basic needs'. Identifying the relevant opportunities for improvement in those areas can be the subject of further analysis and research by the COR. Such opportunities may lead the COR in addressing broader community issues.



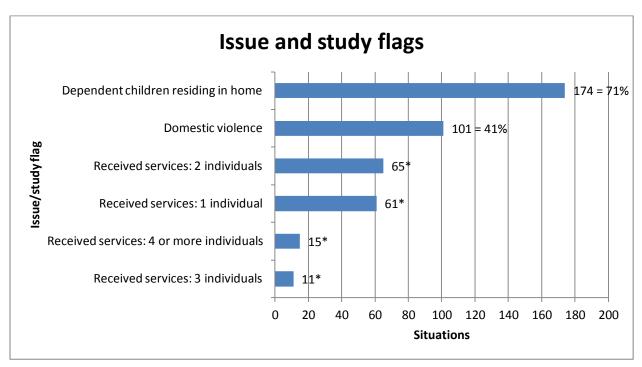
5.11 Study flags

In 71% of the situations discussed, dependent children reportedly were residing in the home. This could be determined based on the corresponding study flag used. Considering the age of the primary discussion subject it would appear that in only 55% of situations youth (48%) or children (7%) were the subject of the discussion.

The study flag 'Domestic violence' showed that in 101 situations (41%), domestic violence was present. This may be surprising since the risk factors emotional and physical violence in the home were each used in 28% and 27% of the situations respectively.

In 67% of the situations two or more individuals received services. The reach of the mobilization therefore went far beyond the 244 individuals tracked as the primary discussion subjects. The number of individuals reached can be estimated at over 366 individuals plus ripple effect.

The reach of the Hub discussion was determined based on the results obtained from using the study flag 'Number of individuals who received services'. That study flag was meant to assist in being able to better determine the reach of the mobilization effort. From its introduction on October 29, 2013, to August 31, 2014, more than 284 individuals reportedly received services mobilized via Hub. 187 situations were opened for discussion during that timeframe resulting in an average of 1.5 individuals per situation. Applying that factor to the number of situations opened for discussion, resulted in over 366 individuals.



The values obtained for the different study flags were:

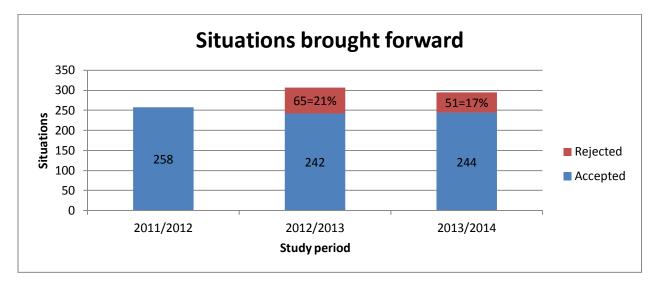
*Please note that the 'Received services' study flags were in use only for part of the study period.



6 Comparison to previous study periods

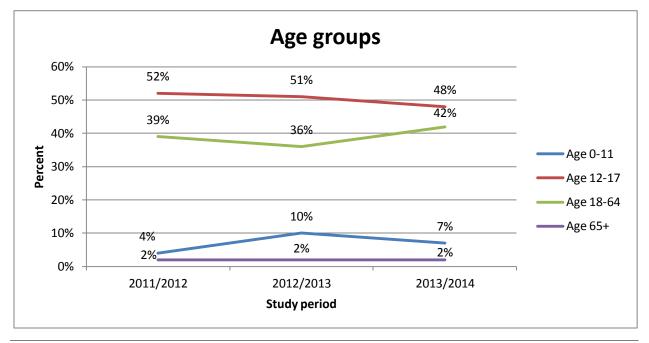
6.1 Number of situations

The first study period showed the highest number of situations accepted for discussion. From study period two on, the process for rejecting a situation has been more defined and the number of rejections was tracked. The number of situations brought forward showed an increase in the second and third study period compared to the first one.



6.2 Age groups

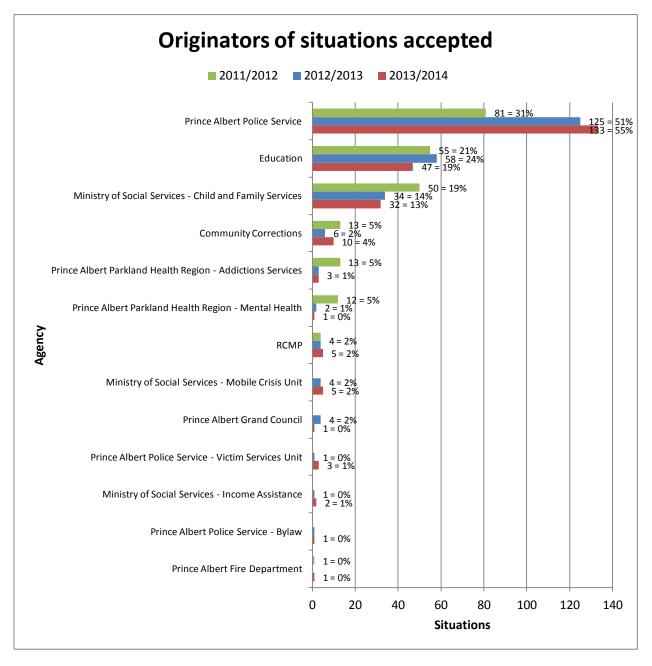
The situations accepted for discussion showed similar numbers per age group in the three study periods. Adult numbers increased in the last study period while children and youth numbers decreased.





6.3 Originators

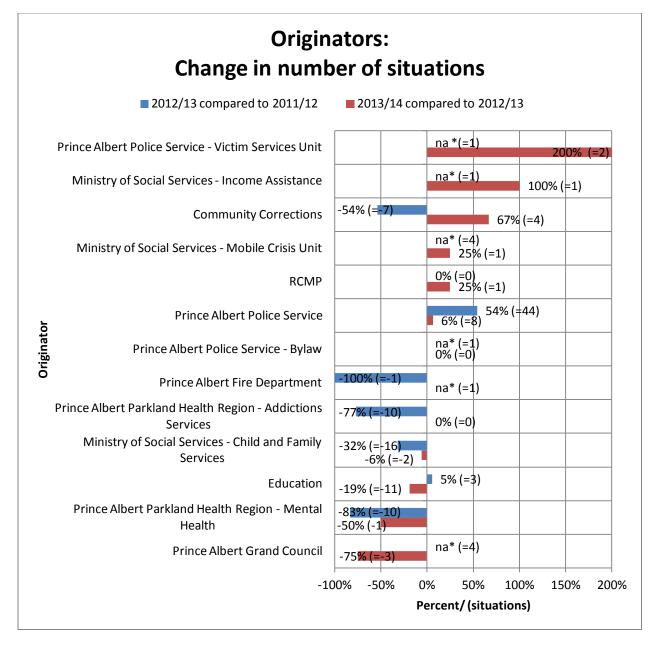
The major originators of situations accepted for discussion stayed the same over the three study periods: Prince Albert Police Service, the School Divisions, and Social Services' Child and Family Services.



Changes in agencies' shares were particularly relevant in terms of how many situations were discussed if an agency brought forward a large number of situations. PAPS continually increased their share in the number of situations accepted for discussion, while other agencies showing large volumes saw quite significant decreases (e.g. MSS CFS or Education). Several agencies with smaller volumes were able to increase their share from the second to the third study period.



In 2013/14 six originators increased the number of situations compared to the previous study period. In 2012/13 only 2 originators had shown increases. Overall, there was a large variation in the development of the number of situations per originator. The changes ranged from increases as high as 200% to decreases of 100%. Large percentage changes were particularly significant if the agency had previously shown considerable volumes of situations (i.e. Child and Family Services, School Divisions, Addiction Services and Mental Health). The number of situations per originator resulted in these changes per originator for the second and third study period (compared to the previous study period):

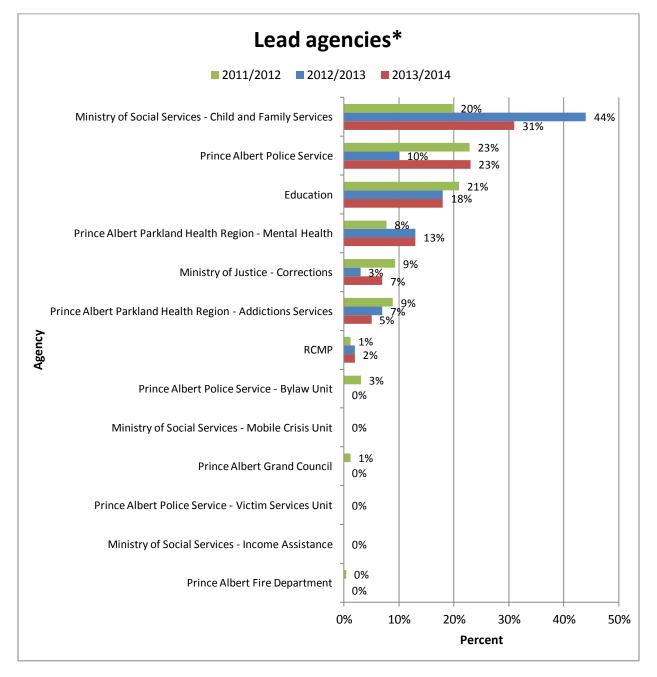


*Please note that 'na' is indicating that a percent change could not be determined, because in the previous study period the number of situations for the originator was zero or not determined.



6.4 Lead agencies

Social Services' Child and Family Services saw a reduction in their share as lead agency in 2013/2014 compared to 2012/2013 while the Prince Albert Police Service developed in the opposite direction, surpassing the School Divisions as lead agency. Corrections increased their share as lead agency to a level similar to the one in 2011/2012.

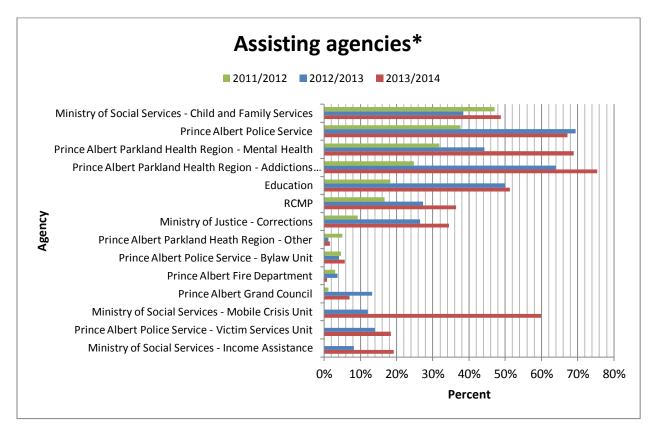


*For the study period 2011/2012 Social Services lead agency involvement was not divided into Child and Family Services, Income Assistance, and Mobile Crisis Unit. The same applies to the Prince Albert Police Service and its Victim Services Unit.

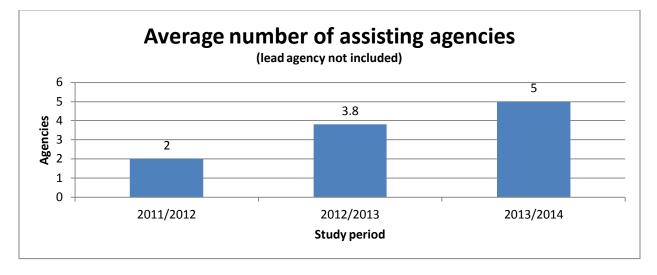


6.5 Assisting agencies

The average number of assisting agencies per situation increased to five in 2013/2014 from two in 2011/2012 (not including the lead agency). Increased agency involvement can be a sign of refined agency referral processes producing more often higher complexity risk profiles, in depth identification of the risk, or simply more accurate data entry.



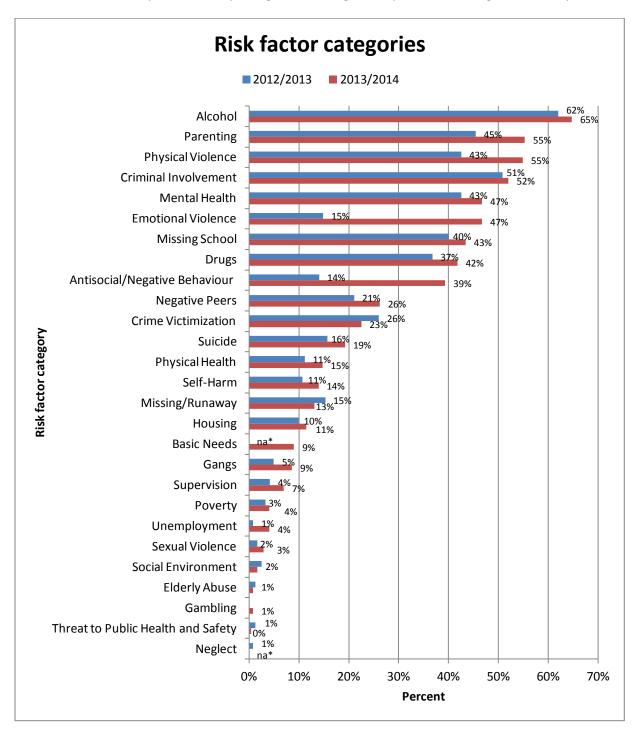
*For the study period 2011/2012 Social Services' involvement as assisting agency was not split up into Child and Family Services, Income Assistance, and Mobile Crisis Unit. The same applies for Prince Albert Police Service and its Victim Services Unit.





6.6 Risk

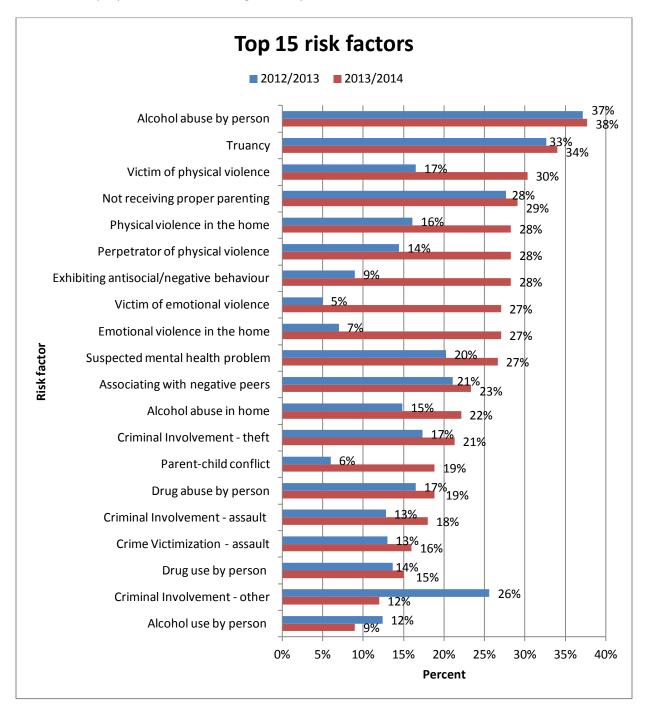
The average number of different **risk factor categories** (duplicate values excluded) per situation increased from 4.8 in 2012/2013 to 6.1 in 2013/2014. The development could be the result of various factors such as more comprehensive reporting and tracking of risk profiles or change in referral procedures.



*Please note that 'na' is indicating an absence of the risk category for at least part of the study period.



Eleven out of the 15 top **risk factors** in the current and the previous study period were identical. They all showed increased presence in the current study period. The risk factors pertaining to violence (in the home/victim/perpetrator) increased significantly in 2013/2014.





7 Outcome measures

Indicators of community wellness play an important role in the outcome measurement of CMPA. They are providing us with information on how our community wellness has been developing. The indicators considered here are mainly justice related. Community wellness is more than that. It includes a wide range of fields including health and education related aspects ranging from absenteeism at school to hospital visits, the number of child investigations and school graduation rates. Ongoing agency collaboration can be expected to vitally support the establishment of more and more diverse indicators.

A change in community wellness indicators is not necessarily reflecting all Hub outcomes. There is a need to measure the **causal connection** between the Hub discussion and its impact on the discussion subject individuals and families. That causal connection will need to be established in more detail; this is also of great interest to the **economic analysis** of Hub. CMPA analysts have been working on the issue. Examples of such work are studies on **before and after analysis** for specific individuals discussed and **correlation analysis** considering Hub activities and changes in indicators of community wellness. They have been pursued further.

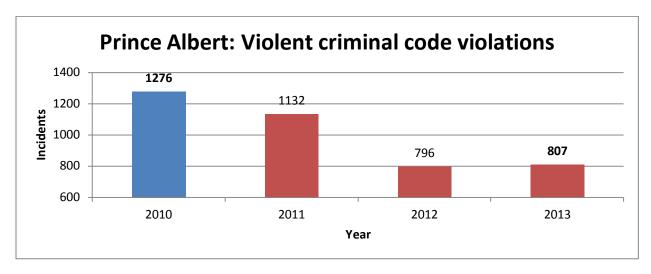
Privacy implications remain a key challenge to the outcome measurement in the multi-agency Hub context. The Province has been joining CMPA's efforts, in particular regarding the establishment of data models that would facilitate inter-agency sharing of information relevant to the Hub outcome measurement. The Province is also working on a Privacy Impact Assessment on the COR which will hopefully help to promote sharing of relevant data for the purpose of Hub outcome measurement.



7.1 Change in violent Criminal Code violations

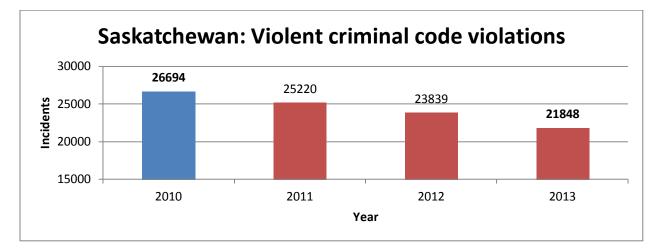
The Prince Albert Hub started its operation in February 2011. Comparing the years 2010 and 2013, violent criminal code violations as reported by Statistics Canada's incident-based crime statistics decreased more than twice as much in Prince Albert (-37%) as compared to Saskatchewan (-18%).

In 2013 **Prince Albert** saw an increase of +1% in the number of violent criminal code violations compared to 2012 following decreases of -30% in 2012, and -11% in 2011, resulting in the decrease compared to 2010 of -37%.



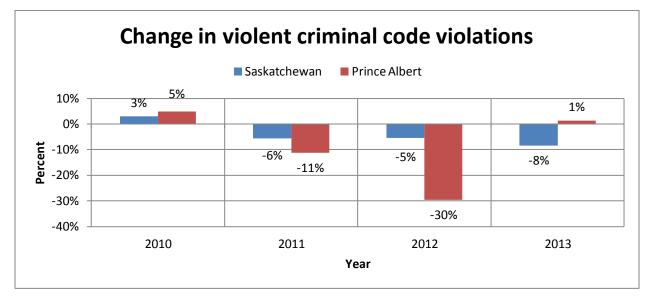
Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.

In 2013 **Saskatchewan** saw a decrease in the number of violent criminal code violations compared to 2012 of -8% following decreases of -5% in 2012, and -6% in 2011, resulting in a decrease compared to 2010 of -18%.



Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.



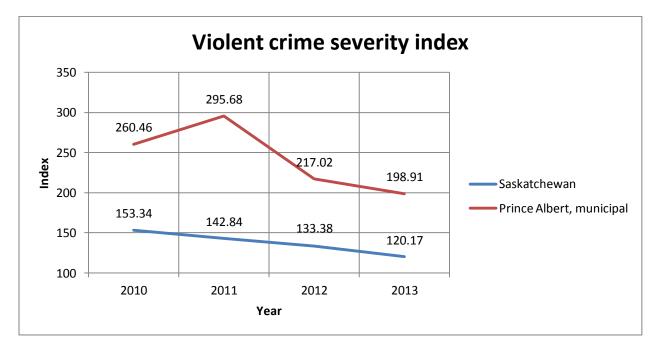


The change in violent Criminal Code violations was visualized as follows:

Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.

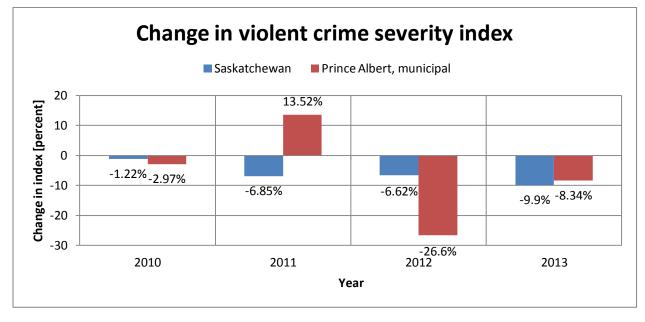
7.2 Violent crime severity index

In 2013 the violent crime severity index for Prince Albert was 23% lower than in 2010, the year prior to the start of Hub operations. That decrease is comparable to the decrease Saskatchewan saw (-22%) for the same timeframe.



Source: The above chart was produced by CMPA based on data published by Statistics Canada, Crime severity index and weighted clearance rates, by police service, Saskatchewan, CANSIM table 252-0087.



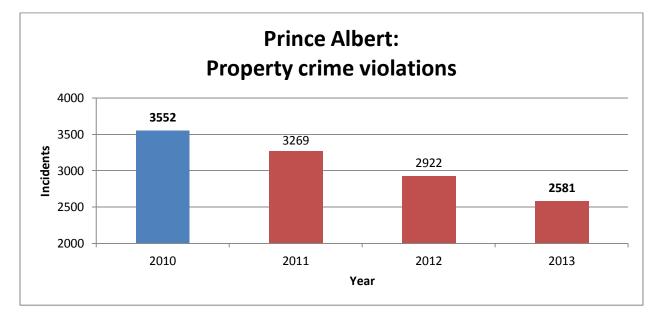


The change in violent crime severity index was visualized as follows:

Source: The above chart was produced by CMPA based on data published by Statistics Canada, Crime severity index and weighted clearance rates, by police service, Saskatchewan, CANSIM table 252-0087.

7.3 Change in property crime violations

The Prince Albert Hub started its operation in February 2011. Comparing the years 2010 and 2013, property crime violations decreased by -27% in Prince Albert. Saskatchewan's decrease is -13%.

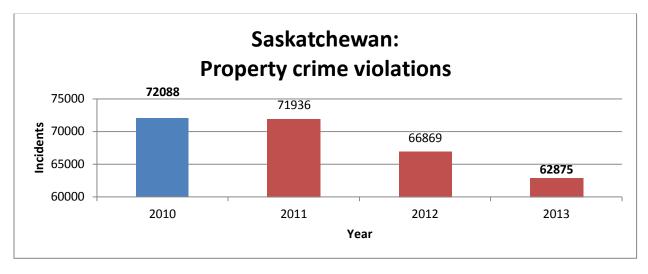


Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.



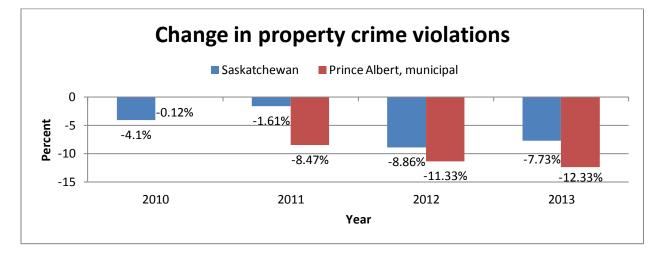
In 2013 **Prince Albert** saw a decrease of -12% in the number of property crime violations compared to 2012 following decreases of -11% in 2012, and -8% in 2011, resulting in a decrease compared to 2010 of -27%. Prince Albert saw three consecutive years of increasing reductions in property crime violations from 2011 to 2013 (-8%, -11%, and -12%).

In 2013 **Saskatchewan** saw a decrease in the number of property crime violations compared to 2012 of -6% following decreases of -7% in 2012, and -0.2% in 2011, resulting in a decrease compared to 2010 of -13%.



Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.

The following chart is illustrating the massive decreases in property crime violations in Prince Albert and Saskatchewan for the years 2010 to 2013. It is also visualizing the particularly large decrease for Prince Albert.

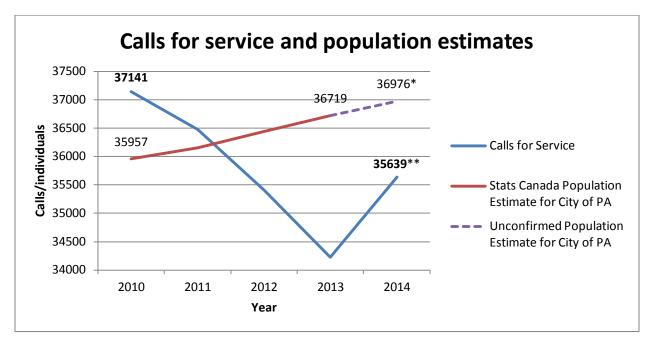


Source: The above chart was produced by CMPA based on data published by Statistics Canada, Incident-based crime statistics, by detailed violations and police services, Saskatchewan, annually, CANSIM table 252-0079.



7.4 Change in calls for service to police

There has been a reduction of -4% in calls for service to the Prince Albert Police Service since the Hub discussion started its operation in February 2011 (2010 compared to 2014). However, in 2014 the number of calls to police seemed to show a slight increase after steady decreases in 2011, 2012, and 2013. The City of Prince Albert's population can be estimated to have grown based on Statistics Canada's population estimates for the years 2010 to 2013. The City saw an increase in population of 2.1% from 35,957 individuals in 2010, to 36,719 individuals in 2013 (Statistics Canada, Population Estimates as of January 6, 2015). Despite the increase in population compared to 2010, the number of calls for service was -4% lower in 2014 than in 2010.



Source: The above chart was produced by CMPA based on information obtained from Statistics Canada (population estimates, *except the population estimate for 2014 which was calculated by CMPA based on the population estimates for 2010 to 2013) and the Prince Albert Police Service's Record Management System (calls for service). **Please note that the number of calls for service has not yet been confirmed and may be subject to change.



8 Conclusion

Indicators of community wellness have been trending in a favourable direction, while efforts are being undertaken at all levels to continue the development of adequate measurement, in particular regarding impact on the individual. A causal relationship between Hub work and impact on the individual can be established through ongoing strong commitment of all participating agencies, including each agency's readiness to measure its outcomes to the benefit of the community.

Following the Hub Reports 2011/2012 and 2012/2013, the present report contributes to the documentation of acutely-elevated risk situations discussed at Hub. Successful use of increased knowledge of acutely-elevated risk situations will continue to inform positive and sustainable action which may lead to addressing root causes of social problems and optimizing human service delivery. The data presented can be expected to be reflected in COR's identification and documentation of opportunities for systemic improvement and other future work around root causes of social problems in Prince Albert and area. In combination with risk data from other Saskatchewan Hubs the Prince Albert Hub data can contribute to opportunities for change across Saskatchewan.



APPENDIX A - Table on the risk categories per age and gender

The values in this table are indicated in percent of the number of situations in each subgroup (e.g. 85% of situations of males in the age group 18+ showed the risk category 'alcohol'). The colour code ranges from red (highest) to yellow (lowest).

Pick Catagory	Age	0-11	Age '	12-17	Age F 73% 37% 10% 37% 40% 26% 0% 74% 0% 6% 6% 34% 8% 6% 5% 50% 13% 76% 5%	18+
Risk Category	F	М	F	Μ	F	М
Alcohol	67%	40%	70%	47%	73%	85%
Antisocial/Negative Behaviour	33%	53%	35%	45%	37%	39%
Basic Needs	0%	7%	4%	7%	10%	20%
Crime Victimization	33%	7%	28%	8%	37%	20%
Criminal Involvement	33%	40%	53%	58%	40%	71%
Drugs	33%	33%	54%	48%	26%	49%
Elderly Abuse	0%	0%	0%	2%	0%	0%
Emotional Violence	33%	40%	33%	37%	74%	44%
Gambling	0%	0%	2%	2%	0%	0%
Gangs	0%	7%	4%	15%	6%	10%
Housing	0%	0%	11%	5%	6%	34%
Mental Health	33%	53%	49%	47%	34%	61%
Missing School	67%	53%	77%	75%	8%	5%
Missing/Runaway	0%	7%	33%	12%		2%
Negative Peers	33%	27%	37%	50%	5%	12%
Parenting	67%	67%	79%	63%		22%
Physical Health	33%	27%	18%	5%		15%
Physical Violence	67%	47%	40%	55%	76%	54%
Poverty	0%	0%	5%	2%	5%	7%
Self-Harm	33%	0%	33%	8%	2%	17%
Sexual Violence	0%	0%	7%	2%	2%	2%
Social Environment	0%	7%	0%	2%	0%	5%
Suicide	0%	0%	21%	12%	13%	44%
Supervision	33%	13%	14%	8%	0%	2%
Threat to Public Health and Safety	0%	0%	0%	0%	2%	0%
Unemployment	0%	7%	4%	2%	6%	2%



APPENDIX B – Tables on the risk category companions

The colour code in this table ranges from red (highest) to yellow (lowest).

Risk category							
Companion	Alcohol	Antisocial Behaviour	Basic Needs	Crime Victimization	Criminal Involvement	Drugs	Elderly Abuse
Alcohol	100%	69%	41%	78%	68%	70%	50%
Antisocial/Negative Behaviour	42%	100%	32%	33%	43%	36%	50%
Basic Needs	6%	7%	100%	2%	9%	11%	0%
Crime Victimization	27%	19%	5%	100%	24%	20%	0%
Criminal Involvement	54%	57%	50%	56%	100%	65%	50%
Drugs	45%	39%	50%	36%	52%	100%	0%
Elderly Abuse	1%	1%	0%	0%	1%	0%	100%
Emotional Violence	51%	49%	23%	58%	42%	37%	50%
Gambling	1%	0%	5%	0%	0%	2%	0%
Gangs	9%	8%	9%	15%	12%	11%	0%
Housing	11%	8%	36%	9%	16%	18%	0%
Mental Health	43%	39%	68%	36%	43%	54%	50%
Missing School	38%	46%	23%	33%	46%	52%	50%
Missing/Runaway	13%	13%	5%	15%	14%	18%	50%
Negative Peers	24%	30%	14%	24%	35%	34%	0%
Parenting	54%	61%	55%	38%	50%	60%	0%
Physical Health	9%	10%	27%	16%	11%	15%	50%
Physical Violence	59%	60%	41%	69%	55%	56%	0%
Poverty	4%	4%	27%	2%	5%	6%	0%
Self-Harm	16%	16%	9%	11%	13%	19%	0%
Sexual Violence	3%	1%	14%	5%	3%	4%	0%
Social Environment	2%	0%	9%	0%	2%	2%	0%
Suicide	20%	14%	9%	18%	18%	21%	0%
Supervision	6%	5%	5%	4%	6%	7%	0%
Threat to Public Health and Safety	1%	0%	0%	0%	1%	1%	0%
Unemployment	5%	8%	5%	9%	5%	4%	0%



Risk category	Emotional Violence	Gambling	Gangs	Housing	Mental Health	Missing School	Missing/Runaway
Alcohol	71%	50%	71%	64%	60%	57%	66%
Antisocial/Negative Behaviour	41%	0%	38%	29%	32%	42%	38%
Basic Needs	4%	50%	10%	29%	13%	5%	3%
Crime Victimization	28%	0%	38%	18%	18%	17%	25%
Criminal Involvement	46%	0%	71%	71%	48%	56%	56%
Drugs	33%	100%	52%	64%	48%	50%	56%
Elderly Abuse	1%	0%	0%	0%	1%	1%	3%
Emotional Violence	100%	50%	33%	25%	41%	31%	34%
Gambling	1%	100%	0%	0%	2%	1%	0%
Gangs	6%	0%	100%	11%	7%	10%	6%
Housing	6%	0%	14%	100%	18%	8%	22%
Mental Health	41%	100%	38%	75%	100%	42%	53%
Missing School	29%	50%	52%	32%	39%	100%	81%
Missing/Runaway	10%	0%	10%	25%	15%	25%	100%
Negative Peers	13%	0%	43%	25%	24%	42%	47%
Parenting	58%	100%	52%	32%	47%	75%	72%
Physical Health	12%	100%	19%	25%	18%	14%	19%
Physical Violence	81%	50%	52%	43%	50%	46%	44%
Poverty	2%	0%	5%	21%	5%	4%	6%
Self-Harm	8%	50%	5%	18%	21%	19%	22%
Sexual Violence	3%	0%	0%	7%	4%	4%	9%
Social Environment	1%	0%	5%	7%	2%	1%	6%
Suicide	17%	0%	14%	29%	36%	13%	22%
Supervision	4%	0%	5%	4%	5%	14%	13%
Threat to Public Health and Safety	0%	0%	0%	0%	1%	0%	3%
Unemployment	3%	0%	5%	0%	4%	3%	0%



Risk category	Negative Peers	Parenting	Physical Health	Physical Violence	Poverty	Self-Harm	Sexual Violence
Alcohol	59%	63%	42%	69%	60%	74%	57%
Antisocial/Negative Behaviour	45%	44%	28%	43%	40%	44%	14%
Basic Needs	5%	9%	17%	7%	60%	6%	43%
Crime Victimization	20%	16%	25%	28%	10%	18%	43%
Criminal Involvement	69%	47%	39%	52%	60%	50%	57%
Drugs	55%	45%	42%	43%	60%	56%	57%
Elderly Abuse	0%	0%	3%	0%	0%	0%	0%
Emotional Violence	23%	49%	39%	69%	20%	26%	43%
Gambling	0%	1%	6%	1%	0%	3%	0%
Gangs	14%	8%	11%	8%	10%	3%	0%
Housing	11%	7%	19%	9%	60%	15%	29%
Mental Health	42%	40%	56%	43%	60%	71%	71% 57%
Missing School	70% 23%	59%	42%	37% 10%	40% 20%	59% 21%	<u>57%</u> 43%
Missing/Runaway	100%	17% 28%	17% 11%	25%	20%	21%	
Negative Peers Parenting	59%	100%	50%	25% 58%	70%	<u> 29%</u> 65%	29% 71%
Parenting Physical Health	<u> </u>	13%	100%	58% 9%	10%	65% 15%	29%
Physical Health Physical Violence	52%	58%	33%	9% 100%	30%	35%	<u> 29%</u> 57%
Prysical violence	<u> </u>	50% 5%	<u> </u>	2%	100%	35% 3%	0%
Self-Harm	<u> </u>	16%	14%	2% 9%	100%	100%	29%
Sexual Violence	3%	4%	6%	9% 3%	0%	6%	100%
Social Environment	<u> </u>	<u>4%</u> 1%	0%	<u> </u>	20%	0%	0%
Suicide	16%	13%	22%	17%	0%	62%	29%
Supervision	9%	12%	6%	6%	0%	3%	0%
Threat to Public Health and Safety	<u> </u>	0%	3%	1%	0%	0%	0%
Unemployment	<u> </u>	5%	3%	3%	20%	6%	0%
Unemployment	0%	5%	3%	5%	20%	0%	0%



Risk category	Social Environment	Suicide	Supervision	Threat to Public Health	Unemployment
Alcohol	75%	68%	53%	100%	80%
Antisocial/Negative Behaviour	0%	28%	29%	0%	80%
Basic Needs	50%	4%	6%	0%	10%
Crime Victimization	0%	21%	12%	0%	50%
Criminal Involvement	75%	49%	41%	100%	60%
Drugs	50%	45%	41%	100%	40%
Elderly Abuse	0%	0%	0%	0%	0%
Emotional Violence	25%	40%	29%	0%	30%
Gambling	0%	0%	0%	0%	0%
Gangs	25%	6%	6%	0%	10%
Housing	50%	17%	6%	0%	0%
Mental Health	50%	87%	35%	100%	50%
Missing School	25%	30%	88%	0%	30%
Missing/Runaway	50%	15%	24%	100%	0%
Negative Peers	100%	21%	35%	0%	40%
Parenting	50%	38%	94%	0%	70%
Physical Health	0%	17%	12%	100%	10%
Physical Violence	75%	49%	47%	100%	40%
Poverty	50%	0%	0%	0%	20%
Self-Harm	0%	45%	6%	0%	20%
Sexual Violence	0%	4%	0%	0%	0%
Social Environment	100%	0%	0%	0%	0%
Suicide	0%	100%	12%	0%	30%
Supervision	0%	4%	100%	0%	0%
Threat to Public Health and Safety	0%	0%	0%	100%	0%
Unemployment	0%	6%	0%	0%	100%



APPENDIX C – Table on the percentage of situations per risk factor

The colour code in this table ranges from red (highest) to yellow (lowest).

Risk factor	Percent
Alcohol - alcohol abuse by person	38%
Alcohol - alcohol abuse in home	22%
Alcohol - alcohol use by person	9%
Alcohol - harm caused by alcohol abuse in home	7%
Alcohol - history of alcohol abuse in home	15%
Antisocial/Negative Behaviour - antisocial/negative behaviour within home	16%
Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	28%
Basic Needs - person being neglected by others	2%
Basic Needs - person neglecting others' basic needs	1%
Basic Needs - unable to meet own basic needs	6%
Crime Victimization - assault	16%
Crime Victimization - damage to property	1%
Crime Victimization - other	1%
Crime Victimization - robbery	2%
Crime Victimization - sexual assault	3%
Crime Victimization - theft	2%
Crime Victimization - threat	2%
Criminal Involvement - animal cruelty	0%
Criminal Involvement - arson	1%
Criminal Involvement - assault	18%
Criminal Involvement - break and enter	3%
Criminal Involvement - damage to property	7%
Criminal Involvement - drug trafficking	4%
Criminal Involvement - homicide	1%
Criminal Involvement - other	12%
Criminal Involvement - possession of weapons	2%
Criminal Involvement - robbery	1%
Criminal Involvement - sexual assault	2%
Criminal Involvement - theft	21%
Criminal Involvement - threat	5%
Drugs - drug abuse by person	19%
Drugs - drug abuse in home	7%
Drugs - drug use by person	15%
Drugs - harm caused by drug abuse in home	1%
Drugs - history of drug abuse in home	10%
Elderly Abuse - person perpetrator of elderly abuse	0%
Elderly Abuse - person victim of elderly abuse	0%
Emotional Violence - emotional violence in the home	27%
Emotional Violence - person affected by emotional violence	6%
Emotional Violence - person perpetrator of emotional violence	16%
Emotional Violence - person victim of emotional violence	27%
Gambling - person affected by the gambling of others	1%
Gangs - gang association	7%
Gangs - gang member	2%
Gangs - threatened by gangs	2%
Gangs - victimized by gang	0%
Housing - person does not have access to appropriate housing	11%



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Risk Factor, continued	Percent
Housing - person transient, but has access to appropriate housing	1%
Mental Health - diagnosed mental health problem	11%
Mental Health - grief	9%
Mental Health - mental health problem in home	6%
Mental Health - not following prescribed treatment	5%
Mental Health - suspected mental health problem	27%
Mental Health - witnessed traumatic event	2%
Missing School - chronic absenteeism	10%
Missing School - truancy	34%
Missing/Runaway - person has history of being reported missing	7%
Missing/Runaway - runaway without parents' knowledge of whereabouts	5%
Missing/Runaway - person reported to police as missing	1%
Missing/Runaway - runaway with parents' knowledge of whereabouts	1%
Negative Peers - person associating with negative peers	23%
Negative Peers - person serving as a negative peer to others	8%
Neglect - person exposed to neglect of basic needs	1%
Parenting - parent-child conflict	19%
Parenting - person not providing proper parenting	18%
Parenting - person not receiving proper parenting	29%
Physical health - chronic disease	2%
Physical health - general health issue	7%
Physical health - not following perscribed treatment	1%
Physical health - nutrition deficit	0%
Physical health - physical disability	2%
Physical health - pregnant	4%
Physical health - terminal illness	1%
Physical Violence - person affected by physical violence	6%
Physical Violence - person perpetrator of physical violence	28%
Physical Violence - person victim of physical violence	30%
Physical Violence - physical violence in the home	28%
Poverty - person living in less than adequate financial situation	4%
Self-Harm - person has engaged in self-harm	11%
Self-Harm - person threatens self-harm	3%
Sexual Violence - person affected by sexual violence	1%
Sexual Violence - person perpetrator of sexual violence	0%
Sexual Violence - person victim of sexual violence	2%
Sexual Violence - sexual violence in the home	0%
Social Environment - frequents negative locations	1%
Social Environment - negative neighbourhood	0%
Suicide - affected by suicide	1%
Suicide - person current suicide risk	8%
Suicide - person previous suicide risk	12%
Supervision - person not properly supervised	7%
Supervision - person not providing proper supervision	0%
Threat to Public Health and Safety - person's behaviour is a threat to public	
health and safety	0%
Unemployment - caregivers chronically unemployed	0%
Unemployment - caregivers temporarily unemployed	2%
Unemployment - person chronically unemployed	1%
Unemployment - person only temporarily unemployed	1%



APPENDIX D - Table comparison of risk factors per age and gender

The values in this table are indicated in percent of the number of situations in the subgroup (e.g. 80% of situations of males in the age group 18+ showed the risk factor 'alcohol abuse by person'). The colour code ranges from red (highest) to yellow (lowest).

Diele Fester	Age	0-11	Age	12-17	Age	18+
Risk Factor	F	Μ	F	Μ	F	Μ
Alcohol - alcohol abuse by person	0%	7%	28%	20%	45%	80%
Alcohol - alcohol abuse in home	33%	20%	19%	15%	37%	17%
Alcohol - alcohol use by person	0%	0%	18%	8%	6%	5%
Alcohol - harm caused by alcohol abuse in home	0%	7%	4%	0%	21%	5%
Alcohol - history of alcohol abuse in home	67%	13%	19%	8%	16%	12%
Antisocial/Negative Behaviour - antisocial/negative						
behaviour within home	33%	27%	7%	5%	27%	20%
Antisocial/Negative Behaviour - person exhibiting anti-						
social/negative behaviour	0%	40%	30%	42%	16%	27%
Basic Needs - person being neglected by others	0%	7%	2%	3%	0%	0%
Basic Needs - person neglecting others' basic needs	0%	0%	0%	0%	3%	0%
Basic Needs - unable to meet own basic needs	0%	0%	2%	2%	5%	20%
Crime Victimization - assault	33%	7%	16%	7%	29%	15%
Crime Victimization - damage to property	0%	0%	2%	0%	2%	0%
Crime Victimization - other	0%	0%	0%	0%	2%	0%
Crime Victimization - robbery	0%	0%	4%	3%	0%	2%
Crime Victimization - sexual assault	0%	0%	9%	0%	3%	0%
Crime Victimization - theft	0%	0%	2%	2%	3%	2%
Crime Victimization - threat	0%	0%	0%	0%	5%	2%
Criminal Involvement - animal cruelty	0%	0%	0%	2%	0%	0%
Criminal Involvement - arson	0%	0%	0%	5%	0%	0%
Criminal Involvement - assault	0%	7%	14%	20%	13%	32%
Criminal Involvement - break and enter	0%	0%	4%	8%	0%	2%
Criminal Involvement - damage to property	0%	7%	5%	15%	2%	5%
Criminal Involvement - drug trafficking	0%	7%	2%	3%	6%	5%
Criminal Involvement - homicide	0%	0%	0%	0%	3%	0%
Criminal Involvement - other	0%	7%	12%	13%	11%	15%
Criminal Involvement - possession of weapons	0%	0%	0%	8%	0%	2%
Criminal Involvement - robbery	0%	0%	0%	3%	0%	2%
Criminal Involvement - sexual assault	0%	0%	0%	0%	2%	7%
Criminal Involvement - theft	33%	13%	33%	28%	13%	12%
Criminal Involvement - threat	0%	7%	4%	7%	3%	5%
Drugs - drug abuse by person	0%	7%	21%	18%	15%	32%
Drugs - drug abuse in home	33%	7%	7%	13%	3%	2%
Drugs - drug use by person	0%	7%	28%	22%	0%	15%
Drugs - harm caused by drug abuse in home	0%	0%	0%	2%	2%	2%
Drugs - history of drug abuse in home	33%	20%	5%	10%	15%	5%
Elderly Abuse - person perpetrator of elderly abuse	0%	0%	0%	2%	0%	0%



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	Age	0-11	Age	12-17	Age	18+
Risk Factor, continued	F	М	F	М	F	М
Emotional Violence - emotional violence in the home	33%	33%	16%	13%	48%	29%
Emotional Violence - person affected by emotional vio-						
lence	0%	13%	5%	8%	8%	0%
Emotional Violence - person perpetrator of emotional						
violence	33%	13%	7%	17%	15%	32%
Emotional Violence - person victim of emotional vio-						
lence	0%	13%	23%	17%	58%	10%
Gambling - person affected by the gambling of others	0%	0%	2%	2%	0%	0%
Gangs - gang association	0%	7%	4%	12%	5%	7%
Gangs - gang member	0%	0%	0%	2%	2%	2%
Gangs - threatened by gangs	0%	0%	0%	2%	0%	5%
Housing - person does not have access to appropriate	0.07	00/	4.4.07	50/	50/	0.004
housing	0%	0%	11%	5%	5%	32%
Housing - person transient, but has access to appro-	00/	00/	00/	00/	00/	00/
priate housing	0%	0%	0%	0%	2%	2%
Mental Health - diagnosed mental health problem	33%	13%	7%	10%	<u>6%</u>	24%
Mental Health - grief	33%	13%	11%	13%	6% 6%	2%
Mental Health - mental health problem in home	0%	13%	9%	7%	<u>6%</u>	0%
Mental Health - not following prescribed treatment	0%	7%	4%	8%	0%	7%
Mental Health - suspected mental health problem	0%	20%	30%	27%	18%	39%
Mental Health - witnessed traumatic event	33%	7%	0%	2%	2%	0%
Missing School - chronic absenteeism	0%	20%	21%	17%	0%	0%
Missing School - truancy	67%	33%	58%	60%	8%	5%
Missing/Runaway - person has history of being report-	0%	70/	14%	70/	E 9/	20/
ed missing	0%	7%	14%	7%	5%	2%
Missing/Runaway - runaway without parents'	0%	0%	16%	5%	0%	0%
knowledge of whereabouts	0%	0%	10%	J%	0%	0%
Missing/Runaway - person reported to police as miss- ing	0%	0%	2%	2%	2%	0%
Missing/Runaway - runaway with parents' knowledge	0 70	0 /0	2 /0	2 /0	2 /0	0 /0
of whereabouts	0%	0%	4%	2%	0%	0%
Negative Peers - person associating with negative	0 /0	070	4 70	2 /0	070	0 /0
peers	33%	27%	32%	43%	5%	12%
Negative Peers - person serving as a negative peer to	0070		0270		• / •	/.
others	0%	7%	9%	20%	0%	2%
Neglect - person exposed to neglect of basic needs	0%	0%	0%	2%	3%	0%
Parenting - parent-child conflict	33%	27%	44%	23%	0%	5%
Parenting - person not providing proper parenting	0%	0%	7%	5%	47%	17%
Parenting - person not receiving proper parenting	33%	67%	53%	45%	3%	2%
Physical health - chronic disease	0%	0%	2%	0%	2%	5%
Physical health - general health issue	0%	20%	7%	3%	6%	2%
Physical health - not following perscribed treatment	0%	0%	0%	2%	0%	5%
Physical health - nutrition deficit	0%	7%	0%	0%	0%	0%
Physical health - physical disability	33%	0%	2%	0%	2%	5%
Physical health - pregnant	0%	0%	7%	2%	6%	0%
Physical health - terminal illness	0%	0%	0%	0%	2%	0%

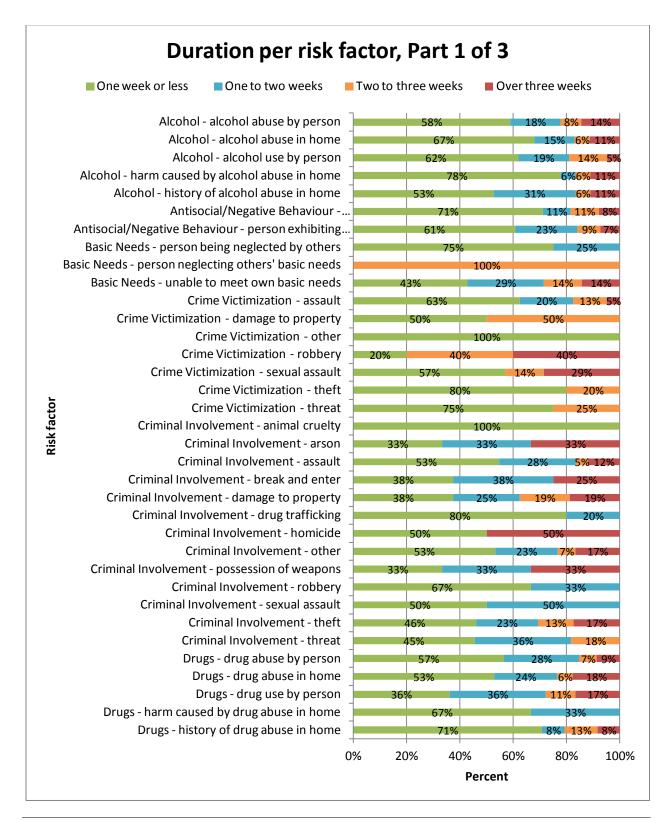


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Diels Fester continued	Age	0-11	Age	12-17	Age F 3% 24% 63% 48% 5% 2% 2% 0% 0% 2% 0% 2% 2% 2% 2% 10% 2% 2% 10% 2% 2% 0%	18+
Risk Factor, continued	F	М	F	М	-	М
Physical Violence - person affected by physical vio-						
lence	33%	13%	5%	8%	3%	5%
Physical Violence - person perpetrator of physical vio-						
lence	33%	20%	18%	35%	24%	46%
Physical Violence - person victim of physical violence	33%	0%	26%	22%	63%	15%
Physical Violence - physical violence in the home	33%	20%	18%	23%	48%	27%
Poverty - person living in less than adequate financial						
situation	0%	0%	5%	2%	5%	7%
Self-Harm - person has engaged in self-harm	0%	0%	33%	3%	2%	12%
Self-Harm - person threatens self-harm	33%	0%	2%	5%	0%	5%
Sexual Violence - person affected by sexual violence	0%	0%	2%	2%	0%	0%
Sexual Violence - person perpetrator of sexual vio-						
lence	0%	0%	0%	0%	0%	2%
Sexual Violence - person victim of sexual violence	0%	0%	5%	2%	2%	0%
Sexual Violence - sexual violence in the home	0%	0%	0%	0%	0%	2%
Social Environment - frequents negative locations	0%	0%	0%	2%	0%	5%
Social Environment - negative neighbourhood	0%	7%	0%	0%	0%	0%
Suicide - affected by suicide	0%	0%	2%	2%	2%	0%
Suicide - person current suicide risk	0%	0%	16%	7%	2%	15%
Suicide - person previous suicide risk	0%	0%	7%	5%	10%	37%
Supervision - person not properly supervised	33%	13%	14%	8%	0%	2%
Supervision - person not providing proper supervision	0%	0%	0%	0%	0%	2%
Threat to Public Health and Safety - person's behav-						
iour is a threat to public health and safety	0%	0%	0%	0%	2%	0%
Unemployment - caregivers chronically unemployed	0%	0%	0%	2%	0%	0%
Unemployment - caregivers temporarily unemployed	0%	7%	4%	0%	2%	0%
Unemployment - person chronically unemployed	0%	0%	0%	0%	3%	0%
Unemployment - person only temporarily unemployed	0%	0%	0%	0%	2%	2%

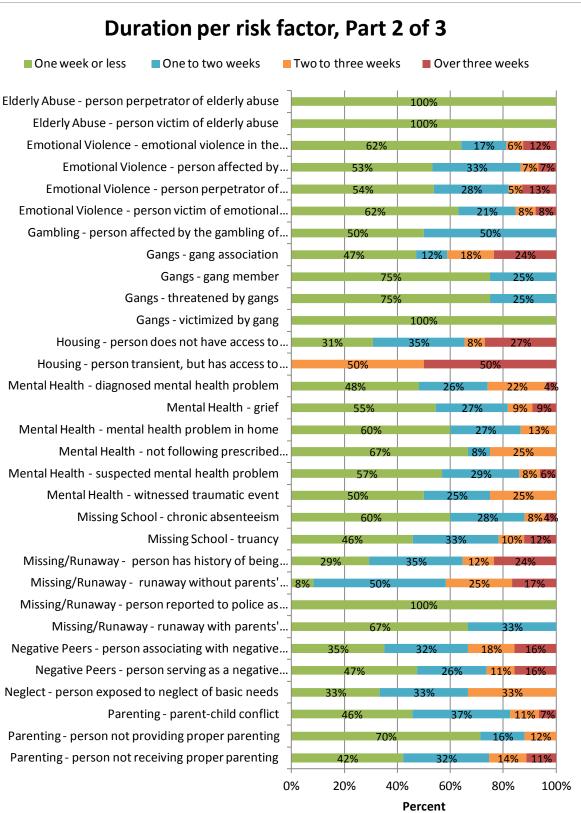


APPENDIX E – Chart on the duration per risk factor



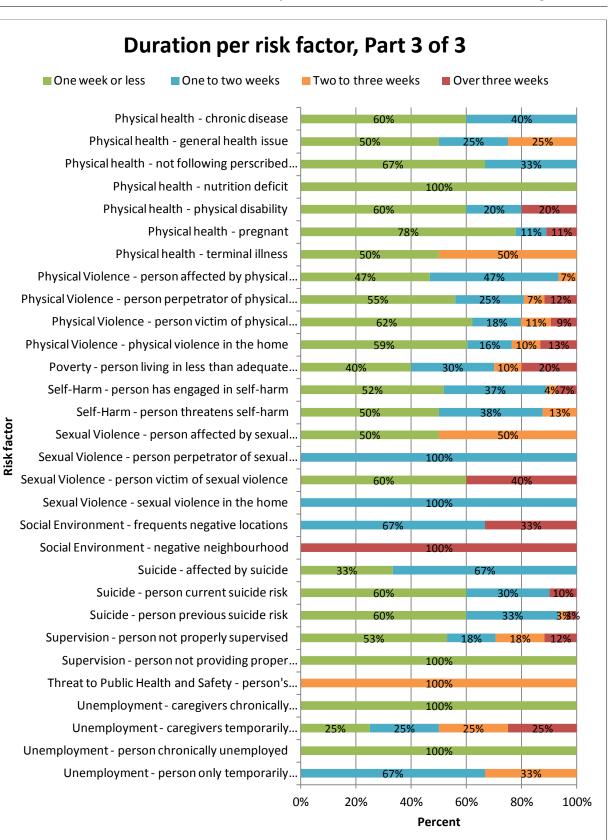


Risk factor



One week or less





Community Mobilization Prince Albert (CMPA)