# Situation Tables as the New Crime Prevention: Theoretical Underpinnings, Strengths, Weaknesses, and Best Practices

by

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## THESIS EXAMINATION INFORMATION

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An oral defense of this thesis took place on November 5, 2018 in front of the following examining committee:

**Examining Committee:**

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The above committee determined that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate during an oral examination. A signed copy of the Certificate of Approval is available from the School of Graduate and Postdoctoral Studies.

Abstract

Change in police calls-for-service has resulted in a shift in the role of police through the years. Specifically, the increase in mental health calls for police services has created the Community Safety and Well-Being (CSWB) model. The CSWB model seeks to prevent social disorganization through proactive community efforts. Situation Tables are a risk-driven, collaborative model in Ontario that falls under the CSWB model. Drawing on in-depth interviews from Situation Table coordinators and other participants, this thesis found that risk, collaboration, and harm reduction are the theoretical underpinnings of the Situation Table. Interestingly, participants identified Situation Tables as an alternative to incarceration in that they proactively address criminal risk factors and offer social services rather than engaging in law enforcement action. In addition, this thesis offers recommendations and best practices for the participation and implementation of Situation Tables as a learning tool for current and future Situation Table participants.

Keywords: Community Safety and Wellbeing; policing; risk; collaboration; harm reduction

**AUTHOR'S DECLARATION**

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_____ Victoria Morris

**STATEMENT OF CONTRIBUTIONS**

Some of the theoretical framing and ideology was contributed by Dr. Christopher O'Connor and Dr. Tyler Frederick. I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication as of yet. I have used standard referencing practices to acknowledge ideas, research techniques, or other materials that belong to others. Furthermore, I hereby certify that Dr. Christopher O'Connor, Dr. Tyler Frederick and I are the sole sources of the creative works and/or inventive knowledge described in this thesis.

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Victoria Morris

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## Chapter One: Introduction

In Canada, police calls for service are increasingly related to non-criminal activity (Russell & Taylor, 2014). These are known as social disorder calls and include domestic disputes, suspicious persons, and safety concerns—commonly involving those with poor mental health or addictions (Russell & Taylor, 2014; Secu, 2013). Specifically, social disorder calls account for over 75% of police calls for service (Russell & Taylor, 2014). Considering this change in community needs, policing has been changing over the years and is currently shifting to involve more collaboration with the community (Fisher-Stewart, 2003; Nilson, 2016; Russel & Taylor, 2014).

Policing has been changing to emphasize community problem solving and service rather than enforcement and crime control (Kelling, 1988; Wood, 1996). Specifically, community policing has developed as a response to the changing calls for service and the need for a more approachable police service (Fisher-Stewart, 2003). Community policing seeks to proactively address crime, social disorder, fear of crime, and other public safety concerns through problem-solving techniques and community partnerships (Community Oriented Policing Services, 2014). This new policing model encourages creativity, public speaking ability (Oliver, 1998), and serving the police officer's own community (Government of Ontario, 2016; Hawkes, 2016), whereas the traditional policing model emphasizes military traits such as courage, loyalty, aggressiveness, and ability to follow rules (Oliver, 1998).

In North America, although aspects of community policing were used in earlier policing models, modern community policing became incorporated in police mandates around the 1980s in order to appear more approachable and just (Fisher-Stewart, 2003). By the 1990s nearly every Canadian police service had community policing written in their mandate. This does not mean

that every police service had truly implemented the essence of community policing as there is little agreement as to what it looks like in practice (Government of Canada, 2015). That is to say that community policing is not used consistently. For example, the spirit of community policing involves considering the viewpoints of populations who hold negative views of the police (e.g. young people, ethnic minorities)—but this does not consistently happen (Brown & Benedict, 2002). Instead, the police are mostly collaborating with populations who already agree with police authority and action, demonstrating that community policing is not used consistently or effectively. Despite this controversy, the idea of police forming partnerships with the community to prevent crime has become entrenched in Canadian policy (Russell & Taylor, 2014).

Evolving from community policing and recognizing the need for collaboration to address community needs, The Ontario Provincial Police (OPP) adapted to include community partnerships under the *Ontario Mobilization & Engagement Model for Community Policing* (OMEM) in 2010 (Ontario Association of Chiefs of Police, 2016). The older Ontario model from 1995 focused on police work and enforcement, while the OMEM model focuses on community partnerships to reduce crime, social disorder, and create healthier and safer neighbourhoods (Hawkes, 2016). Specifically, the OMEM furthers the belief that it is everyone's responsibility in the community to help each other. The increase of social disorder calls for service mean that the police cannot be solely responsible for handling these calls. Instead, community agencies form partnerships to help mitigate risk. The primary goal is to improve outcomes of response to social disorder calls for service, and the secondary goal is to increase fiscal efficiency of the response. While it is a slow process to change the policing culture, the OPP are working toward this by training over 1,035 frontline officers with OMEM workshops as well as adopting its principles into hiring and promotional practices (Hawkes, 2016). Evolving out of community policing, the

OMEM model, and the increase in social disorganization calls for police, Canadian police services appear to have embraced the Community Safety and Wellbeing (CSWB) model (see Russel & Taylor, 2014; Taylor, 2017) that breaks the silos that currently exist in human services (Nilson, 2016). Although this model involves police services, it is community centered—encouraging the community to engage in community safety.

With principles parallel to the OMEM, the CSWB framework was created by Situation Table coordinators and the Ontario Association of Chiefs of Police (OACP) in 2013 to proactively mitigate risk through community partnerships (Russel & Taylor, 2014). The four different goals of the CSWB framework are *emergency response, risk intervention, prevention*, and *social development. Emergency response* is the most urgent action with short-term goals. Police, fire fighters, paramedics, child support workers, women's support workers, as well as mental health and addictions workers could all be part of the emergency response. The primary focus at this level is to manage the threat of harm. Mitigating elevated risk situations is the second most urgent goal, and is accomplished through Situation Tables. This includes short-term risk de-escalation that decreases the use of emergency services and provides insight into a community's risk factors. The *Prevention* initiative aims at reducing identified risks—such as threats to safety, social disorder, and crime. Prevention includes identifying risks and vulnerable groups, as well as putting protective factors in place. Although this idea is not new, the responsibility has shifted from solely the police to now including the community. *Social development* addresses the root causes of marginalization. A plan is put in place to address identified chronic risk factors faced by a community (Russel & Taylor, 2014).

Falling under the CSWB model, Ontario has been rapidly growing the amount of Situation Tables in an attempt to proactively prevent crime and community harm (Russel, 2016).

However, to date there is little empirical support for the effectiveness of Situation Tables to prevent crime and community harm. Situation Tables use collaboration between police and community agencies to identify individuals and families experiencing acutely elevated risk (AER). AER involves an accumulation of risk factors that a sole agency cannot address. This model is also known as the risk-driven collaborative 'Hub' that originated out of Saskatchewan (Russel, 2016).

In what follows, Chapter Two summarizes the risk-driven collaborative model's history and current use, as well as its efficacy in Saskatchewan and Ontario. Following this, Chapter Three examines the theoretical ideologies and research literature on collaboration, risk, and harm reduction. Chapter Four outlines the methods used to conduct this research project, including participant recruitment, data collection, and analysis. Chapter Five discusses the themes that emerged from the data analysis. Finally, Chapter Six discusses how Situation Tables empower and transfer responsibility to the community to take ownership of community safety. After identifying gaps in services that remain for vulnerable populations, I explore the various avenues that collaboration could increase efficiency of different areas of public services. Chapter Six concludes by discussing limitations to this thesis and areas for future research.

## Chapter Two: History and Current Use of the Risk-driven Collaborative Model

Although the Situation Table model is new to Ontario, it draws from similar initiatives in other parts of the world. Specifically, the *Scotland Violence Reduction Unit* and the *Hub* model in Saskatchewan were influential precursors to the Situation Table (Nilson, 2014; Russel, 2016). This section first explores these older initiatives and then focuses on the current use of the Situation Tables in Ontario.

### History

The *Scotland Violence Reduction Unit* was one of the first appearances of the risk-driven collaborative model (Nilson, 2014; Russel, 2016). In 2005, the Strathclyde Police created this unit to help decrease violence. Specifically, the goal was to reduce knife crime and weapon carrying among young men in the Glasgow area where there had been decades of intergenerational violence. At the time, Scotland was ranked fourth highest in the world in terms of violent death per 100,000 people (Russell, 2016). This context led to the creation of a more collaborative public health and harm reduction approach replacing the more traditional punishment model (Nilson, 2014). The unit uses a collaborative partnership between many agencies to target the root causes of violence. It offered individuals in gangs legitimate opportunities for a "no violence, no weapon" pledge (Williams, Currie, Linden, & Donnelly, 2014). A preliminary analysis followed-up with the 167 males, aged 16-29, who were engaged in this initiative. It concluded that 2-years after initial contact their rate of violent offending decreased by 52%, while the control group's violent offending decreased by 29%. In addition, weapon carrying was reduced 84% in the test group and 40% in the control group. From 2008-2013 violent death decreased by 50% in Glasgow (Russell, 2016). It has achieved long-term

societal and attitudinal changes that reduce risks for violence (Nilson, 2014). This model was later replicated in Prince Albert, Saskatchewan.

In 2009, Saskatchewan police chiefs sought out a solution to their high crime rates (Prince Albert Police Service, 2009). They recognized that the status quo policing model was not effective at reducing crime—creating a need for a new crime reduction method. This was especially true for the Prince Albert Police Service (2009) who recognized that their traditional punishment-based model was not effective at crime prevention. Therefore, when exploring alternatives, the resulting Taylor report (see FOP, 2010) identified the benefits of community mobilization. This led to a group of human agency representatives gathering information about the *Scotland Violence Reduction Unit.* The results indicated that Prince Albert and Glasgow shared at least 14 common indicators of crime and violence: unemployment, high suicide rate, HIV prevalence, knife violence, housing problems, death rate from alcohol, gangs, education standards, drug usage, teen pregnancy, domestic violence, youth violence, low life expectancy, and alcohol usage. This evidence collected from Glasgow paved the way for the creation of the Community Mobilization Prince Albert's (CMPA) Hub in February 2011 (McFee & Taylor, 2014).

In Ontario, this collaborative risk-based model first appeared in 2012 in Rexdale (Russell, 2016). Since then, it has expanded to over 40 communities, with 22 more in the process of starting up (Hub/Situation Table adoption in Canada, n.d.). Because 'Situation Table' and 'Hub' describe the same model used in different locations (Ontario and Prince Albert, respectively) the terms are used interchangeably in this paper. The Ontario Worker's Group (OWG) provides support to these Situation Tables by collecting lessons learned and best practices regarding community safety from outside Ontario, and aggregating the most effective ones (Russell &

Taylor, 2011). Specifically, the OWG seeks to increase community safety and well-being, minimize harms and victimization, reduce the demand for emergency services, and promote safety and well-being. Developed in 2013 by four police agencies and community partners, the OWG was created to be a venue for discussing more effective and efficient ways of dealing with social disorder and crime (Russell & Taylor, 2014). The Ontario Association of Chiefs of Police (OACP) then hired the OWG to serve as a subcommittee. With Ontario police services striving for more community-based policing, and with support of the OWG, Situation Tables are appearing quickly.

## Current Use

While previous similar initiatives differ in specifics, they all use collaboration to reduce individual risk (Nilson, 2016; Russel & Taylor, 2014). In Ontario, Situation Tables are becoming the collaborative risk-driven approach of choice for dealing with individuals in the community experiencing acutely elevated risk. A Situation Table takes the form of a meeting once or twice a week between representatives from a variety of human services—such as police officers, education board members, mental health workers, etc.—who bring forward and discuss cases that exhibit acutely elevated risk (AER) that cannot solely be addressed by one agency (Nilson, 2016; Russell, 2016). AER is a multitude of risk factors that create the potential for imminent harm to occur. The group of professionals combine all known risk factors, giving them leverage to select the most appropriate services which are then offered to the individual. Those selected agencies work together to create a plan of action. The plan of action often takes the form of a ‘door-knock’—the representative literally knocking on the client’s door—to offer resources that could help in their reduction of risk. The Freedom of Information and Protection of Privacy Act (FIPPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) guide

the information sharing process. Information sharing is kept to a minimum to protect confidentiality of the client as much as possible. Furthermore, Situation Tables operate on implied consent in that members of the Table can disclose confidential information about a client if it is in the client's best interest (Nilson, 2016; Russell, 2016). Although the risk-driven collaborative model is still fairly new, it has shown tremendous efficacy.

## Efficacy of the risk-driven collaborative model

Before the Hub emerged, Saskatchewan police officers had little to no opportunity for collaboration with human service agencies (Nilson, 2014). Every agency worked in silos—having limited interaction with other agencies. This is to say that police were not the only agency that worked independently. Other agencies, such as addiction supports, shelters, and schools had inadequate information sharing processes in place as well. This silo-model caused many clients to not receive appropriate services because no single agency had comprehensive knowledge of a particular client. For example, different human services would be exposed to different elements of a client and would rarely obtain a comprehensive understanding of what a client was experiencing. To overcome this issue, the Hub model in Saskatchewan provided an opportunity for collaboration between human services (Nilson, 2014).

To supplement the previous method of isolated supports, the Situation Table method works with clients who are experiencing AER and brings many human services together to collect all relevant knowledge quickly and effectively, and then create an intervention for the individual or family (Nilson, 2014; 2016). Prior to the Situation Table model, the individual had to consecutively go to every required service and wait until services were available (Nilson, 2014). This large barrier to services could lead to individuals not seeking services and perhaps engaging in criminal activity or other harms. Qualitative research has confirmed the idea that

silos have been broken in the Situation Table model because all agencies work together to provide effective and efficient services (Brown & Newberry, 2015; Nilson, 2014; Russell & Taylor, 2015). The following section will focus on the efficacy this model has shown in Prince Albert by looking at the results of several studies. Following that, early results from Situation Tables in Ontario will be presented by aggregating individual evaluations.

**Prince Albert**

Examinations of the Hub Model have found several benefits including the following: (1) clients gaining increased access to services (Nilson, 2014); (2) clients receiving quicker access to services (Litchmore, 2014); (3) services gaining more insight into client needs (Babayan et al., 2015); (4) improved communication between agencies (Ng & Nerad, 2015); (5) human service agencies having fewer barriers for their clients (Nilson, 2014); (6) identifying gaps in the delivery of human services (Nilson, 2015a); (7) augmenting efficiencies of human services (Lansdowne Consulting, 2016); and (8) an improvement in client-service provider relations (Nilson, 2016b). Qualitative evidence also supports the effectiveness of the model:

> *It took a few meetings to get people organized around the purpose, engaged in information sharing and working together for a common end. Very quickly however, what used to take 3 to 6 months for an individual to get connected to services turned into 3 to 6 minutes. It was then that we realized how broken our current system really was.*
>
> (McFee, personal communication, June 2013 retrieved from Nilson, 2014).

In Prince Albert, Saskatchewan, between 1999 and 2008, arrests increased by 128%, indicating an increase in criminality. Specifically, increases in intoxicated persons, missing persons, domestic violence, graffiti, property crimes, poor housing, and gangs were unmanageable (Prince Albert Police Service, 2009). After the community mobilization initiative

was put in place in 2011, the *violent crime severity index* had dropped 39% by 2012—almost three times the average drop recorded across the rest of the province (Nilson, 2014).

**Ontario**

Since the first Situation Table appeared in 2012 in Ontario, individual Situation Table evaluations have been completed to provide information as to their descriptive statistics, challenges, and efficacy. However, there is a lack of aggregate results. The evaluations focus mostly on the first six months or year of the pilot. Nevertheless, these initial evaluations provide some insight into Situation Tables. Evaluations from Cambridge (Brown & Newberry, 2015), Kitchener (Brown & Newberry, 2015), Barrie (Nilson, 2017), Oxford ("Oxford Situation Table", n.d.), Brantford (Babayan et al., 2015), Chatham-Kent (Nilson, 2016), Lanark County ("Lanark county situation table project", n.d.), Rexdale (Ng & Nerad, 2015), Ottawa (Lansdowne Consulting, 2016), North Bay ("North Bay Parry Sound", 2014), and Sudbury (Community Mobilization Sudbury, 2015) were examined to better understand what we know about Situation Tables in Ontario. The results are discussed below.

**Descriptive Statistics**. Patterns emerged across the Situation Table evaluations in terms of client characteristics and administrative decisions. 'Individuals' are the vast majority of the population receiving services, with the other options being 'families' or 'environments'. Overall, the mix between male and female show no obvious pattern and are often similar across Situation Table evaluations, but differences between male and female percentages range between 3%-30%, with the average difference being 14.5%. The percentage of referrals that were accepted (characterized by all agencies agreeing that AER has been met) ranged from 76-92% (Babayan et al., 2015; Brown & Newberry, 2015; Community Mobilization Sudbury, 2015; Lanark county Situation Table Project, n.d; Nilson, 2016; North Bay Parry Sound, 2014; Oxford Situation

Table, n.d.) with the majority of cases being rejected due to current resources not being exhausted. The most common age group to receive services in every Table was below 25 years old. The percentage of successfully closed cases (characterized by the client being connected with appropriate services) ranged from 72%- 96.9% (Community Mobilization Sudbury, 2015; North Bay Parry Sound, 2014; Lanark County situation table project, n.d; Babayan et al., 2015; Brown & Newberry, 2015; Oxford Situation Table, n.d.; Lansdowne Consulting, 2016).

Local police services appear to have the most involvement in Situation Tables. They are the most common agency to implement the model, the most likely to refer cases, and are involved with most of the intervention plans. Police may refer the most cases because they are not equipped to handle multifaceted risk without the help of other agencies who bring different tools to the Table. This is demonstrated through the average number of risk factors per case being 5-10, as police officers are not equipped to handle such a variety of risk factors. In addition, police do not receive sufficient mental health training and do not have many resources for serving this clientele (Lansdowne Consulting, 2016). Mental health is always within the top three most identified risk factors overall, and is the most often identified risk factor in many Situation Tables. Overall, this means that mental illness is the most common risk factor for the clients of these Situation Tables. Although police are sometimes the lead on a case, it is often a social agency that services mental health clientele (e.g. Canadian Mental Health Association). However, police are the most likely to be involved in interventions in a supportive role. In this way, police officers offer safety instead of law enforcement.

**Challenges.** Based on the above evaluations, there are many challenges to Situation Tables, with privacy being one of the larger concerns for many human services. In fact, the biggest reason for not participating in the collaboration model is the fear of information sharing

and the liability that follows it (Russel & Taylor, 2015). In the second stage of a Situation Table, permission is not required to share information because the information is de-identified. However, if the case moves onto the next stage, some identifying information is used. This is a difficult process as permission is often needed from the client to give and receive this information. However, as mentioned earlier, under the privacy acts information sharing may be offered if in the best interest of the client and community safety ("Situation Table eModules", 2018). Members initially were often reluctant to bring cases to the Table for fear of breaching confidentiality. However, as members became more comfortable with the legislation around privacy, they tended to bring more cases forward (Brown & Newberry, 2015). Perhaps privacy concerns stem more from the home agency than the relevant policy governing the Table. It is likely that this resulted in police services being the most eager to refer clients at the beginning of implementation, whereas, after increased comfort was gained, other social services were more likely to refer (Community Mobilization Sudbury, 2015). Overall, policy and legislation makes privacy a very difficult process to maneuver.

**Efficacy.** Collaboration was another theme mentioned in nearly every evaluation, and was explained as very beneficial for the overall success of the Situation Table. Specifically, both clients and workers said collaboration was a strength and necessity for an effective Situation Table. For example, in Waterloo, following the client being connected to a network of agencies through collaboration, the client experienced a 74% decrease in emergency calls within the next 90 days (Brown & Newberry, 2015). Other benefits of collaboration included (1) increased trust in agencies by other workers and clients (Babayan et al., 2015); (2) new relationships and knowledge being developed (Brown & Newberry, 2015); and (3) most clients being satisfied with services (Nilson, 2017).

Overall, there has been positive results in Scotland, Saskatchewan, and Ontario, with few drawbacks and challenges. While overall these evaluations have yielded positive results, more research is needed to aggregate results between Situation Tables. In addition, there is little exploration of key theoretical underpinnings behind the implementation and practice of Situation Tables. Considering this gap, the next chapter explores potential underpinnings of this risk-driven collaborative model.

## Chapter Three: Collaboration, Risk, and Harm Reduction

To help understand the Situation Table's underlying theories, this chapter examines the theoretical underpinnings behind the Situation Table approach, in particular the principles of collaboration, risk, and harm reduction. More specifically, I argue that risk and collaboration are known quantities within the literature on Situation Tables. However, harm reduction is not commonly associated with Situation Tables, and yet they clearly contain key elements of harm reduction philosophies within their operational framework. For example, the harm reduction philosophy has been cited as an underpinning in the Waterloo Situation Table evaluation: "Some members characterized the work of Connectivity as … harm reduction." (Brown & Newberry, 2015, p. 58). In this chapter I explore the intricacies of Situation Tables' theoretical underpinnings, which provides the foundation for this thesis. As such, these three theoretical frameworks are initially discussed individually to provide a general understanding. Following that, I explore gaps in research and state my three research questions.

### Collaboration

Despite its common use throughout the academic literature, few have attempted to theorize the term collaboration. Due to the lack of collaboration theory, this section focuses on how collaboration is used within the social science literature and how it is justified through empirical supports. More specifically, this section outlines why social and police services use collaboration. I begin by defining collaboration and comparing it to similar concepts.

Overall, collaboration, cooperation, consultation, and coordination all capture the essence of working together to achieve a goal, but have small nuances. However, these terms are often misused interchangeably. Thomson, Perry & Miller (2007) define collaboration as:

> "[…] a process in which autonomous or semi-autonomous actors interact through formal and informal negotiation, jointly creating rules and structures governing their

> relationships and ways to act or decide on the issues that brought them together; it is a process involving shared norms and mutually beneficial interactions" (p. 3).

In other words, collaboration is the process in which two or more agencies work together, with shared goals and rules, to achieve mutual success. In this way cooperation, consultation, and coordination all involve some degree of collaboration, but have varying intensities. Thompson et al.'s (2007) collaboration definition will be utilized in this paper.

Cooperation involves agencies working together but with separate goals. For example, police and mental health workers often cooperate when dealing with individuals. Specifically, police try to maintain order by referring individuals to mental health workers who have the goal of reducing symptoms and increasing quality of life (Harte, 2015).

Consultation occurs when at least one of the member's goals are discussed. For example, the Toronto Police Service (2017) has several consultation committees that work with volunteer community members to address specific community issues. In this case, both parties are stakeholders and consult multiple times in a structured fashion. However, this is not always the case. Consultation could also involve one party having no stake in the results of the consultation and it being a one-time interaction.

Coordination consists of agencies working together but not necessarily toward the same goal and not always involving high amounts of interaction (Giacomantonia, 2015). For example, separate police agencies must communicate with each other in order to coordinate cross-jurisdictional investigations. In this way, coordination is the process of organizing people or groups to achieve harmonious functioning by each person or group performing their separate mission to complete the overall task (Giacomantonia, 2015).

Collaboration has many theoretical benefits demonstrated through community agencies collaborating together. Within social services, collaboration is an attempt to overcome the disadvantages of specialization (Jones, 1995). One of the most prominent disadvantages of specialized services is the large amount of resource inefficiencies. For example, a client filling out the same paperwork at multiple agencies is much less efficient than having a 'one-stop-shop' model where an individual is immediately connected with appropriate services. Another disadvantage includes a fragmented view of clients' needs. In other words, different services collect varying types of information from clients with few agencies obtaining a comprehensive picture of their needs. Therefore, the goal of collaboration is to bring multiple services together to provide more efficient and effective services. Collaboration accomplishes this goal by creating symbiotic dependencies between agencies (Nylen, 2007). To further illustrate this symbiotic dependency, collaboration between police and community is meant to increase the trust between the police, agencies, and the community (Lewis & Ramakrishnan, 2007; MacDonald & Stokes, 2006; Nilson, 2014). In addition, community members may have a higher opinion of the police if they are seen as allies rather than outsiders merely invested in social order (MacDonald & Stokes, 2006).

Another goal of collaboration is to prevent further harm and victimization (Canadian Association of Chiefs of Police, 2016) by connecting clients with appropriate services (Horspool, 2016). For example, when writing about community policing, the U.S. Department of Justice (N.D.) argues that "when police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources". Further, consider the mandate of the RCMP in North Vancouver:

> *The goal of the North Vancouver Community Policing Section is to promote Partners for a Safe Community for everyone in the City and District of North Vancouver. This is*

> *accomplished by providing support to our internal and external partners through the variety of community programs offered at our Community Policing Centres.* (Royal Canadian Mounted Police, 2017).

The RCMP in North Vancouver mirrors the idea of the U.S. Department of Justice by using community partnerships to promote a safer community. Additionally, the Ontario Provincial Police (2016) write that "The OPP encourages everyone, individual citizens and neighbours, community agencies and services, as well as various levels of government to create or strengthen partnerships in working towards safer and healthier communities." Despite police services having the essence of collaboration written into their CSWB mandate, Manning and Singh (2010) suggest that it is mostly rhetoric used to obtain funding with no real change in policing occurring. In other words, police agencies do not fully embrace collaboration although it is present in their mandate. Despite police services not completely embracing collaboration, it has substantial empirical support within the criminal justice system.

Results of several studies support the notion that collaboration between the criminal justice system and other agencies is successful in terms of the following: (1) lowering recidivism rates (Moore & Hiday 2006; Teller, Ritter, Rodriguez, Munetz, Gil, 2004; Trupin & Richards 2003); (2) reducing days in prison (Broner, Mayrl, Landsberg, 2005; Christy, Poythress, Boothroyd, Petrila, Mehra, 2005; Hoff, Baranosky, Buchanan, Zonana, Rosenheck, 1999; Lattimore, Broner, Sherman, Frisman, Shafer, 2003; Moore & Hiday, 2006; Steadman, Coccozza, Veysey, 1999); (3) increasing time between offenses (McNiel & Binder 2007); (4) reducing severity of rearrests (Moore & Hiday, 2006); (5) decreasing repeat calls-for-service; (6) increasing public satisfaction with the police; and (7) increasing job satisfaction of constables (Hornick, Burrows, Phillips, Leighton, 1991).

A few specific collaborative initiatives have been shown to be effective. One type of collaboration shown as effective are meetings in which many agencies gather to discuss solutions to a problem (Braga, 2008; Braga & Weisburd, 2012; Horspool, 2016). An example of this model is the 'pulling levers' deterrence method, such as Operation Ceasefire in Boston and projects in Indianapolis (Corsaro & McGarrell, 2009), Chicago (Papachristos, Meares, Fagan, 2007), and Los Angeles (Tita, Riley, Ridgeway, Grammich, Abrahamse, Greenwood, 2004). 'Pulling levers' involves collaboration between the criminal justice system and social services to 'crack-down' on specific dominant gang members (Corsaro & Mcgarrell, 2009). Specifically, police identify and communicate that if high-risk gang members continue their criminal behaviour they will experience serious penal consequences. This is coupled with community agencies offering their services and pro-social alternatives—such as employment, housing, mentorship, and drug treatment. The most drastic effects of this initiative were evident in the months following the end of Operation Ceasefire (Corsaro & Mcgarrell, 2009) where homicide rates fell by 63% (Braga, Kennedy, Waring, Piehl, 2001) and there was a significant reduction in shots fired and gun assaults (Piehl et al., 2003). The collaboration between multiple agencies was identified as the reason for the success (Corsaro & McGarrell, 2009). Specifically, the tools offered by multiple agencies provides many penal options for the offenders, as well as many supports and legitimate opportunities. The results of these efforts suggest that the collaboration between police and human services can be effective at reducing violence.

Collaboration between human services has also been found effective. For example, collaboration between a variety of human services has demonstrably been useful in dealing with violence involving families (Backer & Geurra, 2011), women (Colombi, Mayhew & Watts, 2008), children (Evans, Rey, Hemphill, Perkins, Austin, and Raccine, 2001), and youth (Kim-Ju,

Mark, Cohen, Garcia-Santiago, and Nguyen, 2008). Overall, collaboration has been shown to be successful at reducing harm because it uses the skills of multiple agencies (Nilson, 2014) to provide holistic and empirically tested best practices. Concrete benefits of collaboration between human services include: (1) decreasing the use of emergency services through the diversion of non-emergency cases (Jespersen et al., 2016); (2) increasing the quality of services (Sestoft, Rasmussen, Vitus, Kongsrud, 2014); and (3) reducing costs while overall increasing efficiency (The National Social Insurance Board and The National Board of Health and Welfare, 1997; Vercruyssen, 1999; Erridge & Greer, 2002).

Despite the many benefits, collaboration has been shown to have challenges as well, such as negotiating power levels between the involved parties. Further, Carvalhana and Flak (2009) describe time constraints, client communication difficulties, lack of training, and stigma as barriers to effective collaboration. In addition, a lack of resources including finances, human resources, and time were all mentioned in numerous studies as a large hindrance to collaboration (Carvalhana & Flak, 2009; Maar, Erstine, McGregor, 2009; Skubby, Bonfine, Novisky, 2013; Steadman, Deane, Borum, Morrissey, 2000). For effective collaboration, every agency must accept their strengths and weaknesses and respect what other agencies can contribute (Laing, Irwin, Toivonen, 2012). In summary, collaboration uses the resources from multiple agencies to provide comprehensive services that meet the needs of the client.

Collaboration is central to the Situation Table model (Nilson, 2014). Collaboration begins after a referral is brought to the Situation Table meeting. The multiple agencies sitting around the Table must first agree that AER has been met, share all known risk factors, then designate the most appropriate agency representatives to help the individual. From there, the designated agency representatives collaboratively create a plan of action that would be most appropriate for

the particular client. At any point within the process there is no one individual in charge. In this way, all the skills and experiences from each agency is maximized by considering everyone's perspective and agreeing on the most appropriate action (Nilson, 2014). Overall, collaboration is used to reduce risk, making risk another component of Situation Tables.

## Risk

The goal of Situation Tables is to reduce individuals' risk (Russel & Taylor, 2015). In this way, the concept of risk is central to Situation Tables. Therefore, this section will examine the changing definition of risk and the efficacy and challenges of risk assessment. Risk is a challenging concept to comprehend in that it is not an event but rather an attribute of an event and a measure of a likely consequence (Barwise, 2014). According to Beck (1992) risk 'may be defined as a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself' (p. 21).

Beck (1992) suggests that although risk has always existed, it is becoming less predictable and more global in scale. Historically, risk has been used to describe natural occurrences such as floods and earthquakes. However, as technologies have been produced to manage risks and increase quality of life, they inadvertently created new, unpredictable risks, such as genetically modified foods. Furthermore, global risks, such as terrorism and global warming, are a product of our modern world. This shift from an industrial to a risk society suggests that attempting to predict risk may be impossible and futile. In today's risk society, Beck (1992) argues that attempting to control risk is ineffective because it cannot be accurately predicted. The following section will address the theory of risk assessment and police capability of managing risk.

While Beck (1992) explores the failure of society to control risks, Ericson and Haggerty (1997) explore how police are a dominant form of controlling risk factors in modern society. For example, police reduce the risk of car accidents by patrolling highways and reduce the risk of disorder by relocating individuals experiencing mental illness. However, Ericson and Haggerty (1997) suggest that in modern society, the police's main role is as a 'knowledge broker'. This means that police officers gather risk information to be used by other agencies. This is apparent considering that according to the Ontario Association of Chiefs of Police (OACP), 70%-80% of the calls police receive are not related to crime. In addition, mental health calls have almost doubled since 2007 (Secu, 2013). This demonstrates that the police's role has shifted away from crime control towards identifying and recording risks that are later used by other agencies. This is to say that collecting and distributing information on risk factors is now what drives police action (Ericson & Haggerty, 1997). Police collecting risk factors but not having the tools to address them has paved the way for Situation Tables to use these risk factors immediately to reduce individual risk. Risk has not only been prolific in policing, but also in the human service sector (Morgan, 2007).

Along with the emergence of risk in the human services sector comes risk assessment and risk management—each having small nuances, but for the purpose of this study they will be considered equivalent. Risk assessment stems from the notion that risks can and should be controlled and is defined as:

"*the overall process or method where you:*

- *Identify hazards and risk factors that have the potential to cause harm (hazard identification).*
- *Analyze and evaluate the risk associated with that hazard (risk analysis, and risk evaluation).*
- *Determine appropriate ways to eliminate the hazard, or control the risk when the hazard cannot be eliminated (risk control).*" (Government of Canada, 2017).

The fixation on the term ‘risk’ appears to be the justification of many new social work practices. Kemshall (2002) argues that social policy is increasingly “about prevention of risk and displacement of risk management responsibilities onto the ‘entrepreneurial self’ that must exercise informed choice and self-care to avoid risks” (p 22). Researchers have suggested that risk management strategies have appeared due to a decrease of societal trust in human service agencies (Beck, 1992; Parton and O’Byrne, 2000). Accordingly, risk assessment and management now dictate the tasks and responsibilities of human services (Parton and O’Byrne, 2000). For example, risk management strategies are tangible in social work through the following: (1) increased usage of standardized tools; (2) emphasis on evidence-based practice; (3) the use of service contracts (between funders and agency, and between client and agency); (4) the negotiation of care plans; (5) the reduction of risks and associated harms; and (6) the emphasis on outcomes rather than inputs of services (Fine, 2005). The shift to ‘risk’ has been marked with a changing mentality from fate and luck to control and prediction (Littlechild, 2010), which is evident in the changing of social work practices. That being said, there is still an increasing risk assessment rhetoric in police (Haynes & Giblin, 2014) and social agencies (Kemshall, 2002; Morgan 2007).

Despite the growing use of risk assessment, it is a nuanced approach that has found both positive (Lejuez, Aklin, Daughters, Zvolensky, Kahler, Gwadz, 2007; Lidz, Mulvey, Gardner, 1993; Schwalbe, 2008) and negative results (Fitzgibbon, 2007; Szmukler & Rose, 2013). Risk assessment can be effective for insurance companies because they implement it at a general level, using statistics to predict risk (Littlechild, 2010). This is effective because risk factors have been shown to accurately predict specific harms. For example, Lidz, Mulvey, and Gardner (1993) found that clinicians could predict the chance of violence in male patients. Furthermore,

risk assessment has been shown effective in juveniles. For example, the Balloon Analogue Risk Task (BART-Y) shows significant relationships between substance abuse, sexual behaviour, delinquency, health domains, impulsivity, and sensation seeking (Lejuez et al., 2007). Although some studies fail to predict female risk (Schwalbe, 2007; Schwalbe, Fraser, Day, Arnold 2004; Schwalbe, Fraser, Day, Cooley, 2006), a meta-analysis found that risk assessment tools are effective measurements for both female and male youth offenders (Schwalbe, 2008).

Risk factors are shown to predict specific harms. For example, Brandon (2009) found through examining 47 perpetrators of child homicide that around 66% had previously physically assaulted their child, around 55% experienced mental health issues, and 57% had substance abuse problems. In addition, around 33% of the offenders experienced a combination of all three factors. Similarly, Borges et al. (2011) interviewed 108,705 adults from 21 countries, concerning suicidal risk factors within the domains of socio-demographics, parent psychopathology, childhood adversities, DSM-IV disorders, and history of suicidal thought. They found that being female, younger, lower in education and income, unmarried, unemployed, having parent psychopathology, having childhood adversities, and the presence of mental disorders were found to predict suicidal behaviour. The above research demonstrates the predictive power of risk assessment. To minimize potential harm, such as suicide and drug abuse, risk factors can inform policies and procedures. The end goal of risk assessment is to guide effective prevention and intervention efforts (Stith & McMonigle, 2009), and to replace negative behaviours with positive ones—such as developing better coping strategies for anger (Krist et al., 2016).

However, there has been some pushback on risk assessment—most notably in social work (Morgan, 2007; Wand, 2012). Undrill (2007) even defines risk assessment as a “neurotic organizational attempt to tame anxiety” (p. 294). Social workers can seldom accurately predict

violence in those with mental illness (Monahan & Steadman, 1981). Difficulties of risk assessment within social work include the following: (1) struggle with predicting risk (Brunton, 2005); (2) lack of consistency when dealing with risk factors (Brunton, 2005; Dunne, Quinlan, Rourke, McGowan, & Keogh, 2009); (3) lack of training in how to assess risk (Brunton, 2005; Dunne et al., 2009); (4) risk awareness creating a moral outrage (Szmukler & Rose, 2013); (5) decreased trust in social workers by clients (Szmukler & Rose, 2013); (6) unfair practices that breach ethical principles of justice (Szmukler & Rose, 2013); and (7) discrimination against people with mental illness (Szmukler & Rose, 2013). Moral outrage is the result of an accident in which someone is held culpable if they had the knowledge of a potential for risk. In this way, risk assessment responsibilizes the worker if they fail to prevent harm. Furthermore, when a worker has the best interests of the client at heart, an environment of trust is created. However, when risk assessment is used, the client may sense that the worker is more concerned with their risk of violence. Szmukler & Rose (2013) suggest that there is no evidence that violence is easier to predict in those with mental illness than in others, and the risk of violence cannot be easily managed. Therefore, this monitoring and social exclusion of those experiencing mental illness can be considered a type of discrimination.

Overall, risk assessment appears to be successful in terms of identifying commonalities within related groups of people (e.g. drug users, female offenders, suicidal youth, etc.), but falls short when trying to predict an individual's behaviour due to risk factors. Although a person experiences specific risk factors, this does not mean their fate is determined. For example, not every child with parents who are abusive and who abuse alcohol will become an offender or attempt suicide. Considering this, Szmukler & Rose (2013) argue that it may be unethical for some individuals to control others' behaviour based on actions that have not occurred. Within the

Situation Table, risk factors identify where harm may occur, and, subsequently, what services are needed. As risk is an unclear term, it is unclear how each service representative comes to understand it and how it compares to harm. Consequently, this project seeks to fill this gap by asking participants how they define acutely elevated risk and how it is different from harm. While risk and collaboration are commonly identified as backbones of the Situation Table model, harm reduction has not been as prominent in research on Situation Tables.

## Harm Reduction

The harm reduction philosophy originated to address drug use (Berridge, 1999); however, it has been expanded to include other activities, such as alcohol abuse (Dunstone et al., 2017), gambling (Tanner, Drawson, Mushquash, Mushquash & Mazmanian, 2017), mental illness (Mancini & Linhorst, 2010), and other behaviours that cause harm. This section begins with the theoretical framework of harm reduction and then gives a brief history of its origin. Following this, its efficacy will be examined through methadone maintenance programs, a safe-injection center, and the Housing First initiative.

Although there is no agreed upon definition of harm reduction (Tammi, 2004), Stockwell (2001) suggests that the three main tenets are as follows: (1) accepting that while the targeted substance or activity will continue in society, its harmful impacts can be reduced without necessarily requiring a decrease in its use; (2) empowering users to minimize the risk of harm; and (3) developing empirical evidence of the net reduction of harm. These tenets will be assumed when referring to harm reduction practices as they provide a thorough definition. Harm reduction seeks to reduce harms for the individual who is suffering and, consequently, for those affected by this harm. Given that individuals are unlikely to stop any harmful activity unless they want to (Stockwell, 2001), the idea behind harm reduction is to reduce individual and societal harms

while allowing choices. In other words, harm reduction philosophy has respect for the choices of the client, and acknowledges that although the harmful activity may not completely end, service providers can work with the client to reduce associated harms. A reduction of harms could look like individuals receiving affordable housing (Tsemberis, Gulcur, & Nakae, 2011), safe-injection kits (Drucker, 2013), safety tips for street-based sex workers (Rekart, 2006), drinking controlled amounts of alcohol (Watts, 2018), or simply referring individuals to community resources or providing health education (Northern Education, 2017).

Harm reduction seeks to empower the individual to take control of their life. Instead of the law or society demanding something from them, they are empowered to make the decisions they deem best for themselves. In this framework, the worker meets the client where they are in their addiction and/or harmful lifestyle. The responsibility of the worker is to ensure the individual is safe and their wishes are respected. In this way, the client has a voice in creating the plan that reduces the harm they are experiencing. For example, if the client wants to continue the use of heroin, they will be given clean needles and other supplies for safer usage (Strike et al., 2013). Now that I have covered the theoretical framework, I now examine harm reduction's history and empirical data.

The harm reduction philosophy originated in Canada around 1969 (Cavalieri & Diane, 2012). That year, the Le Dain Commission inquiry was created to address the large number of individuals being incarcerated for drug-related crimes. The outcome of this inquiry indicated that incarceration for drug crimes is expensive and provides no benefit. Following this, Canada's Drug Strategy increased funding for the treatment and prevention of drug use and associated harms. Unfortunately, harm reduction did not persist in practice. According to the Auditor General of Canada, in 1991, 95% of the federal budget toward illicit drug use went to law

enforcement. Since then, the budget has remained stable with prevention and harm reduction tactics being mostly ignored (Cavalieri & Diane, 2012).

Harm reduction is shown to reduce drug-related deaths associated with previous drug policies. Failed drug policies are the main contributing factor to a third of the estimated 56,000 newly infected individuals with HIV every year in the U.S. (Drucker, Apetrie, Heimer, & Marx, 2007). Drugs are still a large contributor to overdose deaths (Brooks, 2010). For example, there were over 20,000 deaths by overdose in the U.S. in 2010. There is empirical evidence that harm reduction initiatives reduce the use of illicit drugs, improve health, improve social functioning, lower crime rates, and increase cost efficiency (Hunt, 2010). Specifically, methadone maintenance treatment (MMT) programs and safe-injection sites have a long history of empirical support. MMT programs, as well as other forms of opiate substitutions treatment, have been effective at reducing HIV cases for over 100 years (Drucker, 2013).

MMT is a program that dispenses one 'drink' of methadone a day to each client to decrease their craving for opioid consumption (CAMH, 2017). Along with providing methadone, they often provide case management, counselling, medical services, and other psychosocial services. There have been many benefits of MMT programs. For example, Avants, Margolin, Usubiaga and Doebrick, (2004) found an increase in positive behaviours and attitudes related to transmission of HIV when treatment included a harm reduction group. Harm reduction was found to cost-effectively reduce HIV transmission among people who inject drugs when comparing averted HIV cases with MMT operation costs (Xing et al., 2012). Unfortunately, high barriers to services prevent a large population from accessing appropriate services. However, MMT is shown to increase accessibility for stigmatized populations—specifically those who experience stigma and prejudice, social and structural constraints, and homelessness (Smye,

Browne, Varcoe & Josewski, 2011). In addition to reduction of HIV, other benefits of MMT include reduction of pain, depression, emotional distress, and anxiety (Beitel et al., 2014). MMT is just one example of a harm reduction initiative that has demonstrated many benefits.

Another example of harm reduction is safe injection sites. The first safe injection site in Canada, known as *Insite,* opened in Vancouver in 2003 (Vancouver Costal Health, 2017), with more now appearing in Vancouver, Toronto, Montreal, and Ottawa (Hutchinson, 2017). *Insite* exemplifies harm reduction as it aims to decrease adverse health effects, as well as social and economic effects of drug use (Vancouver Costal Health, 2017). Individuals can bring their illicit drugs to this supervised injection site where they receive a safe space along with human supports (Bayoumi & Zaric, 2008). Positive effects in Vancouver have included the following: (1) decreased needle sharing and reuse (Bayorni & Zaric, 2008; Drucker et al., 2007); (2) fewer individuals injecting in public (Drucker et al., 2007); (3) more referrals to additional counseling and other social services (Drucker et al., 2007); (4) decrease of unsafe needle disposal (Drucker et al., 2007); (5) no observed increase in drug-related police reports (Drucker et al., 2007); (6) no apparent increase in individuals who use drugs (Drucker et al., 2007); and (7) increased cost-efficiency and life expectancy (Bayoumi & Zaric, 2008; Commonwealth Department of Health and Ageing of Australia, 2002). Taking into account the number of prevented cases over ten years, the facility has saved an estimated $20,100 for every case of HIV, and $444,500 for hepatitis C (Bayorni & Zaric, 2008). The savings are even greater when they take into account referrals to MMT and the increased use of safe injection practices. Over the ten year period, the estimated number of HIV and Hepatitis C cases prevented was 1517 and 68, respectively.

The final example of harm reduction includes the Housing First initiative, which has appeared in multiple cities (see Houselink, 2016; Tsemberis et al., 2011). With the population of

those without homes being the highest ever documented in New York City, the city initiated one of the first Housing First programs (Tsemberis et al., 2011). This program is low-barrier and follows the harm reduction approach. Their experimental group received housing despite psychiatric symptoms, while the control group received housing contingent on treatment and sobriety. Results indicated that the harm reduction program led to housing being obtained earlier and the clients being stable and feeling they had greater choice (Tsemberis et al., 2011).

## Gaps in Research

This chapter provided descriptions and discussed the efficacy of the fundamental elements of the Situation Table model. Specifically, I examined collaboration, risk, and harm reduction as they all appear to be present in Situation Tables. While collaboration, risk assessment, and harm reduction all have been shown to produce positive results, there is still much we do not know. Specifically, although collaboration has little theoretical reasoning behind its usage in the Situation Table model, it has been shown to be effective at reducing risk. Further, given that risk management and assessment is somewhat controversial and has been shown to have both positive and negative results, it leaves open the question as to whether it is an effective concept in the Situation Table model. Harm reduction is a recent development which has been shown effective at decreasing harms associated with drug use, but is rarely identified as present in the Situation Table model. Thus, in part, this thesis examines if harm reduction should be considered a key element of Situation Tables.

## Theorizing Situation Tables

This thesis suggests that collaboration, risk assessment, and harm reduction may be the fundamental elements of Situation Tables. Specifically, human service representatives identify risk factors that bring a potential client to the Table, where collaboration guides the intervention,

which appears to have many harm reduction characteristics. Collaboration is demonstrated through the strengths of each agency working to reduce risk and harm as their expertise targets specific risks. Risk assessment guides which agencies provide services to the individuals. In addition, the presence of risk determines the duration of the interaction with the client, because after risk is reduced, the case is closed. Situation Tables seem to be guided by the harm reduction mentality in that they let the clients guide the process and empower them to make changes in their own lives. This is reflected in the role of police being focused on safety rather than law enforcement even if illegal activity has taken place (Nilson, 2014). As such, I argue in this thesis that collaboration, risk, and harm reduction are the theoretical underpinnings of Situation Tables. As such, these underpinnings were explored through interviews with Situation Table members in order to determine their presence during the implementation and operation of Situation Tables.

In order to understand where the Situation Table emerged from it is important to examine the broader social context. The community safety and well-being model looks similar to community policing (Somerville, 2009; van Dijk & Crofts, 2017) but is not police-driven. Although community policing does diffuse responsibility from the police to the community (Somerville, 2009; van Dijk & Crofts, 2017), it is more pronounced in the CSWB model as there is more emphasis on community agencies guiding the process. In addition, the CSWB model acknowledges that police are not equipped to handle the growing amount of social disorder calls and mental health related police interactions (Secu, 2013).

In addition to originating from community policing and the changing calls for service, the Situation Table model considers previous models of risk and collaboration that were used to target specific behaviours—such as gun violence and homelessness (Braga, 2008; Prince Albert Police Service, 2009). Ontario has therefore adopted the risk-driven collaborative model from

other geographical areas to address the changing calls for service while building off community policing under the new CSWB framework.

This thesis attempts to build off this CSWB framework by providing qualitative data on how Situation Table participants understand the theoretical underpinnings and practical operation of their Tables. With the limited amount of Situation Table research focusing on individual Table evaluations, this thesis extends the literature by exploring perspectives of participants across a range of Tables.

## Research Questions

Although much research has been conducted on the risk-driven collaborative model in Prince Albert, there has been less research conducted on the recent proliferation of Situation Tables in Ontario. Therefore, this thesis explores how Situation Tables in Ontario have been developed and implemented, paying particular attention to the understandings of those operating the Tables. It is important to examine how these models are implemented and whether they improve the client-worker experience. In this thesis I examine the strengths, weaknesses, and best practices of Situation Tables to better understand how Situation Tables operate.

Therefore, this project answers three research questions:

1. How are Situation Tables understood by participants within the context of community safety and well-being and community policing?
2. What are the theoretical underpinnings behind the implementation and operation of Situation Tables and how are they incorporated into practice?
3. According to Situation Table participants, what are the challenges, successes, and best practices associated with implementing and operating Situation Tables in Ontario?

Answering these questions will help understand where and why Situation Tables originated in Ontario and how that is understood by participants. In addition, examining the theoretical underpinnings can lead to a better understanding of the motivation and intricacies of how Situation Tables operate. Specifically, I will explore the theoretical underpinnings that the participants perceive to be involved. In addition, if harm reduction is identified from participant descriptions of the Situation Table's operational process and nature of client engagement, I will ask additional relevant questions and will compare to other harm reduction practices in order to gain an understanding as to whether harm reduction is involved outside of the participant's preconceptions. I will not limit my analysis to participant opinions as I predict participants may not know a lot about harm reduction as it is not commonly associated with this platform. A dual benefit of exploring theoretical underpinnings is that insight from these participants can help provide a more well-rounded and current definition of collaboration, risk, and harm reduction and illustrate how they are used in a risk-driven collaborative model. By examining challenges, successes, and best practices of Situation Tables, future Situation Tables can benefit from this research. In addition, researchers and policy makers can be informed where future research and policy changes are needed. In order to answer these research questions, I conducted in-depth interviews with Situation Table participants. I explore the specific methods of this thesis in the next chapter.

## Chapter Four: Methodology

As policing is evolving to collaborate with the community more (Hawkes, 2016), there is opportunity to uncover why and how this is occurring. Shedding light on this emerging model can illuminate its strengths and weaknesses, which can make room for improvements and adjustments for our changing society. Although quantitative data will not be acquired to determine efficiency, narratives can be used to justify further quantitative research in this area in the future. Additional research could evaluate the efficiency of harm reduction outside drug use parameters. The goal of this qualitative data collection is to gather in-depth insights from Situation Table participants. This section highlights the methods used to gather, analyze, and interpret data. Specifically, this section begins by describing data collection, including participant demographics, the recruitment process for contacting potential participants, and the interview process. Next, I discuss how the collected data was analyzed.

In order to answer the research questions—namely, how participants understand the emergence of Situation Tables, their theoretical underpinnings, and challenges of implementation—I conducted 18 in-depth interviews, between February and April 2018, with Situation Table participants from across Ontario. Rubin & Rubin (2005) suggest that in-depth interviews are needed when the researcher wants to ask something that cannot be answered briefly, or if answers may need to be expanded or explained. Therefore, in-depth interviews are a useful method to garner comprehensive insight on a topic from participants. As this is the first research to aggregate qualitative information across multiple Situation Tables, it offers an opportunity to generalize prevalent themes across many Tables. This offers the opportunity to explore substantive themes and underpinnings. Given that Situation Tables were located throughout the province of Ontario, it was not feasible to conduct interviews face-to-face.

Instead, telephone interviews were conducted so that the population could be more easily accessed at a lower cost (Opdenakker, 2006).

## Data Collection

### Participant Demographics

As privacy was guaranteed to all participants, no individual identifiable information is presented in this paper. Instead, I only discuss demographics in aggregate form. Of the 18 participants, six were police officers who sat at a Table. One participant was a member of a social service agency that sat at the Table. Six were dedicated coordinators—two being part-time. The remaining five were coordinators whose time was donated by an agency. Ages of participants ranged from 35-70 years, with the median being 45.5 years. Six had college diplomas, seven had bachelor's degrees, and five had master's degrees. The average income for full-time workers was approximately $92,375 (n=13) and for part-time positions was approximately $29,666 (n=3). In regards to income, one participant's answer was omitted and one person was a volunteer. Twelve participants were White, one was Black, one was Métis, one was Portuguese, one was South-East Asian, and two were omitted. The participant's sex was evenly distributed across the sample with nine being male and nine female.

### Recruiting Participants

**Method**. Situation Table coordinators were the targeted sample for this study. However, if they could not be reached or did not want to participate, other Situation Table members were asked to participate. The sample population was exhausted through all known ways of collecting participant information—namely looking online, finding documents with a list of all Tables, asking participants to refer others, asking the Ontario Government to circulate recruitment requests and for Table contact information, and asking a professional in the field to send my recruitment request to potential participants. The intent was to recruit a representative from every

Situation Table, but it was expected that the final sample size would likely be 15-25 people. The final number of participants was large enough to provide a rich body of knowledge. In addition, getting more than 15-25 participants would be unrealistic considering the small amount of potential participants.

More specifically, I used a webpage by The Global Network for Community Safety (2016) to obtain a list of current and emerging Situation Tables. I typed in each city and/or Situation Table name into a Google search bar to scour for coordinator contact information. I often found online newspaper articles that either contained contact information, or names of coordinators, which I then used to continue searching. This often took me to their home agency webpage where I could find contact information. If I could not find contact information, a general e-mail was sent to the coordinator's home agency, with the coordinator being addressed in the message. In the initial contact message, the respondents were asked to forward the e-mail to anyone who may be a more appropriate participant. In addition, after each interview was completed participants were encouraged to forward the e-mail to other potential participants. Furthermore, my request was sent out by a well-known professional in the field, and to members of the Ontario Working Group, to which many coordinators are connected. I emailed a total of 31 email addresses, with fourteen responding to my request. Three more reached out to me due to forwarded e-mails from participants, and one interview resulted from the e-mail to the Ontario Working Group. Eighteen interviews were completed, representing fifteen different Situation Tables.

**Justification.** Purposive sampling was used in this study because the specific goal of the study involved recruiting only a small group of people (i.e., a representative from each Situation Table in Ontario). Guarte and Barrios (2006) suggest that purposive sampling is common in

social science and is used to "yield samples that will give the best estimate of the population parameter of interest" (p. 278). Coordinators were the preferred sample—and therefore were contacted first—because they often have the hands-on experience participating in a Situation Table as well as the knowledge of implementing the collaborative risk-driven model. Although coordinators were the preferred participants as they have insights into participation and implementation of the Situation Table, non-coordinators were encouraged to participate because they also have a lot of knowledge and another perspective of the Table in a non-coordination role. In addition, I wanted to maximize the number of participants in order to gain a substantive understanding of the issue.

The sample size of 18 is satisfactory because I am relying on what Jack and Anderson (2002) say is the goal of a small-scale qualitative study—not relying on generalizability, but focusing on providing rich details. In addition, Malterud, Siersma, and Guassora (2015) propose that purposive sampling requires fewer participants and provides more knowledge to the researcher as it only collects information from relevant experts. Although saturation was not achieved as I received new information in every interview, obvious themes emerged through a high amount of repetition of particular topics. Furthermore, according to Malterud et al.'s (2015) theory, my thesis has a high *information power* in terms of study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy.

## Interviewing

**Method.** In arranging interviews, the participants suggested several days/times that would suit them for an interview. Once a suitable time was arranged, the interview was semi-structured and in-depth consisting of sixteen pre-determined questions (see appendix 1 and 2), as well as additional questions triggered by respondents' answers. The conversations lasted between

10:39 and 45:53 minutes, with the average being 31:10 minutes. In addition to consent obtained via email, verbal consent was obtained at the beginning and confirmed at the end of each interview. The interviewer, with 16 pre-determined questions, guided the interviews. The interview scripts were slightly different depending if the interviewee was a coordinator or non-coordinator. However, both scripts asked similar questions about the reasons the participant got involved, the benefits and challenges of Situation Tables, recommendations for improving Situation Tables, and the perceived difference between risk and harm.

**Justification**. Interviews were guided by what Holstein and Gubrium (1995; 1998) define as active interviewing. That is, I helped activate narrative production rather than simply engaging in dispassionate questioning. For example, I asked questions such as "If you feel comfortable, please provide a narrative of a case that was challenging and/or rewarding" (see appendix 1 and 2) to generate organic data, initiated by the participant. As suggested by Latour (2000), I welcomed being challenged by participants, which can help lead to new theories and ideas being developed. This was demonstrated when participants refused to acknowledge the Situation Table as a form of community policing. Instead, the participants took the CSWB direction, triggering questions in that area. This was done to ensure data collection was as authentic and unbiased as possible. Conducting in-depth interviews offered many positives and few negatives in helping to answer my research questions. The ability to ask specific, in-depth questions one-on-one helps maximize participant detail and encourage unbiased answers (Johnson 2002). This interview method can catch the participants off-guard and allow for their genuine thoughts and opinions to emerge. In addition, the human dimension of this data supplements the individual Situation Table evaluations by attaining first-hand knowledge and insights to bring quantitative evaluations to life. Furthermore, there remains a limitation in research on Situation Tables as

evaluations only examine individual Situation Tables. This thesis seeks to fill this gap by identifying themes found across a range of Situation Tables.

**Data Analysis**

Audio recordings of interviews were transcribed into Word documents. I used a combination of open coding and focused coding in Nvivo 12 Pro to capture the main themes. Focused codes included ‘collaboration’, ‘harm reduction’, ‘risk’, ‘strengths of Situation Tables’, ‘weaknesses of Situation Tables’, ‘community policing’, and ‘CSWB’ in order to answer the specific research questions. During the initial reading of the transcripts, I made many specific codes, including the focused codes and anything that I thought could be relevant. During the next two readings of the transcripts, I rearranged and broadened the codes to establish the final codes that were used in the results section. Final themes are discussed in the following chapter.

# Chapter Five: Findings

This chapter discusses the themes that emerged from the data. While most of the themes that emerged were prompted by questions, the idea that Situation Tables are an alternative to incarceration emerged organically. Specifically, the themes that emerged were the following: (1) what a Situation Table is; (2) police involvement; (3) collaboration; (4) risk; (5) harm reduction; (6) recommendations; (7) challenges; and (8) Situation Tables as an alternative to incarceration. In this chapter, I draw upon participant responses to discuss each theme individually and then elaborate on their impacts in Chapter six.

## The Situation Table

The description of the Situation Table from participants closely matched the literature (Russel & Taylor, 2014). Specifically, participants described Situation Tables as a proactive tool used to mitigate risks of individuals and families through the collaboration of multiple agencies. It is used when all other resources have been exhausted and still nothing is working to reduce the risks for the individual or family. The police are often the primary referrers of cases to the Table as they encounter many vulnerable individuals daily. However, as other agencies become comfortable with the model, their referral rates increase. The client(s) usually have many risk factors—often more than twenty. The intervention often takes the form of a phone call or door-knock in which the selected primary agencies contact the client(s) to offer services. Each Table is unique as they are organized to meet the needs of the individuals around the Table and the city's particular demographic make-up. The Table participants are often described as passionate and having a desire to help others. The coordinators especially believe in the model—exuding passion for the model generally and for specifically providing assistance to vulnerable populations.

> *The main reason...it sounded like a very interesting thing when applying.. it sounded pretty cool. I got into the job and I stayed because it's actually my dream come true. I remember in my first year of college being very interested in community development. Coming to this job I realized I'm in the perfect position to change systems, and it's really happening. On the ground to meet the immediate needs but also to change the system that let them get there in the first place. There's great power in that. (Participant 15).*

The Situation Tables commonly consist of approximately 20-30 agencies. In addition, most Tables have ad hoc or secondary members that are contacted for relevant situations.

> *The front line that deal with situations are 35, plus another 8 or 9 are what we call secondary members.* (Participant 10).

Depending on the size of the community, partners ranged from meeting twice a week, to once a month. Although every Table is different, each one follows the 4-filter model—edited to suit their community. For example, one Table shares identifiable information in their first filter instead of the second filter to gather all the risk factors they can. However, nothing is recorded to ensure no identifiable information leaves the room. Every Situation Table was described in much the same way as they follow all the same rules. In addition, every Table expressed the following two main goals: divert individuals from emergency services and help people by providing short-term risk reduction. These two goals are discussed in more detail below.

**Goals**

The two overarching goals of the Situation Tables identified in the interviews are to divert individuals from emergency services and help people by providing short-term risk reduction. While every participant mentioned the need to help people by connecting them with services, police took a fiscal approach by emphasizing the need to divert individuals from emergency services. Specifically police spoke about diverting individuals from the hospital and reducing repeat calls to police. This fiscal approach reflects the pressure to increase police effectiveness and efficiency (see Public Safety, 2018; Sanders & Langan, 2018). In this way,

policing is developing and changing to increase efficiency. Therefore, both goals are especially prominent for police as they attempt to reduce the need for their services and increase community safety.

> *From a police [officer's] perspective it reduces services—it gets them out of that cycle of recidivism, and it creates a safer community. It sounds like it's a rote response but it does make the community safer.* (Participant 17).

According to participants, the hospital often provides emergency services to individuals in crisis. However, when clients are taken to the hospital for crisis intervention, they are often released very quickly, leading to a revolving door because they are not receiving case management services. Case management services ensure continuing services and adapt to meet the needs of the client.

> *Instead of the revolving door—we deal with a lot of mental health—if we get a call for someone with mental health issues we take them to the hospital and they either get released that day or in a couple days. Then we might get a call the next day for the same occurrence and so we're not accomplishing anything, it's a revolving door. So by having the Situation Table set up, for us if someone is at risk or they need more resources or if there's something we can do for their safety and we can reduce the number of calls then we would take them to the Situation Table.* (Participant 3).

In this way, participants suggest that the goal of the Situation Table is to reduce risk immediately through connecting individuals with long-term services in the hopes of breaking their cycle of harm and service usage. Tangibly, this can divert them from expensive emergency services, while also helping clients by connecting them to appropriate agencies. This model has been shown to be successful in terms of decreasing costs.

> *And our second [evaluation] looked at the impact of emergency department visits and police calls with the Situation Table and showed an interesting decrease in both and therefore dollars saved of about $140,000.* (Participant 12).

The intervention specifically allows the individuals to quickly be connected to services, and provides a fuller picture for the agencies to see more risk factors.

> *The Situation Table allows service providers to expedite service delivery where there is AER. So we can deploy services faster and we can gather all the missing pieces of the Table and fill in the missing pieces of the story to get the full story.* (Participant 9).

In summary, from the perspective of participants in this study, Situation Tables appear to accomplish their goals of diverting individuals from emergency services (i.e. ambulance, hospital, and extended police involvement) by using agency members to address individual risk factors. Addressing these risk factors decreases the potential harm that may happen in the future.

## Situation Tables, Community Policing, and CSWB

Participants did not say anything negative about police interaction or involvement with the Tables. Police agencies were frequently involved in the start-up of the Table, but did not take on the main role at the Table. Rather, agency members or third parties were often the Situation Table coordinators. Participants described police as creative, supportive, and a driving force.

> *So from the outset the police were instrumental in bringing it to our community, they were strong partners, their officers are at every table, they bring a lot of situations to the table. They are responsible, helpful, creative. They've enabled us to train new recruits, so they help us do a mock table. They have been key partners.* (Participant 12).

Similarly to how community policing came to exist (Russell & Taylor, 2014), proponents of Situation Tables acknowledge that police are not equipped to handle the new emerging social disorder. These new calls frequently involve persons with mental illness or people who are causing a public nuisance but are not criminal in nature (Russel & Taylor, 2014; Secu, 2013). Specifically, other agencies recognize that the police do not have the tools to handle these calls.

> *Police aren't necessarily best-suited to doing triaging and case conferences, case managing, outside of police and justice sector.* (Participant 5).

In addition, the police participants in this study themselves recognize that they do not have the tools to deal with these new types of calls. Therefore, from the participants' perspectives, the

Situation Table is a new tool in their toolbox and allows these clients to be connected with crisis intervention and case management.

> *For police service we're in a fairly neat position because we regularly come into contact with people who are in vulnerable positions especially mental health crisis and drug issues along with other issues involving housing and social disorder, but we don't necessarily have the tools to assist that person to the best of our ability. So the Situation Table is an opportunity to work collaboratively with agencies in the community to place those people with those who are most adept at helping them.* (Participant 8).

Although there are clear similarities between the emergence of community policing and Situation Tables, community policing is the precursor to the CSWB and community mobilization and engagement frameworks that umbrella Situation Tables. This is demonstrated by a few participants acknowledging that the Situation Table model may stem from community policing, but it is a new, distinct model.

> *…ours is the community mobilization and engagement model for us. And the different ministries are now talking about collaborative risk-driven safety to take on that holistic approach to community issues. So you go back to the basic problem where it's a community policing model and it does fall in that but the reality is that the police being the catchment of the gaps and services. It's us [police] leading and identifying to the greater community agencies the need to push back issues to them so we can all work together to identify the gaps and system issues.* (Participant 10).

While no one directly said it is *not* community policing, it does not appear to be a direct fit. When specifically asked if community policing was involved, one participant said:

> *It's more of a collaboration. It's more about getting different perspectives on a situation*. (Participant 1).

Specifically, participants frequently said it is a part of the CSWB and community mobilization and engagement models, as mentioned earlier in this thesis. While these both involve police collaborating with other agencies, they are different than community policing as they are not police-driven. Therefore, Situation Tables have police involvement, but are community-driven.

> *We created a CSWB plan, so we had those people under the 4 pillars already in place. So we used that as a spring board for the Situation Table model. So we had these networks of communication and partners and this organization trust in place.* (Participant 17).

In summary, the Situation Table model appears to stem from collaboration, which is indicative of community policing, but specifically belongs to CSWB and community engagement. According to participants, although this is not a distinct form of community policing, it is clear that police have been a main driving force in the implementation of the CSWB framework. Now that I have explained what the Situation Table looks like in practice according to participants, I will now explore the participants' perceptions of collaboration, risk, and harm reduction within the Situation Table paradigm.

## Collaboration

There were no specific questions pertaining to collaboration in my interview script as I predicted it would organically originate from the participants—being more genuine than asking specific questions about it. Overall, the participants alluded to the Situation Table as the ideal template for collaboration to take place. Thus, the Situation Table is an illustrative example of collaboration. That being said, the participants realize that when multiple people work together, there will always be challenges. This section begins by exploring participant perceptions of how the Situation Table model uses collaboration, and then describes its benefits and challenges.

### Collaboration in the Situation Table

Every participant discussed collaboration as essential to the Situation Table. The specific subthemes this section explores include collaboration as a game-changer, what collaboration looks like, the goals of collaboration, and collaboration outside the Table. In some communities, this type of collaboration is new and a 'game-changer' in that it breaks the previous silos between community agencies.

> *[Situation Tables] are a way for community partners to collaborate and reduce the risk for those experiencing elevated risk. That really hasn't happened before… We sit in the same room together—talking and learning about each other, developing informal ways of communication that didn't happen before because of the silos.* (Participant 10).

While in other communities (usually small/rural ones), participants claim that collaboration had previously existed. However, there was a consensus that the Situation Table model creates tighter, more professional collaboration, whether it had previously existed or not.

Despite the lack of agreement as to whether collaboration within social services is a game-changer or not, all participants discussed collaboration in a positive way. Participants articulated that in the Situation Table model, collaboration involves face-to-face contact between two or more agencies in an environment of trust, respect, creativity, and genuine caring.

> *Trusting and respecting each other at the table, expecting everyone to come and be creative and collaborative. And so I think the partners at the table need to come with an open mind, and be really prepared to engage in this. And when everyone participates and has a say we end up with a model that really reflects our community and enables everyone to trust the process. And then I think to come with your best creative hat one—that is one of the pieces that has been astounding. How creative and outside-of-the-box thinking has been happening with our partners. They have come up with a variety of different ways to engage someone. One of our partners around the table said that it just feels good to sit in a room and know that we are looking at something the same way, and we're going to work on it together.* (Participant 12).

The end goal of collaboration is to reduce risk factors of vulnerable populations. In this way, risk and collaboration cannot be separated in this model.

> *So this process allows us to actually work together and to collaborate in situations where risk may happen if we don't work together.* (Participant 1).

This explains why this model is frequently referred to as the 'risk-driven, collaborative model'. I will discuss risk further in the next section.

According to participants, collaboration created strong, trusting relationships. These relationships could not be rushed or forced—they took time and effort to create and maintain. Although no one mentioned a screening process for agency representatives, those who do not

fully agree or engage with the model usually stop coming. In this way, only those who fully believe in the model participate in it—increasing efficacy. One of the huge benefits of this model is that collaboration not only takes place in the Table setting, but also outside of the formal setting.

> *What that evaluation showed is that it's enabled partners to have a high degree of trust in one another, and the ability to collaborate much more effectively and proactively outside of the table. And in fact, that has been so significant that as of January 2016 we started to informally ask how many situations had been mitigated away from the table using the table resources. And we're over 100 situations that had not even come to the table and were able to be dealt with because of the relationships the partners have to each other.* (Participant 12).

In this way, it is difficult to evaluate the impacts of the Situation Table because they have increased the efficiency of the agencies outside the Table. The participants view collaboration as so valuable that even when there were not any new cases brought forward, the participants still wanted to meet. Although some Tables would meet with no new cases to discuss, they decided to continue meeting as frequently because they want to build relationships with the other participants.

**Perceived Benefits and Challenges of Collaboration**

There were many mentioned benefits of collaboration. The benefits that I will discuss include the following: (1) the Situation Table as an additional tool, (2) providing a fuller picture of the client, (3) increasing quality and number of relationships, and (4) working on larger issues within the system. Following this, the challenges of collaboration I will discuss are having the wrong members at the Table and difficulty reaching a consensus.

**Benefits.** One of the biggest benefits of collaboration identified by interviewees is that it acts as an additional tool for police when they cannot handle a situation alone. In addition, it is another option for other front-line workers when they cannot help the client. The option to

collaborate with other agencies disperses the responsibility to more individuals, making it more manageable to help the client.

Another large benefit of collaboration that nearly every participant mentioned is the increased knowledge of and rapport with other agencies.

> *I think it's changed the way we do things for sure. As well, our front line officers are aware of the initiatives. So they refer people to me, and I don't know if you know the world of policing. But it's difficult to just connect people with resources because historically agencies work in silos. Be it policing, counseling, outreach… they operate in individual silos. But we've really done a great job increasing awareness about what the Situation Table can do.* (Participant 17)

The agencies come to the Table as a team. This has been a paradigm shift for some organizations, in that they put their mandates aside and work within the Situation Table context. It is not about who is right or wrong; it is about helping the individual(s) at risk. In addition, participants said that the Table meetings provide a fuller picture of clients because collaboration requires all knowledge of the individual to be shared. This allows the agencies to address a more extensive list of risk factors.

> *And they may end up at the hospital. And that collateral table then details everyone else involved and all the risks we saw at the table. So what that does is avoids the situation where if someone arrives at the table and presents very well and is then released, where that whole story isn't presented. So that's been a game changer. And the collaboration between police, hospital, and our Canadian mental health association has really been enhanced by that piece.* (Participant 12)

The Situation Table meetings build and cultivate relationships between agency members. This allows for better access to services that may not have been available before. For example, meeting face-to-face cultivates relationships and knowledge of services giving agencies phone numbers to call when referring a client. Instead of playing phone or e-mail tag with someone who they do not know, they can leverage these existing relationships to quickly connect new clients.

The final benefit that was repeatedly mentioned is the ability to work on larger issues within the system. According to participants the Situation Table allows for not only systemic community issues to be identified, but also for gaps in services to be identified. This creates the opportunity to fill these gaps and learn from other communities.

> *Because it's actually organizing all community groups—police being included—to work together on the larger issues within the system. Because we're able to, especially with the risk tracking database, is gonna form higher level Ministry planning and agency planning, managers planning, and front line levels. So each of those levels know what's really going on in the community. So the game-changer for me is really having access to data and information that we never had before. Because everything's gonna be evidence-based in terms of applications of dollars for service.* (Participant 10).

**Challenges.** Even though there are many benefits and praise for the use of collaboration in the Situation Table model, it is not without its issues. Challenges include having the wrong members at the Table and difficulty coming to a consensus. Although challenges were acknowledged, they were not emphasized or dwelled on. Members that do not fit well with the Table usually stop coming on their own. However, before they stop attending, they may do some damage.

> *At one Situation Table, their first police officer who was very supportive of bringing situations to the Table was reassigned, and the next officer was not as interested in promoting this and the Table almost collapsed.* (Participant 1).

In this way, having the wrong members can be very detrimental to the Table. This can be a challenge as the coordinators do not control what representatives are at the Table. In addition, if the wrong members are at the Table it may be difficult to see things the same way and ultimately come to a consensus.

> *In some ways it makes it hard to get everyone on the same page. It can be hard but also very exciting.* (Participant 1).

Although collaboration can sometimes be a challenging process, the benefits appear to exceed the challenges. In addition, the challenges were identified as frequently overcome through

experience and relationship building. Given that collaboration is used specifically to reduce risk, risk was also a major theme that emerged from the data.

## Risk

Risk was mainly only referred to in terms of risk factors. Extracted from participant responses, risk factors are used to direct services as they indicate where harm may occur. The more common term that participants used was *acutely elevated risk* (AER), which plays an important role at the Table and is defined slightly differently by each participant. Within the literature, AER is defined as a multitude of risk factors that create the potential for imminent harm to occur (Nilson, 2016; Russell, 2016). The general consensus of the participants in this thesis is that AER is a multitude of risk factors causing someone to be on the brink of crisis or harm, requiring the services of two or more agencies. If an intervention does not take place, imminent harm will occur.

> *Our threshold for AER is when someone is kind of on the brink of harm. To come to our table AER needs to involve multiple risk factors, more than one thing going on, exceed a single agencies mandate to help the person. Require a multi-agency approach.* (Participant 13).

However, participant perspectives differed when referring to chronic cases, with some saying chronic cases could not be considered AER and others considering AER was met if risk levels were higher than baseline. Although AER was described in the participants' own words and were all unique, they all captured the essence of how it was defined by Nilson (2016) and Russell (2016). AER is better understood using an example:

> *It was a family, the focus on a young male aged between 6-11. The triggering events that occurred is that he had shot someone with a BB gun because he wanted them to feel like what it was like to get shot. So violence was going on. He has poor parenting, negative peers, victim of sexual violence, perpetuated sexual violence on someone else. He has threatened and assaulted other young people. Numerous calls to his home for violence*

> *and/or family trouble. His mother and older sister are in the sex trade and into drugs. Potential drug use in the home. Middle sister self-harms. Dads at his wit's end. He has some past issues himself…* (Participant 10).

In the case above, some of the identified risk factors include poor parenting, negative peers, being the victim and perpetrator of sexual violence, assault, and having multiple visits by the police. This case illustrates how complex and unique every case can be.

When it comes to chronic AER, some participants differ in responses. One said that if the person were chronically experiencing AER then they would not be accepted to the Situation Table.

> *If someone comes up and it's a chronic issue they will often get denied as AER.* (Participant 4).

They get denied because the Situation Table's goal is to reduce risk when it is higher than usual. If risk is always heightened to the point of AER, then there is no distinguishable increase in risk—creating an ineligibility. However, if the individual chronically experiences AER, but experiences a higher level of risk than usual, the Table may offer them services. When I asked another participant if they stayed away from the chronic cases, they answered:

> *I would say not necessarily, because sometimes the chronic cases even though you're dealing with people who are always going to struggle, sometimes their struggles become acute. So for example, there's an individual whose behaviour kinda changes with the weather. There's some paranoia stuff that goes on, and he spikes at certain times of the year. So he can be fairly stable for most of the year, but you know he's going to spike, and when he does he becomes quite a nuisance in the community. So that raises issues of risk and harm and all of those things. So he's chronic but he keeps coming back, because sometimes he gets into trouble so yeah it kinda depends on the case.* (Participant 13).

Therefore, different Situation Tables have different rules when it comes to chronic AER. Some Tables are willing to reduce higher than normal risk even if the client is always experiencing AER, while others require a 'normal' risk baseline in order to accept a client.

According to participants, the goal of using risk to guide an intervention is to stop the cycle of harm. Risk factors help accomplish this by shedding light on areas in individuals' lives that require services to reduce the risk and harm. Before this model existed, police could enter a home and not have any tools to address the risks and harms occurring—creating a situation where police knew they would see the family again, but were powerless to provide assistance. Now that the Situation Table exists, this risk can be identified in a holistic way. In addition, it creates a road map for what services are offered to the individuals—streamlining the process.

> *The other side obviously of the game-changer the simplest example I use selling this is 25 years ago when I was in a home, the parents addicted to drugs, child was sitting on the floor, it was a domestic, and all we could do was call CAS. And in most cases they end up back in the home. Without the Situation Table I would know I would see the kid in 15 years. So we can predict the risk factors, and prevent these things from happening by putting the right services in at the right time.* (Participant 10).

The only difficulty mentioned when dealing with risk factors was that agencies have a different threshold for what AER is—especially early on. Once every participant becomes comfortable with the same threshold, this problem is reduced or eliminated.

From interviewee perspectives, the identified risk factors direct the intervention. At the end of the Situation Table meeting, after all relevant information is shared about the individual, the most relevant agencies connect and create a plan of action that involves speaking with the client within 24-48 hours. This often results in a phone call or door-knock where all relevant agencies speak to the individual to offer customized services that target the identified risk factors. The mentality during the entire process, especially during the door-knock, could be viewed as harm reduction.

## Harm Reduction

As noted, this paper is interested in understanding the extent to which Situation Tables can be seen as a harm reduction initiative. This goal is achieved by comparing the Situation

Table to Stockwell's (2001) tenets of harm reduction. Namely, the three tenets are to reduce harmful impacts while respecting client's choices, empower clients to minimize their risk of harm, and record empirical reduction of harm. This section seeks to apply the data from the interviews to Stockwell's (2001) tenets of harm reduction. Overall, harm reduction appears to be present in Situation Tables. Three participants explicitly stated that harm reduction is present in this model.

> *This is an excellent example of harm reduction*. (Participant 11).

Other participants did not explicitly associate the model with harm reduction, but said things that alluded to harm reduction.

> *So the harm is the outcome and you're trying to mitigate the intensity of the outcome, whatever the harm potential is.* (Participant 5).

**Tenet 1: Respecting the Client's Choices**

According to participant responses, the Situation Table model does fall under Stockwell's (2001) tenets of harm reduction. The agency members accept the choice of the clients—allowing them to make their own choices but offering potential solutions to better their situation. This idea falls under Stockwell's (2001) first tenet; namely, reducing harmful impacts while respecting client's choices. These caring participants genuinely want to help the individuals experiencing AER. Therefore, it can be frustrating when they feel as though there is nothing they can do. However, this is a consequence of allowing the clients to make their own choices and allowing them to guide the process.

> *We can do everything effectively, develop strategies but if they chose not to engage there's nothing in place to compel them. And even if you were to compel them you may not get the desired result because a person has to recognize their situation and accept the help being offered to them.* (Participant 8).

Along with this, the harm reduction mentality is evident in the idea that police do not take a law enforcement stance when first encountering the individual on the streets and during the

door-knock. Police officers emphasized that during the door-knock they try to appear as unintimidating as possible to create a warm atmosphere.

> *Another thing someone said is that when I show up at a door in my uniform I get the same kinda response, but when I show up with two other people, I have a team and the response is different. I say I brought some people who I think could really help you. So it's that mindset—working collaboratively together. Together you're better.* (Participant 12).

**Tenet 2: Empowering Individuals**

Specifically at the 'door-knock', the tenets of harm reduction were articulated by participants (usually unknowingly). Clients are not forced to stop any activity, as police are mainly there for safety rather than law enforcement.

> *We brought food from the food distribution. I was going there for safety concerns for mom, sister, and drug activity. I went in plain clothes with a uniform officer nearby. Police had been there countless times—negative interactions—looking for sister and mother. So when I came in the stress level in the house was very high so I talked them down, saying I wasn't there to arrest anyone or take the kid away. We recognize there's a lot of things going on in your life right now and we're here to offer help. And so within a few minutes we had him feeling better about us being there. They agreed to take the food which broke the ice in terms of talking, providing basic needs.* (Participant 10).

Instead of clients being forced to stop any activity, they are empowered to make their own choices by offering relevant services and letting the client pick what service they are interested in—if any.

> *But after a brief introduction to [our Situation Table] the most trusted provider with the best relationship was invited inside and stayed inside for 20 minutes and 3 cigarettes. They were able to process through then directed to the team in terms of who she wanted to invite in which turned out being everyone. She listened to them piece by piece to what each agency could provide and she provided her story to direct what she was interested in. What her situation and story was and what would be helpful. So within an hour with the woman she had gone through a full CMHA [Canadian Mental Health Association] intake, she was connected to addiction support, and through a social services screen for enhanced OW [Ontario Works] benefits. She didn't have a telephone which would enable her to connect with another service. So victim services arranged for her to get a*

> *telephone because they have access to that. We have the outreach to get to an appointment. I'll meet you here at two tomorrow to go to the agency for an intake. So between everything they came up with a plan and gave her the resources she was asking for.* (Participant 7).

In this way, the agencies give the client choices and empower them to decide what services they want. It is not an ultimatum—if the client does not accept any services, no police action in pursued.

### Tenet 3: Recording Empirical Reduction of Harm

The final tenet, recording empirical reduction of harm, is followed to some extent. Instead of recording the level of harm at the beginning of the process, risk factors are listed. When the client is no longer experiencing AER, the case is closed—indicating that harm or potential harm has been decreased. The closing of a case is indicative of harm being reduced, but no specific empirical measures are in place to support this. Several participants noted that there is a gap in the Situation Table after cases have been closed. After AER is decreased, contact is ended and they do not record specifically what risks have been decreased and what is still present or what services they have been connected with.

### Harm versus Risk

Many participants struggled with identifying the difference between risk and harm. However, from a variety of answers, risk was described as the precursor to harm. Risk involves factors that could lead to harm. Nevertheless, in many situations harm is already occurring. Therefore, harm and risk are often intertwined—although the explicit goal is to reduce risk, harm is actually reduced in practice. That is to say, a reduction of harm could truly be the goal of Situation Tables.

> *So the difference is that harms are the result of the risk. So the harm is the outcome and you're trying to mitigate the intensity of the outcome, whatever the harm potential is*. (Participant 5).

## Challenges

As this is a new program, there are many challenges that have not yet been solved. Despite the many challenges, every participant was still eager to comment on what a great model it is.

> *Overall, the experience with this project has been incredibly positive, and there is a lot of support for it from the agencies and our municipal council and Police Services Board. And it's been a great experience and has opened a lot of opportunities for people to work together. So I highly recommend it.* (Participant 13).

Nevertheless, the specific barriers and challenges according to these participants were the following: (1) Buy-in/commitment; (2) knowledge; (3) resources; and (4) privacy. Each of these challenges will be discussed in detail below.

### Buy-in/commitment

Because this is a new model, according to participants it can be difficult to attain buy-in from potential agency representatives—especially larger agencies that have large structures in place. Agencies are accustomed to working in silos, making it difficult to start collaborating.

> *And the challenge is getting buy-in for it. People are so use to working in silos and working the way they have over years. Change is very very hard for people. And I think that it's easier for smaller organizations to embrace that change and want something new. Larger organizations that have bureaucracy and hierarchy and processes and accountability, it's very very hard to get them engaged the way they need to be and can be.* (Participant 15).

Commitment at the agency level was also a challenge. Participants mentioned that agencies commonly do not have the resources to support an agency member attending the Situation Table for every meeting. A participant suggested that there needs to be some flexibility and commitment at the agency level in order for this model to be successful.

> *And the next thing is commitment. Stretching your mandate, having the ability to, at the executive of manager level, allowing your staff to do that. Mandate stretch can be a challenge at times, and that includes the hours of operation. Sometimes it may not be convenient for the agencies to do an intervention outside the hours of operations, but the reality is you may need to base it on when and where you're looking for the people involved in the situation.* (Participant 10).

Most participants noted at least one agency that they wanted at the Table that did not attend or did not attend enough. The following agencies were commonly noted by participants as exhibiting little commitment or had not been approached yet to participate in the Table: (1) probation; (2) indigenous services; (3) LGBTQ services; (4) victim services; (5) Ontario disability; (6) school boards; (7) hospitals (specifically for mental health and youth); (8) health centers; (9) shelters; (10) legal clinics; (11) child welfare; (12) military police; (13) children's mental health; and (14) outer city police services. School boards and hospitals were the most frequently mentioned as absent from the Table, but are considered necessary key players. Participants suggested several reasons why agencies may not be committing to a Table.

> *So they have conflicting times or events around that so they're not able to come. Other …[agencies feel they are] already connected with services so they don't feel they need another forum to do that. Then there's always the possibility that they feel that someone else at the table is duplicating their services and they don't want to be there because of that.* (Participant 4).

This indicates that currently there are large organizational key players that are not buying in to the Situation Table model. Other reasons that participants mentioned for the shortage of commitment include lack of resources and knowledge.

**Knowledge**

With the Situation Table itself receiving such high praise from every participant, it is unfortunate that they also spoke about this model's lack of knowledge from a variety of facets, including the public, agency members, and even potential coordinators. This challenge was echoed by many participants to varying degrees. For example, participant two stated:

> *I'm not sure we fully understood the model. And the presentation it felt very police focused and we didn't get to see the collaborative nature of what was happening in Prince Albert.* (Participant 2).

Of course, as time goes on, interviewees suggested that coordinators and other participants gain considerable knowledge about the Situation Table. However, even after a Situation Table has been established for years there remains limited knowledge about it within the community. As this is a new model without a lot of promoting, agency leadership does not always know about Tables. If leadership does not have the knowledge, they cannot buy-in. This makes it difficult to gain support from them, and consequently, front-line staff.

> *Getting word out is a big one—on a number of different levels. I think it's going to take a lot of work and letting people know about them. I think at the front lines it's important to let people know what can be done but also at the senior leadership level of organizations there needs to be an awareness that we can do some things different or at least work together in different ways.* (Participant 1).

Even after individuals are involved with the Situation Table, they sometimes struggle with understanding the process. The 4-filter process is unique to this model and takes time to learn. Therefore, respondents suggested there is a learning curve for new members.

However, participants claim that many of these problems were remedied quickly following the learning process. Everyone has to be on the same page for the Situation Table to be effective. In addition to potential participants, if front-line human service workers do not know about Situation Tables, there will not be many referrals. Consequently, individuals who could benefit from this process may not be reached. Therefore, interviewees suggest that front-line staff must be informed and know how to refer clients to the Table.

> *We know there are people out there that could use it. It's a matter of getting the agencies to refer them to the table. They need to be aware of this; it is an option to bring it forward. Every so often we send out an email asking if someone could be referred to the table. Who out there is a pain in the butt, who could we get help for? Officers need to know that this is a possibility. Get the referrals in.* (Participant 3).

If front-line staff do not know about Situation Tables or how to refer participants, the effectiveness of Tables will probably be much lower. In addition to lack of knowledge, another large problem for Situation Tables was the lack of resources.

**Resources**

Many coordinators reported receiving very little funding or sometimes none at all. For example, participant 17 bluntly stated "We had no funding" to start the Table. Other communities reported receiving small amounts of funding through a variety of different methods.

> *We had a lot of help from [the] County social services and they provided us a contact person who does our data although now we're rotating the data so other agencies are helping out with that under the old data tracking model. And they did forms for us and they provided some printing at social services for some fliers and that kinda thing. And we did get a bit of support from United Way, in kind, not in money, but in kind. They paid for some of the training 3 years ago and um so in that sense we got a little bit of help from some agencies, but certainly no major financial contributions.* (Participant 6).

In addition to money, training was another scarce resource for these participants. Many Situation Tables—specifically from small communities—struggled with attaining proper training and funding. Some received brief training with coordinators of nearby Tables. Participants claim that the Situation Table is not only under-resourced itself, but the issue is compounded by agencies experiencing the lack of resources as well.

> *And so we have a couple of agencies that we would like to have at the table—we've spent a couple of years trying to get them there but it's just not working. They're under-resourced and understaffed so they feel like they can't participate in it at all.* (Participant 6).

In addition, complete sectors in cities are under-resourced. Affordable housing and children's mental health were commonly cited as under-resourced.

> *So one of the drawbacks we've had is addictions and mental health has a waiting list. We don't have children mental health at the table but they have a nine month waiting list. So we've had issues with agency directors about the fact that if we determine someone is*

> *AER they do need to be seen right away, but the issue is what do we do after that? Do they bump someone else who has been on the list for seven or eight months or what? So we really feel strongly that this area is under resourced and has been for a long time. So hopefully we can gather the stats and make that public over time.* (Participant 6).

Therefore, if participants are correct, lack of funding is not only reflected in Situation Tables, but also in agencies and in entire sectors within communities. The underfunding at the sectoral level negatively impacts the Situation Table in two ways—not having the resources to dedicate a representative to sit at a Table, and having gaps in services that create situations of AER. Ironically, if funding was increased for specific sectors that have a lot of gaps, the Situation Table would be more effective, but not as needed.

**Privacy**

Privacy is another common challenge in Situation Tables—in the literature (Russel & Taylor, 2015) and from the interviewees in this study. However, participants observed that knowledge and confidence in the process quickly overcame the privacy difficulties. Therefore, privacy does not appear to be a significant long-term hindrance.

> *So challenges are—obviously that we've overcome—are people having concern with information concerning the various privacy Acts that are in their agency. But their worry can be stopped by understanding what the privacy commission review of all we do, and taking on the recommendations for how they say we should run a Situation Table. So privacy is the very first consideration for someone taking on a Situation Table. Oh I can't help, I can't participate until I get answers. So there's one challenge.* (Participant 10).

According to interviewees, privacy is a concern because participants have to consider their home agency privacy protocols, while following the 4-filter process of the Situation Table model. However, it seems to be easily overcome by gaining comfort with the process. While there was a lot of concern with privacy, no Table said that there was ever a complaint or problem with a breach of privacy or confidentiality.

> *For some partners, as we worked through all the privacy piece, we didn't all start at the*

> *same place. So as we worked through the guidelines that came from the information guidelines commissioner. And we did a region wide training. That comfort level has been enhanced, it's no longer an issue. We're in full compliance of all the IPC [Information and Privacy Commission] guidelines. All of our documents, forms, and processes reflect that.* (Participant 12).

In this way, privacy is a large barrier to the start-up of a Table because participants and agencies have concerns around breaching privacy, preventing them from getting involved. However, after hearing from participants who have been involved for years, it is evident that privacy challenges dissipate quickly and is not a major concern in the end. Now that the challenges and barriers have been discussed, I outline the recommendations given by the participants.

## Recommendations

This section summarizes recommendations for improving Situation Tables that emerged from the participants in this study. While the participants had many recommendations, the one overarching piece of advice that every Situation Table member should consider is that each region and Situation Table are unique. Therefore, the following recommendations cannot be applied to every Table. This section is more a list of ideas to consider and that could potentially ignite new ideas that other Situation Tables should reflect on.

> *All I would say is for the people who are out there, yeah there is a model for what is required for a Situation Table but it's just a blueprint, it might not work for you. Cause each individual area is different. So you have to know what you have and what will work for you. So Situation Tables are very fluid, it's not a ridged structure. Make it work for what you want.* (Participant 3).

The participant recommendations that this section focuses on include: (1) Situation Table preparation; (2) relationships; (3) training; (4) funding; and (5) focusing on the bigger picture.

### Situation Table Preparation

Although findings were mixed as to whether participants should just jump in and learn as they go, or if a plan should be put in place first, I discuss both sides of the argument for future

participants and coordinators to decide which works best for them and their circumstances. When it comes to coordinators, many emphasized the need to just jump in and learn as you go.

> *You can really simply get in it and get it going then figure the rest out as you go.* (Participant 12).

While others emphasized having to put a plan in place before starting.

> *Don't just jump in… put a structure in place first.* (Participant 11).

Although two participants said to put a structure in place first, most said to just jump in and figure out the details of it later. However, this also depends on the size of the communities and Situation Table, as well as the work style of the coordinator(s). For larger communities with more Situation Tables, there may be more merit in creating structures first due to the complicated nature of the project. Whereas, if the coordinator is overseeing one Table in a community with a history of collaboration, it may be better to leverage relationships to get started and create the procedures in the process.

When it comes to participants of the Situation Table, a participant suggested they should always jump in and attend a meeting. Attending a meeting does not indicate a commitment to attend regularly. One participant suggested going to at least one meeting and seeing if it suits them. In addition, participants do not have to be sure if a case meets AER to refer it. If it does not meet AER it can still be discussed outside the formal structure.

> *It's also helpful for everyone internally to know that they don't need to be 100% sure if it's an acutely elevated risk. You can run it by me in a de-identified way and I will give my opinions but there's no harm in presenting a de-identified case at the table. And at the Table even if it doesn't meet the threshold for risk we say okay so what are the next steps for this person who presented.* (Participant 7).

Overall, according to the participants in this study, participants should always just jump in, while coordinators should decide if it is better to put a plan in place or leverage existing relationships to implement the Situation Table.

**Relationships**

Because relationships are vital to collaboration, and collaboration is an important element of Situation Tables, relationships are significant to starting and maintaining an effective Table. Consequently, participants frequently mentioned relationship quality as vital to efficacy. In this section, I discuss participant perspectives on relationship building and the use of community champions. When done effectively, the Situation Table can take-off and flourish on its own.

Many participants suggested that the collaboration process only works if the leader(s) of the Situation Table has good relationships with the members.

> *My tips would be the relationship management is the probably the most important part of the job. Being able to build relationships and journey through change. Because you can invent all the policies and operations that you want but if people don't have the buy-in to you as a leader and don't have the relationship to buy-in to the vision that you cast then nothing will work.* (Participant 15).

Similarly, participants suggested that finding passionate champions who know community resources, are creative, and have high emotional intelligence can drive the model forward. The coordinators are often from the community and have a multitude of connections and knowledge of the community. These champions can leverage their existing relationships to build a cohesive team.

> *You have to seek out champions in the community that will advocate for the Situation Table model. We were fortunate that we had champions emerge that were managers and they were part of the steering committee, before we started the Situation Table.*
>
> (Participant 17).

One participant added that these champions should be part of the steering committee. The steering committee is in place to drive the model forward. It should focus on relationships, as well as the administration of the model.

> *And that's what I recommend—to start a steering committee. You don't want to be too administratively heavy. That's a balance you have to achieve. But you need to have a structure to move, and champions to move things forward.* (Participant 17).

If the community has worked in silos, it may not have many relationships formed between agencies. In this case, participants suggest that it is especially important to go out and speak with all agencies that you deem vital to the Table. The process needs to be explained to them, especially privacy, which can help create a comfortable environment for them to join.

> *So basically, the two of us went around and met with the executive directors and higher ups as we could and told them about the privacy legislation and how the table worked. So there were initial meetings when he brought the groups together to talk about the concept but once we knew who wanted to be involved we did the 1 on 1 meeting with them which was very effective. Hearing it from him, the attachment commander was good because it showed that sort of endorsement for it.* (Participant 13).

Although relationship management is extremely important, relationships cannot be rushed. Relationships require effort to naturally cultivate at their own rate. This is a slow process, but it is the only way to do it effectively.

> *…you can't rush the relationships. I think that if there is a mistake that people make is that they sometimes feel like they can push more outcomes ahead of the relationships. And it's the process that builds the relationships.* (Participant 5).

Many interviewees said that regular communication with the agencies is important—even the ad hoc ones. Ad hoc members are agencies that are involved in the Table but only attend or respond if contacted for a relevant case. In addition, it is important for participants to have positive relationships with each other. The partners at the Table should not expect to be wallflowers at the meetings but instead need to come with an open mind and be ready to be creative and collaborative.

> *Trusting and respecting each other at the table, expecting everyone to come and be creative and collaborative. And so I think the partners at the table need to come with an open mind, and be really prepared to engage in this.* (Participant 12).

Participant nine emphasizes how important it is for the agency members to engage in the model.

> *For me one of them would be not having the right players or personalities at the table. If you don't have someone willing to stretch, step out of their comfort zone, take on a little bit more work, or is passionate about their work, who is not comfortable being in people homes, or someone who doesn't have a good sense of emotional intelligence, where me, someone who can't be with someone who can't carry their tone in difficult situations, can't acknowledge the difficulty of having strangers come to your home. Just someone just good emotional intelligence is probably one of the most important key factors in having someone be nominated for the hub.* (Participant 9).

The participants implied that collaboration could not happen without effective relationships. Therefore, it is very important to build a strong, cohesive team to start-up and maintain a successful Situation Table.

**Training**

When asked for recommendations for future coordinators, most coordinators mentioned training in some respect, but there were a range of different suggestions. The subthemes I will discuss in this section include the following: (1) having an external coordinator; (2) if training is necessary; (3) training from other Tables; (4) data collection; (5) the community of practice; and (6) funding.

According to coordinators, it is beneficial to have someone dedicated to coordination, giving them proper time to do it not *off the side of their desk*, which frequently happens when an agency member is the coordinator.

> *I think something important is that, this model can be a very low-cost effective model, but one of the tricky things comes from the coordination, and it's effective to have a stand-alone impartial person to oversee the nitty-gritty of it. And I know it can be a part time position depending on the community. If they're meeting a couple times a week it might be harder. Some tables have struggled when there's a rep from an agency who is tasked with chairing the Tables and keeping things going because it gets shoved to the side of a desk.* (Participant 13).

However, some suggested that it is not necessary to pay an external coordinator to do the work.

Specifically, if the community is small and does not need a lot of effort to start-up as there is already many relationships built, a coordinator for the Situation Table could emerge from a social service agency. However, this is risky because they may end up working off the side of their desk, without enough time to complete both roles effectively. In a larger community with frequent meetings, it is important to have an independent coordinator that can dedicate their time to collecting funding, coordinating training, liaising with agencies and participants, and completing any other duties. However, participant 10 suggests that training is not always necessary, especially in smaller communities.

> *So in a small community with low dollars, they're gonna have to organize their meeting, appoint a chair, data tracker under the risk-tracking database. So that won't be a big formal thing, but as long as everyone agrees to come and met as much as they decide to, then they already have the stuff they need to make it happen. So they don't need this big structure, that came out of all the research I did.* (Participant 10).

However, a few participants did suggest training.

> *Definitely, some training modules is necessary. So people have a good understanding of the filters and have an opportunity to observe what it looks like.* (Participant 9).

There are many different types of training. For example, some sat at other Situation Tables or had established members visit the new Table. Others went to Prince Albert to gather information. Some used online modules while others relied on research. If training is necessary, it does not need to be long or complicated.

> *Now I think that situation tables have been set-up everywhere so the training part doesn't have to be so complicated. It could be done in a half-day session or it can be done online, a bit shorter… We've setup our own training which is 2 hours. So if anyone new comes to the table we just give them the link to our training which is a lot shorter and more clear than the one we previously had.* (Participant 3).

Training can be effective for every human service worker as well. It can ensure agencies know about the Situation Table, and how to refer clients.

> *No one knows about it—with the referrals. And that's part of why we go around every so often and tell agencies about do whatever training you have to do with the people working with people and get these referrals in.* (Participant 3).

Overall, many participants said that sitting at another Situation Table is an effective training method. Participants have invaluable knowledge that can—and, arguably, should—be shared with other members.

> *So in hindsight, and I think other tables do this, before they start they have full table training together and maybe some of those value statements are just kind of a terms of reference. Team building and work.* (Participant 12).

Another participant recommendation is to figure out the data collection piece early on and collect more than what is required. The required data collection stops after the case is closed, so they do not record what risks are reduced or agencies they are connected with. Overall, the Situation Tables need to be better evaluated through recording reduction of risk and harm.

> *In terms of suggestions is that people give greater consideration to the different types of data they want to track because people get caught up in the data collection tool that's offered by the province and think that that's the only data they need to be collecting because that's all that's expected. When really if you're going to be evaluating the effective and efficiency and sustainability of any local Situation Table you need more data than that and where are you getting resources and whose going to be doing that. I think that's a gap.* (Participant 5).

Participants also recommend that coordinators have contact with the *community of practice* so they have supports starting up and can learn from other people's practice. The community of practice started casually when there were only a few Situation Tables in order to connect them together in attempts to learn and grow from each other. Over time, other members have contacted the Table and been added to include over 100 Situation Table participants.

> *Put yourself in a Situation Table community of practice. That would be my recommendation.* (Participant 7).

The community of practice is a good venue to share research and best practices with other members so that Table members are not making the same mistakes.

> *I think it's important to share the research that is being done, so we can all benefit.* (Participant 5).

**Funding**

Funding arose as a discussion point in nearly every interview. Not surprisingly, funding is very desired and very difficult to attain. Many Situation Tables run on grants or no funding. A recommendation from a participant is to seek out funding vigilantly.

> *I would have made more vigilant efforts for funding.* (Participant 5).

Specifically, this participant suggested obtaining funding before the Table was implemented so it was guaranteed. If funding is not obtained, the Situation Table is very difficult to run as it is done off the side of someone's desk with less investment. However, obtaining funding is easier said than done. Participants can seek funding vigilantly, but if there is no funding to acquire, there is little that can be done.

**Focus on bigger picture**

While Situation Tables are starting to work on larger issues within the system, they are commonly a small part of the larger community safety and well-being model. Therefore, participants suggested that Situation Tables can be maximized by pairing them with a strategic plan addressing systemic issues. These systemic issues are different in every community, requiring a different plan in every city. A few participants mentioned that their community has a strategic plan in place to address larger societal issues, while other members stated they needed to focus on that.

> *I think we need to look at long-term community safety and well-being.* (Participant 1).

There is a perceived perfect harmony between the community safety and well-being model and the Situation Table model.

> *…in light of the new legislation on the community safety planning where there's just perfect marriage between the work of the Situation Table and how it can tie into community safety planning.* (Participant 13).

Participant eleven also thinks the Situation Tables are in a unique position to collect data that can inform these preventive measures.

> *Yes it is a game-changer but it's not the end-all. We need to use this data to inform preventative measures and focus on each individual case. The buzzwords of collaboration are great but it's about people and helping them, as well as the well-being of the community.* (Participant 11).

On a smaller scale, participants suggested that the Situation Table is a crisis intervention tool, which suggests that clients could experience a revolving door if they are not connected to wraparound, case-management services.

> *I think in terms of tips it would be to figure out how to support long-term training and learning opportunities. That the online training is only a starting point and then you really have to be able to take that…for us…being able to make time to look at case studies, and debrief situations and fully engage our steering committee, because if you're not --especially when it comes to…the Situation Table kinda stops at that crisis intervention and the door-knock. And it really doesn't even flesh out the door-knock very well in my opinion. So the job of the Situation Table is to really enhance that part because if you're only ever doing crisis response it's a revolving door. You have to be able to take the lessons learned and take the relationships that have evolved as a collaborative constellation of agencies to move from crisis intervention to collaborative case managing so people can get the wrap around service and don't fall through the gaps again.* (Participant 5).

To summarize, this section's aim was to use interviewee responses to inform interested participants of relevant knowledge that could be used to give advice regarding Situation Table involvement. Every community is different, which is why a one-size-fits-all model is not recommended. Rather, participants noted the importance of seeking advice from similar communities. Two main distinguishing factors include the size of the community and history of collaboration. Specifically, a larger community may require more training and funding. Funding is commonly collected from the city, proceeds of crime, the United Way, or community

agencies. A community with fewer previous collaborative efforts may also need more training. Learning from other participants' challenges is another important way to learn best strategies for future Situation Tables. This could also help identify gaps in the model which can inform other, complementary models.

## Alternative to incarceration

Although I did not frame any questions to address Situation Tables as an alternative to incarceration, this theme arose several times. Several members were excited and adamant that Situation Tables are an alternative to incarceration. For example, participants suggests that this model has evidence that it reduces crime rates and anecdotally reduces situations of elevated risks—connecting individuals with case management services to break the cycle of harm. Time spent incarcerated is one of the harms that is being reduced. When asked if they had empirical support for the reduction of crime, participant 17 replied with the following:

> *Oh we sure do. We have our statistics that we're collecting through the RTD [risk tracking database] … but locally here, anecdotally, we have an analyst here in our detachment and we run calls for service and analyzes that. So anecdotally, calls for service have been reduced. Early on in our model, after we had been operating for a year, we ran some numbers for three individuals and the lack of calls for service for these people was astronomical.* (Participant 17).

In addition, many participants offered the idea that police officers on the front-line have an additional tool to use when addressing individuals experiencing AER. Thus, this can divert individuals facing criminal justice sanctions. In addition, a specific goal of the Situation Table model includes reducing harms. One of those harms may be incarceration. Therefore, creating alternatives to incarceration (such as case management) is the goal of the model.

> *And it could be a case of, we get a lot of referrals from the police because they're in contact with people. So the harm could be keeping that person from jail, which will prevent a whole bunch of other harms from happening to their family. So the risk is*

> *they've had multiple contacts with police so that's the AER, and it's preventing the harm.* (Participant 13).

Situation Tables also provides police officers with the training and empathy to view this vulnerable population from another perspective.

> *…so the police officer going to an emergency now is thinking about first aid. It's basically the ABCs literally sending people to a hospital, we keep the peace, but now another lens has been added. Even though we say we don't want to be social workers, it's the health part that's added to it. So we can't just be law enforcement now. So that's important because the hope, that I've been preaching, is that we can look at people through the trauma informed lens. So really looking at who they are, what's going on with them. Obviously all trauma informed and mental health type issues. So if you can see the lens more apt you can understand their situation now. I mean of course we care about officer safety, we all want to go home at night. But the way we treat people changes because we look at it through a health perspective versus I mean you're still going to enforce the law when you need to. So having that other lens you do your job better.* (Participant 10).

This police officer appreciates this added lens for the front-line officers, which is reflected in the OPP's new model. The Situation Table model is a portion of the OPP's *community mobilization and engagement model*. This model addresses the precursors of crime—which is specifically reflected in the Situation Table.

> *So the OPP has a community mobilization and engagement model of policing which is really all about addressing the procurers of crime: social issues, youth delinquency, poverty, not attending school, drug addiction. So this is has a direct overlap with that strategy. That's my role,…it has many benefits for us as a police agency, and directly to the response of my role.* (Participant 17).

Although Situation Tables do not appear to explicitly prioritize alternatives to incarceration, it is seen throughout participants' perspectives of the model. Incarceration rates are reduced (empirically and anecdotally) through clients being connected to case management services rather than police using law enforcement strategies.

Overall, this Chapter outlined the themes that emerged from the participants in this study. Many of these themes can be seen in the literature but a few are new in this context. Now that the

results have been explored, the next Chapter elaborates on how some of these themes relate to the literature.

# Chapter Six: Discussion, Limitations, and Future Research

Research on the risk-driven, collaborative model is lacking as it has only existed in Ontario since 2012 (Russell, 2016). This project helps fill this gap by gaining knowledge from 18 different Situation Table participants from across 15 different communities. This research examines the benefits, challenges, and best practices associated with the operational process as well as explores the theoretical underpinnings of Situation Tables and the broader CSWB model. In this Chapter, I evaluate the theoretical underpinnings in terms of past and present models, and look to the future in terms of the criminal justice and welfare systems. Specifically, the themes discussed here are the following: (1) intertwining risk, collaboration, and harm reduction; (2) community responsibilization versus empowerment; (3) the future of the criminal justice and welfare systems; (4) recommendations for Situation Tables and the CSWB model; (5) future directions for research; and (6) limitations of this thesis.

## Integrating Collaboration, Risk, and Harm Reduction

In the Situation Table model, collaboration, risk, and harm reduction work together in an innovative and complex manner to reduce individual harm. In this section, I explore the degree of intensity and formalization of collaboration within the Situation Table model. Risk is discussed in terms of how it differs from harm, with risk factors being compared to previous risk-driven initiatives. Finally, I argue that the Situation Table uses harm reduction in a new, innovative way that is not yet identified in the literature as harm reduction. As such, the Situation Table will be compared to a harm reduction initiative based in Seattle.

In the Situation Table model, collaboration has a high degree of intensity and formalization. This makes the Situation Table an ideal example of a collaborative model. Intensity refers to the amount of time physically spent working together whereas formalization

refers to the official structure in place to guide collaboration (Nylen, 2007). In the Situation Table, the only time one agency may be working alone is before and during referral to the Table. For the rest of the process at least two agencies are relying on each other. In this way, Situation Tables have a high degree of intensity. Although each Table has a varying amount of formalization, in general formalization is high due to the structures in place (i.e., with the 4-filter process being followed). Despite the 4-filter model always being followed, formalization appears to be lower in smaller communities where the process is not as structured and participants worry more about the end goal rather than the process. Whereas in bigger communities, where there is a dedicated coordinator, a formal structure is usually in place that is consistently followed.

Another insight into collaboration within the Situation Table is that critics of the model disengage from participation. Specifically, Situation Table participants cease their involvement if their beliefs and personality do not mesh with the other personalities at the Table. In this way, collaboration may be getting rid of the critics of the model. Getting rid of critics offers both positives and negatives. Having only proponents of the model around the Table ensures effective collaboration, stronger relationships, and, therefore, more effective services. However, if everyone who remains at the Table have similar beliefs, a critical view that can lead to positive changes could be missing. In this way, the critical perspective that could provide innovative ideas is missing from the Table. Even more alarming, if an entire sector (e.g. The School Board) encourages a mentality that does not mesh with the ideals of the Situation Table, an entire sector could be missing from the Table. The idea of collaboration eliminating critics of the model is an interesting concept that could be explored in future research.

Collaboration does not exist alone in this model—it coexists with risk management. Specifically, Situation Table members address risk factors through collaboration. Although the

official goal of Situation Tables is to reduce immediate risk, the unofficial goal (and what happens in practice) appears to be reducing harms. In this research, participants reported that the goal of utilizing risk factors in Situation Tables was to predict and divert imminent harm. However, in practice it is the harms associated with these risk factors that are actually reduced. This is most evident in Situation Tables that accept cases of chronic AER where the goal is to reduce the harm to baseline with the understanding that the risk will always remain. For example, some harms associated with homelessness include mental illness (Castellow, Kloos & Townley, 2015), medical problems (Kuhn & Culhane, 1998), stealing (Heerde & Hemphill, 2013), and drug use (Kuhn & Culhane, 1998). Although the goal of identifying homelessness as a risk factor is to eliminate homelessness for this individual, in reality harms associated with homelessness are reduced. The individual may accept services for safe injection sites, homeless shelters, mental health services, or free food—effectively reducing the harms, while the risk factor remains. Therefore, risk factors in this model are beneficial as they identify where the harm is and subsequently where to direct services.

The results of the interviews indicate that police are, in fact, what Ericson and Haggerty (1991) call risk managers. Police's role are to respond to calls for service, identify risk, then manage this risk either with police action or referrals. Police actions include charges or arrests, but the police in this study report using these options as a last resort. The ideal situation is where police seek to mitigate risk by referral to appropriate community agencies. The Situation Table is an accessible and effective tool for police to use in the process of risk managing.

While risk management approaches in social service and policing use risk to determine what *to do* with the client (Fine, 2005; Kemshall, 2002), Situation Tables use risk to determine what *to offer* the client. While this appears to be a small distinction, it may be substantial to the

client. Social workers and police officers manage risk in order to minimize or eliminate it (Tew, 2005; Smith, 2008), creating a potential atmosphere of mistrust and inferiority with the effected clients (Szmukler & Rose, 2013). While in the Situation Table context, the clients have complete control over the services—with human service workers exerting little repercussions to clients for refusal of services. A clear illustration of this distinction is through drug use, as it is a risk factor for sexually transmitted infections (Mehta et al., 2011), homelessness (Linton, Celentano, Kirk, Mehta, 2013), and early mortality (Davstad, Allebeck, Leifman, Stenbacka, Romelsjo, 2011). Traditionally, police officers criminalize drug offenses as they have few other options, resulting with drug users ending up in the criminal justice system. Although probation is the most common sentence for drug offences, 32% of those found guilty of a drug crime in Canada in 2013 resulted in incarceration (Cotter, Greenland & Karam, 2015). This potentially causes more problems as it creates a revolving door for people who use drugs. The revolving door phenomenon is characterized by individuals reoffending after returning to the community, due to lack of resources and prosocial outlets (BC Justice Review Task Force, n.d.). In contrast, police officers can now use Situation Tables to address situations of social disorganization (such as drug use, within the context of AER) rather than resorting to law enforcement action. In this way, risk factors in the Situation Table model are used to focus services in order to decrease associated harms. Tangibly, this may look like the individual being connected with medical doctors, housing, shelters, programs to decrease drug use, or any other service that could increase the individual's quality of life. This distinction may illuminate a more effective way of using risk factors. Offering services, instead of demanding behavioural changes, falls under the harm reduction mentality. In this way, risk management and harm reduction complement each other in the Situation Table model.

Addressing risk factors in a holistic environment is an example of harm reduction. As previously mentioned, responding to risk factors in the Situation Table context often reduces harms—such as incarceration, drug use, any form of abuse, homelessness, and more. This reduction of harms is, of course, an essential part of the harm reduction mentality (Stockwell, 2001). However, the spirit of harm reduction is more complex than strictly the reduction of harms. For example, the Situation Table does not force anything onto the client—respecting their choices. Quick access to services are offered and suggested, but the client is not required to participate. In this way, this model appears to be built upon the harm reduction mentality. Despite the alignment between Situation Tables and harm reduction, many participants did not identify this approach as harm reduction. This leaves room for Situation Tables to be strengthened through the recognition that harm reduction is, in fact, a goal. Risk reduction is a more immediate, short-term goal and is often temporary (seen through cases reemerging at Situation Tables). However, providing the skills for clients to reduce their own harms has been shown to decrease harm in the long-term (Clifasefi, Lonczak, & Collins, 2017; Drucker, 2013; Hunt, 2010). In this way, focusing more on harm reduction and less on risk management could provide more permanent, meaningful results.

The Situation Table model is similar to a policing style in Seattle. The Law Enforcement Assisted Diversion (LEAD) program was launched in 2011, and has shown a more productive response to social disorganization than traditional policing, as it reduced recidivism of drug offences by up to 60%. LEAD offers alternatives to prosecution and incarceration by offering perpetrators of low-level drug and prostitution crimes an opportunity to undergo community-based treatment and support (Beckett, 2015). This is explicitly a harm reduction program with findings suggesting long-term improvements of all measured outcomes, namely housing,

employment, and income/benefits. Specifically, after participating in the LEAD program, individuals were over twice as likely to have housing in any given month (Clifasefi, Lonczak, & Collins, 2017). After the 18-month follow-up, participants were 46% more likely to have been employed. Related to this, participants were 33% more likely to have received legitimate income during the 18-month follow-up (Clifasefi, Lonczak, & Collins, 2017). This program is a clear example of how embracing the harm-reduction philosophy in a community-centered, collaborative effort has significant benefits for participants.

Although most participants mentioned parallels to harm reduction when discussing the Situation Table, few blatantly identified it as harm reduction. Many participants noted that harm reduction is used for cases in which people use injection drugs. This is not surprising as harm reduction originated as a response to injection drug use (Berridge, 1999). Although, as mentioned earlier, harm reduction is expanding to include other harms other than drug use (Dunstone et al., 2017; Mancini & Linhorst, 2010; Tanner, Drawson, Mushquash & Mazmanian, 2017), it continues to be mentioned in the literature most often in the drug use context (see Avants, Margolin, Usubiaga & Doebrick, 2004; Drucker, 2013; Duff, 2018; Wilson, Donald, Shattock, Wilson & Fraser-Hurt, 2015). Furthermore, this research demonstrates that harm reduction appears to be changing and expanding to be applicable in a variety of new avenues, even becoming dominant in the criminal justice sector. Harm reduction, rather than incarceration, addresses the demographic and cultural changes that are demonstrated through an increase in social disorganization and mental health calls for service (Russel & Taylor, 2014; Secu, 2013).

Harm reduction is a distinct approach that compliments the CSWB framework as both allow proactive, holistic approaches to harm. In addition, policy implications of harm reduction

and CSWB both include alternatives to incarceration because prevention diminishes the need for imprisonment. More proactive measures could be the future of the criminal justice system. Specifically, harm reduction approaches avoid incarceration by decreasing harms associated with behaviours—diminishing criminalization. For example, giving someone an ounce of alcohol an hour instead of the bottle can eliminate the use of emergency services and destructive behaviour that could precede incarceration. The harm reduction philosophy can be found in supportive housing (see AMHS-KFLA, 2018), safe injection sites (see Vancouver Costal Health, 2017), or any program that does not demand abstinence (Stockwell, 2001). In this way, harm reduction supports community safety and wellbeing, and moves away from retributive justice. This could give rise to a more caring and safe community where social and police services offer appropriate services that meet individuals' needs, rather than defaulting to law enforcement techniques.

As harm reduction continues to expand, applying to more diverse harms, Situation Table participants will likely more readily identify the presence of harm reduction in the Situation Table. This holistic approach is also seen in the way community agencies are empowered and given responsibility to help individuals experiencing AER.

### Responsibilization versus Empowerment

Although the idea of police responsibilizing or empowering community agencies did not arise from this data, I extrapolated the participants' stances on whether the police in this model empower or responsibilize the community to identify the motivation of the police. Police currently recognize that they cannot effectively respond to the large amount of emerging mental health and social disorganization calls for service (Glauser, 2013). Consequently, police have begun to rely on community agencies to provide case management services. Although there has been much debate whether this model empowers (Putnam, 2000) or responsibilizes (Herbert-

Cheshire, 2000; Sanders & Langan, 2018) the community, this section highlights how police are empowering and diluting responsibility to other community members, while not responsibilizing the community.

'Empowerment' can be defined as "the state of being empowered to do something: the power, right, or authority to do something" (empowerment, 2018). Within the Situation Table context, the police—having legitimate authority—empower community agencies to handle these difficult cases. Before the Situation Table, these agencies had the power but lacked the opportunity to manage these cases because the individual had to approach the agency and ask for assistance. Collaboration bridges this gap by allowing police officers—as the point of first contact—to quickly connect the individual with relevant services. In this way, police recognize that community agencies have the tools to help clients even when police do not.

The term 'responsibilization' is a sociological term meaning "The transfer of responsibility from higher authorities to communities or individuals who are then called on to take an active role in resolving their own problems" (responsibilization, 2018). There is an implication that the entity that should hold the responsibility is transferring it to another entity. In the Situation Table model, although the responsibility is being shifted from police to the community, arguably community agencies should be responsible for the safety and well-being of its citizens. Situation Tables equally distribute the responsibility between all community agencies (including police) to reduce the risk of its members. In this way, although community safety responsibility has been shifted from police to all community agencies, responsibilization has not occurred because a community should be responsible for their own safety and well-being. This equality of responsibility did not exist under the silo model, as the responsibility remained with the agency of first contact (Nilson, 2014)—usually the police.

Police officers in this study described the Situation Table as a tool in their toolkit that they use when the Situation calls for it. This indicates that police in this study are still responsible to address calls for services and refer relevant cases to the Table. In addition, police sit at the Table and are involved in the intervention when they are needed for safety reasons. In this way, police are becoming equals to community agencies. This diminished divide was evident through the community agency representatives in this model only saying very positive things about the police. In this way, Situation Tables created a more collaborative, flexible, and approachable police service for the community agencies in this research. This could be the beginning of a new era where every community agency shares the responsibility for its own citizens. Responsibilization and empowerment are beneficial concepts in helping to understand the shared duty of care between communities and police.

Even though the police can be seen as empowering and placing responsibility on other community agencies to assist with difficult situations, collaboration is a key component missing from these conceptualizations. Police services are strong advocates and usually implement the Situation Tables, providing themselves the opportunity to empower and displace responsibility on other community agencies. However, while participants in this study suggest that police participation is always strong, they mentioned that police involvement diminishes over time as other agencies become more comfortable with the model. In this way, collaboration is more dominant than both empowerment and responsibilization in this model, as it is not police-centered. Focusing back on the bigger picture, the CSWB model is making changes in the criminal justice system as a whole.

## Looking Forward: CSWB and the Revolving Door

Human agencies are adapting their services to address the changing needs of the population (Ontario Association of Chief of Police, n.d.). Specifically, the increased amount of social disorganization related calls for service (Russel & Taylor, 2014; Secu, 2013) and the revolving door phenomenon (Zheng, 2015) are emerging problems that the CSWB model seeks to address. Consequently, this section begins by examining procedural justice theory, as it offers best practices for responding to the increase in social disorganization calls. This section then focuses on how the CSWB model is changing our current welfare, criminal justice, and policing systems in response to community needs. Specifically, I examine how the growing persons with mental illness (PMI) population and revolving door create a need for alternatives to incarceration. This section finishes by exploring other initiatives within the CSWB framework and other areas where collaboration could offer similar benefits. The emerging CSWB model that the Situation Table follows closely resembles community policing but contains small nuances. When police are involved with CSWB it may look like community policing as they both involve collaborating with the community. However, the CSWB model specifically does not focus on policing and involves a broader range of human services. The procedural justice theory supports the collaborative, hands-on practice of policing in both community policing and the CSWB model.

### Procedural Justice Theory and PMI

Procedural justice theory supports the shifting emphasis from retributive justice to community safety. This theory suggests that it is more effective for police to treat PMI with fairness and respect rather than using traditional policing techniques (Watson & Angell, 2013). Empirical support for this includes PMI not responding well to traditional policing tactics (Engel,

Sobol, & Worden, 2000). In addition, there is evidence that when an individual perceives that police are treating them with respect and dignity they are more cooperative (Watson, Angell, Vidalon, & Davis, 2010). Police mental health training has been found effective at reducing injury for officers and patrons, enhancing awareness of mental health issues, and decreasing unnecessary time police spend on persons with mental illness (Herrington & Pope, 2013). In addition, the Crisis Intervention Team (CIT) is working to train police officers on verbal de-escalation skills to avoid PMI casualties. With the abundance of research indicating that different police techniques would be more effective for PMI, the CSWB model seeks to implement this new mentality. However, CSWB goes a step further by supporting collaboration between all community sectors (not just police collaborating with community agencies) in order to address risk factors.

**Other CSWB Initiatives**

The growing amount of PMI serviced by the criminal justice system (Secu, 2013) has sparked the need to create alternative services for this population. For example, mental health courts seek to reduce the risks of PMI while avoiding the harms of the criminal justice system (James & Glaze, 2006). There are many other CSWB initiatives that seek alternatives to incarceration for the revolving door population, such as the Community Outreach and Support Team (see Ontario Association of Chief of Police, n.d.). The Community Outreach and Support Team (COAST) is a partnership between the justice and health sections that provides community-based action for individuals above the age of 15 who are marginalized, vulnerable, and experiencing mental illness or addictions. This usually takes the form of a police officer and mental health crisis worker working together on the front-line or a police officer using COAST as an additional tool if it seems more appropriate than law enforcement action (Ontario

Association of Chief of Police, n.d.). These initiatives, along with Situation Tables, all share common approaches: collaboration and risk-reduction. In this way, the CSWB initiatives are reshaping the Ontario criminal justice and welfare systems. Specifically, these initiatives often provide alternative methods of interacting with vulnerable groups that do not involve forcing individuals to do anything unwanted (such as being arrested). Parallel to Situation Tables, other CSWB initiatives target the revolving door (Ontario Association of Chief of Police, n.d.).

## The Revolving Door

Specifically, collaboration and risk-reduction are used to reduce or stop the revolving door for the vulnerable population. The revolving door phenomenon (Snedker, Beach & Corcoran, 2017) exists in emergency services and the criminal justice system. For example, an individual may exit the criminal justice system with additional anti-social skills and a defeated attitude, leading to another illegal act and, consequently, serving more time (White, 1993). This revolving door concept is prominent in other countries as well. For example, in England there are at least 60,000 individuals currently experiencing the revolving door through the experience of offending, substance misuse, and either homelessness for men or domestic abuse and poor mental health for women (Revolving Doors Agency, 2016). Participants in this study often spoke about how they wanted to stop the revolving door for their clients. In this way, it appears as if police (and other participants) are truly embracing the Situation Table model, although it is unclear as to how much they embraced community policing (Manning & Singh, 2010).

## CSWB and Policing

CSWB has also had an impact on policing as it breaks down silos between police and other community agencies. Although only a minor aspect of police work, police participation in

Situation Tables has changed how police do business due to the breakdown of silos (Nilson, 2014). It is unknown how much police actually embraced community policing, as some researchers have argued that police embracing community policing is mostly rhetoric (Manning & Singh, 2010). However, according to participants in this research and other evaluations, police are embracing the Situation Table model (Brown & Newberry, 2015). Specifically, police and other community agencies are embracing collaboration as it is deeply ingrained in the Situation Table's operational process—the only option is to embrace collaboration as it encompasses the entire model. As mentioned in this study, it is difficult for agencies to change existing methods of working. This could be applicable to police accepting community policing as it is a new way of doing things and could be seen as more effort than traditional policing tactics. Other reasons for not embracing community policing could include lack of training and knowledge, or not agreeing with the collaboration rhetoric. However, now that police and community agencies appear to be embracing Situation Tables, alternatives to incarceration are being used.

**Alternatives to Incarceration**

The breaking down of silos for policing translates to alternatives to incarceration as agency services become an easily accessible option for police services—decreasing the need for law enforcement action. The emerging CSWB model provides this new lens for police services. The focus is shifted to improving safety and wellbeing through addressing risks and harms to the community. In fact, this proactive approach often prevents crime from occurring as it addresses precipitating risks before they manifest into crime (Ontario Association of Chief of Police, n.d.). Situation Tables fall under the CSWB model and subscribe to the same values. In this way, law enforcement is no longer the first and only tool for combatting social disorder. This collaborative approach seen in the CSWB model could be expanded to more proactive approaches outside of

the policing sector.

### The Future of Collaboration

Collaboration could benefit many unexplored areas of the welfare network beyond the CSWB model. Specifically, all agencies providing case management services could communicate with each other to provide a full picture, offer thorough support, and prevent AER proactively. There are many other collaborative efforts around the world that could be replicated and improved in Ontario through lessons learned from the Situation Table model. For example, collaboration could be furthered in terms of vulnerable children agencies (Dudau, Fischbacher-Smith & McAllister, 2016), different schools to expand child education (Gallagher, 2016), schools and parents of the students (Stroetinga, Leeman, & Veugelers, 2018), social workers and lawyers (Orji, 2016), health workers and case managers (Reed, 2017), to name a few of the potential areas.

The CSWB framework is one-step in the right direction to mitigating the revolving door and social disorganization calls for service. The Situation Table is just one example of the proactive community-centered approach that falls under CSWB. Because CSWB appears to be successful in many ways, there needs to be a larger focus on it to allow these new programs to fill gaps in services. Specifically, during this study it became apparent that this framework needs more funding and support to drive it forward. As programing is shifting to more preventative, proactive measures, this is where funding should be shifted. While these are a few recommendations for this emerging framework, many more are presented in the next section.

## Recommendations for Situation Tables

There are clear benefits to the Situation Table model as exemplified by the participants in this study. Specifically, the breakdown of silos, the new tool for agencies, and the venue for

working on large societal issues are all identified benefits of Situation Tables in this research. Despite this progress, there remains gaps in services. As such, this section describes gaps in services as identified from participants in this research, and offers suggestions for remedying these gaps.

A large gap in service mentioned by participants in this study is the small target population size. Specifically, the Situation Table addresses those who are experiencing AER—indicating a higher than 'normal' level of risk. If communities embrace the CSWB model fully, it can be used to create more preventative measures by addressing individuals' needs before reaching AER. In addition, identifying common risk factors can guide relevant programs that meet the needs of the community. According to participants in this study, individuals are being denied services at the Situation Table due to not meeting the threshold for AER, while many other cases are not being presented due to not meeting the threshold for AER. Although the clients served in this model are assisted quickly and with few barriers, this venue is for those exclusively experiencing AER. That means that there are still significant barriers for the majority of individuals who need access to these services. This leaves room for more upstream preventative measures.

Participants also frequently mentioned the evaluation tool as a gap in services. In the Situation Table model there exists the potential to record prominent community risk factors. For example, the risk tracking database records up to 20 risk factors for each client. This data could be used to identify trends and gaps in services in communities. Risk factor trends can guide where services should be implemented. This would help with more upstream prevention—increasing community safety and wellbeing before it escalates to AER.

In the literature, challenges with Situation Tables included having different personalities

sitting around the table, power struggles between agency participants, and navigating privacy of clients. However, the participants in this study did not identify these issues as a challenge to the same degree. If these challenges did initially exist, they were fixed quickly. When specifically asked if collaboration caused any personality conflicts, most participants said there are always challenges when a variety of individuals get together and try to agree on something—alluding to some challenges early on. However, nothing specific was described as a long-term hindrance. In fact, any personality and privacy struggles were remedied quickly for two reasons: those who did not fit in with the dynamics of the Table stopped coming, or the team learned over time how to navigate the challenges. An explanation for this disparity between previous research and this paper is that previous research is limited to the first six to 12 months of the Table's implementation (Babayan et al., 2015; Brown & Newberry, 2015; Community Mobilization Sudbury, 2015; "Lanark county situation table project", n.d; Lansdowne Consulting, 2016; Ng & Nerad, 2015; Nilson, 2016; 2017; "North Bay Parry Sound", 2014; "Oxford Situation Table", n.d.)—when the initial problems may still exist. Whereas, after this time, the challenges are diminished or mostly resolved, as apparent with the participants in this study. The participants suggested that patience and dedicated leadership are the solutions to interpersonal struggles between agencies and privacy navigation of clients.

The main challenges identified in this research had little to do with the model itself. Rather, challenges mainly involved lack of knowledge and funding for the Situation Table. Community agency frontline workers' lack of knowledge is especially harmful—if workers do not know about Situation Tables, they cannot refer clients. In this way, Situation Tables need to be better known in order for the initiative to thrive. Police services and government agencies have the legitimate authority and means to bring awareness to these agencies in order to attain

buy-in (Sanders & Langan, 2018). Funding is another substantial barrier to Situation Tables, as most Tables draw small amounts of funding from a variety of grants and organizations or receive none at all. With increasing data showing the efficacy of this model, funding should be shifted from reactive measures to optimize preventive measures.

In response to the responsibility shift from police to communities, funding should shift too. Police still need to receive adequate funding, but it could be beneficial to shift from reactionary measures (such as charges and arrests) to more preventative ones (such as CSWB efforts). This change in funding would reflect the changing values, as the CSWB model focuses on prevention. Preventive measures could be seen as an alternative to incarceration (Kramer, 2004) because imprisonment is used as a last resort and only if risks cannot be reduced through other means. Participants in this study described the Situation Table model as an alternative to incarceration because it is preventative and can decrease crime rates and social harms. In addition, this prevention model decreases costs of emergency services and increases stability and wellness of clients according to the participants in this study and evaluations (Brown & Newberry, 2015). While this prevention model is seeking to fill a gap in service—namely to address AER collaboratively before it requires emergency attention—some remain. In order for funding to be increased, research must demonstrate strong efficiency for the Situation Table model.

Despite the strong support for Situation Tables within the current research, funding has not shifted to support them yet. According to the participants in this study, funding appears to be the biggest challenge to this holistic model. Although there is much evidence that incarceration does not decrease crimes rates and actually creates other harms (Phelps & Pager, 2015), police still connect individuals to the criminal justice system. Perhaps this is because society wants an

easy fix to problems and is accustomed to the use of incarceration and punishment. Providing a 'softer' method for dealing with social disorder may not be the popular vote or mentality. People want to charge and incarcerate those who they view as bad people, or people who have harmed them or others (O'Hara & Robbins, 2009). However, from the initial research on Situation Tables and the CSWB model, this approach is the more effective option—preventing high-cost emergency and reactive measures and harm caused from incarceration. In order to direct funding to Situation Tables, more research must be done in this area to receive mainstream acceptance.

## Future Directions for Research

As this is a first look at aggregating data across Situation Tables, a beneficial area for future research includes a more detailed examination of specific elements of this model. For example, more in-depth analysis of collaboration, risk, and harm reduction used in this context would be useful to update current conceptions. As these three models appear to be evolving, research could explore their changing nuances. Other programs could learn a lot from this model of collaboration as it appears to be effective. As risk factors appear to be used to guide programming rather than coercively change behaviour, this method should be evaluated further. This harm reduction format is innovative and could be further examined to explore its diverse approach. Specifically, more in-depth evaluations of the door-knock intricacies could explore collaboration, risk, and harm reduction.

As this study only looked at agency representatives and coordinators' perspectives, the body of knowledge could benefit from client perspectives. Specifically interviewing clients and measuring risk before and after the intervention could illustrate the benefit of the model. Although risk factors are listed, they are not measured to any extent after the file has been closed. This leaves room for randomized controlled trials to measure levels of risk before and

after an intervention in order to quantitatively measure effectiveness and to compare to a control group. In this way, we could qualitatively and quantitatively measure Situation Tables from the clients' perspectives.

## Limitations

The limitations of this thesis are outweighed by its contributions. However, limitations include the following: (1) using telephone interviews; (2) difficulty finding contact information for potential participants; (3) having an ever-growing body of suitable participants; (4) not including Situation Table clients; and (5) only hearing from those with strong support of the model.

According to Opdenakker (2006) the disadvantages of telephone interviews include limited social cues, impossibility of creating good ambience, and time transcribing the audio. While these are disadvantages, the nature of my research questions do not require visual social cues or a good ambience. Opdenakker (2006) also mentions that the ability for participants to prepare answers is a limitation of interviews, but is mitigated by the spontaneous nature of the interview questions and the participants not having long to formulate their answers.

The methodology could not be entirely systematic because e-mail addresses for this specific population were not always easy (or possible) to find. Due to the nature of the study, I used a purposive sampling method. However, I could not reach every potential participant due to the unavailability of contact information, and the ever-expanding body of potential participants. As Situation Tables are being implemented on a regular basis, the number of coordinators are increasing. These e-mail addresses are often not available, or are very difficult to find, creating a sampling bias. In addition, some participants did not respond to my e-mails. A request was made

to the Ontario government for assistance in reaching potential participants or a contact list of all their Situation Tables in Ontario but this request has thus far been ignored. This reluctance to participate in systemic research is surprising, as the Ontario government appears to have an 'all in' approach on Situation Tables. Interestingly, this reluctance to assist in research is in direct contradiction to the Ontario government's presentation given at a summit held on this topic where research was discussed as being of utmost importance (see Community Safety Knowledge Alliance, 2017). However, the amount of participants is justified as all avenues for collecting contact information were exhausted.

The participants in this study were all service providers—no service receivers were included. Therefore, not hearing from Situation Table clients is a large limitation. There is little to no research that focuses on the clients' perspectives of Situation Tables. Situation Table evaluations, in addition to some quotes by members, generally include some qualitative data about demographics of clients and efficiency of their Table. This thesis filled a gap by aggregating qualitative experiences across 15 Situation Tables. However, we need to hear from the clients who are receiving services and their experiences to gain a fuller, more holistic understanding of the model.

Finally, I only spoke with individuals who hold strong support for the model. This may be because I only spoke with current members (mostly coordinators) of Tables—meaning they are still involved with the model, so it is still working for them. There are likely participants who do not support the model—although they may no longer participate in the Table and, therefore, do not qualify for this study. Hearing from individuals who struggled with this model or who experienced more challenges would have provided a more complete and well-rounded examination.

## Conclusion

Overall, this thesis explored the key theoretical underpinnings of Situation Tables through conducting 18 interviews of Situation Table coordinators, in 15 different communities. Positive results from individual evaluations indicate that Situation Tables help vulnerable populations, reduce emergency services costs, and increase efficacy of human services. The results from this thesis added to the current research by exploring participant insights as to the operational intricacies of Situation Tables. Specifically, examining participant responses, I found that collaboration, risk management, and harm reduction are key components of the Situation Table model. In addition, all participants interviewed showed very strong support for the model, with police having a very positive role. The Situation Table falls under the CSWB model as it, along with other initiatives, use community mobilization to create alternatives to incarceration that address the rising number of calls for social disorganization and the revolving door. Additional research is needed to further explore the evolving intricacies of collaboration, risk, and harm reduction. Specifically, quantitative research is needed to demonstrate efficacy to justify more government funding and resources. The funding and resources could be invested in more upstream, preventative measures rather than reactive measures. If additional research can further demonstrate that this model, along with other CSWB initiatives, are responsible fiscal decisions that reduce the need for emergency services and institutionalization, perhaps more funding will become available in this area. Hopefully, as more research is completed to justify resources and funding being allocated to Situation Tables and other CSWB initiatives, these more holistic methods will be embraced by more individuals working within communities in order to increase acceptance and efficacy.

The role of the police is changing to manage risk by sharing the responsibility of social disorganization with other community agencies. With community agencies sharing this

responsibility, they are also empowered in this collaborative model, to mitigate risk of those experiencing AER. This collaborative model could be applied to a variety of other community agencies in order to achieve similar benefits of the Situation Table such as creating a fuller picture of the client and achieving proactive risk reduction in a holistic way.

Although fiscal savings is a justification for the model, the main goal is to improve the health and safety of communities. By bringing police and community agencies together to holistically approach our most vulnerable populations, individuals should feel safer asking and accepting help. Not only that, but in the long term this can create more caring communities, with individuals who look after each other—diminishing stigma. Situation Tables take one small step toward this fundamental goal.

**"The true measure of any society can be found in how it treats its most vulnerable members."** –Mahatma Gandhi.

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## Appendix 1: Interview Guide (coordinators)

1) **Can you tell me a bit about yourself?** (Probe: Job description and previous experience? Previous Jobs? Education?)

2) **What is the main reason you had for implementing a Situation Table?** (Probe: encourage collaboration? Use police in new role? Provide services for clients who fall between the cracks?)

3) **What are the overall benefits of the Situation Table? What Evidence is there to support this**? (Probe: Reduces risk for clients? Reduce harm in communities? Emergency/crisis reduction? Reduces crime? Are agencies more collaborative now? How do you measure success [numerical data? Narratives?]?)

4) **Do you see this approach as being a 'game changer' in how you respond to social problems? How so?**

5) **How do you determine acutely elevated risk? What criteria are used?** (Probe: What kind of cases get rejected? What are frequent risk factors you encounter?)

6) **What are the overall drawbacks or difficulties surrounding Situation Tables?** (Probe: Examples? Stressful? Over-invested in clients? Too big of a caseload for the members of the Table? Privacy concerns among members? Reluctance to share information?)

7) **Did you have any external supports while implementing the Situation Table?** (Probe: Training? Articles with suggestions? Funding?)

8) **What were some challenges that you encountered while starting the Situation table? What are some on-going challenges that you still encounter?** (Probe: Support from police, or other agencies? Privacy and/or confidentiality? Location for meeting?)

9) **Do you have recommendations or tips for implementing a Situation Table? When is it best to use? When is it not appropriate to use?** (Probe: Best practices? Things not to do? Things to avoid?)

10) **Has the use of Situation Tables changed the way the participants involved in the Table do their jobs?** (Probe: A new mentality? Know more resources in their area?)

11) **Are there any agencies not at the table that should be? Why?**

12) **If you could start over, what would you do differently?** (Probe: Different model? Using different resources? Asking different agencies to be involved?)

13) **Where do you see Situation Tables going from here?** (Probe: used more? Less? Modified model?)

14) **If you feel comfortable, please provide a narrative of a case that was challenging and/or rewarding.**

15) **Do you have any questions for me or anything further to add that I missed?**

16) **Before we finish, I'd just like to get some basic demographic information from you in order to get a sense of the participants in this study.** Can you tell me your...a) age, b) highest level of education achieved c) approximate income level d) race/ethnicity e) gender

## Appendix 2: Interview Guide (non-coordinators)

1) **Can you tell me a bit about yourself?** (Probe: Job description and previous experience? Previous Jobs? Education?)

2) **What is the main reason you had for being involved in a Situation Table?** (Probe: Provide services for clients who fall between the cracks?) community policing

3) **What are the overall benefits of the Situation Table? What Evidence is there to support this**? (Probe: Reduces risk for clients? Reduce harm in communities? Emergency/crisis reduction? Reduces crime? Are agencies more collaborative now? How do you measure success [numerical data? Narratives?]?)

4) **Do you see this approach as being a 'game changer' in how you respond to social problems? How so?**

5) **In your own words what is acutely elevated risk and how is it different than harm?** (Probe: What kind of cases get rejected? What are frequent risk factors you encounter?)

6) **What are the overall drawbacks or difficulties surrounding Situation Tables?** (Probe: Examples? Stressful? Over-invested in clients? Too big of a caseload for the members of the Table? Privacy concerns among members? Reluctance to share information?)

7) **Did you have any external supports while beginning your involvement with the Situation Table?** (Probe: Training? Articles with suggestions? Funding?)

8) **What were some challenges that you encountered during your start-up with the Situation Table? What are some on-going challenges that you still encounter?** (Probe: Support from other agencies or your home agency? Privacy and/or confidentiality? Location for meeting?)

9) **Do you have recommendations or tips for participating in a Situation Table? When is it best to use? When is it not appropriate to use?** (Probe: Best practices? Things not to do? Things to avoid?)

10) **Has the use of Situation Tables changed the way you work? Change the way you approach situations?** (Probe: A new mentality? Know more resources in their area?)

11) **Are there any agencies not at the table that should be? Why?**

12) **If the Table could be started over, what's one thing you think should be done differently?** (Probe: Different model? Using different resources? Asking different agencies to be involved?)

13) **Where do you see Situation Tables going from here?** (Probe: used more? Less? Modified model?)

14) **If you feel comfortable, please provide a narrative of a case that was challenging and/or rewarding.**

15) **Do you have any questions for me or anything further to add that I missed?**

16) **Before we finish, I'd just like to get some basic demographic information from you in order to get a sense of the participants in this study.** Can you tell me your...a) age, b) highest level of education achieved c) approximate income level d) race/ethnicity e) gender