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# Change and Innovation in Canadian Policing

*The Canadian Police College is pleased to announce the formation of a Discussion Paper Series designed to explore thoughts, ideas and developing practices under the theme of “Change and Innovation in Canadian Policing”. Leading experts have been commissioned to introduce readers to the latest thinking and research on a number of current policing issues and innovations in order to inform and stimulate further discourse on the future of policing and public safety in Canada.*

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## The Prince Albert Hub and the Emergence of Collaborative Risk- driven Community Safety

by

**Dale R. McFee & Norman E. Taylor**

*This article is written from the perspective of two of the principal architects of Community Mobilization Prince Albert (CMPA) and the broader Saskatchewan crime reduction strategies that have gained national and global attention over the past two years. The article flows from the recognition of the need and opportunity to do something radically different from conventional policing approaches in response to persistent and rapidly escalating levels of crime and violence in the province in general, and in the city of Prince Albert specifically, while also responding to the growing national interest in economically sustainable models of community safety.*

*Informed by local, provincial, national and global research sources, including a field study conducted in Scotland in 2010, and using the Prince Albert Hub breakthrough as the central case study, the article traces the theoretical and practical foundations for a new broad-based approach to community safety and wellness that is now being widely recognized and emulated in many Saskatchewan communities and several more outside of the province.*

**Dale McFee** became Saskatchewan’s Deputy Minister of Justice: Corrections and Policing in September 2012 after retiring from a 26 year policing career, including nine years as Chief of Police in the city of Prince Albert.

**Norman Taylor** is an independent consultant/educator supporting Canada’s policing and criminal justice system for over 20 years, currently serving as Saskatchewan’s Future of Policing consultant and Senior Advisor to the Deputy Minister.

## **Editor's Introduction**

Concerned about the cost and impact of reactive policing, innovative police leaders have been exploring new ways to effectively address developing community problems “before” they become policing problems. Traditionally police have focused preventative policing efforts on targeted crime prevention programs. The authors of this discussion paper offer an exciting alternative to traditional preventative policing strategies called the Hub Model: an evidence-based collaborative problem solving approach that draws on the combined expertise of relevant community agencies to address complex human and social problems before they become policing problems. The Hub’s focus on early, multi-disciplinary preventative intervention is promising, as evidenced by the reported decline of many potential police - community problems and greatly enhanced collaboration and communication between police and other community agencies. The Hub is also a good example of “evidence based policing” as its structured use of risk data and outcome evaluations provides the “evidence” required to validate the value and impact of police involvement in community based prevention initiatives.

The authors of this paper, policing consultant Norm Taylor and former Prince Albert Police Chief Dale McFee led the design and development of the Hub model in Prince Albert, Saskatchewan. As a result they are able to provide not only the logic and research behind the model but also the important political and leadership dynamics that are a critical part of any successful policing innovation. Given the early indication of the HUB’s successes in Prince Albert, as well as the growing number of HUB models being implemented elsewhere in Canada, the Hub has potential to significantly enhance the effectiveness of preventative policing and community safety in Canada.

### **Dr. Christopher Murphy, Series Editor**

Dr. Murphy is a Professor of Sociology and Social Anthropology at Dalhousie University. His work has focused primarily on Canadian Policing and he has published numerous articles and reports on varied policing topics such as: police change and reform, new models of policing and security, public and private policing, post 9/11 policing and police research and policing policy. For more information see <http://www.dal.ca/faculty/arts/sociology-social-anthropology/faculty-staff/our-faculty/christopher-murphy.html>

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## Preamble

If we are to direct increasingly scarce public resources to effectively meet the needs of citizens and achieve the right outcomes for individuals, families and communities, we must desist with rampant territorialism shaped by bureaucratic convenience, and we must replace polarized debate about *hard or soft approaches to crime* with a balanced dialogue that is *smart on community safety*.

Such was the tune to which two fools began dancing beside a river, with a respectful nod to the comical video about leaders and followers, currently circulating via You Tube (Sivers, 2012). In this case, it was the North Saskatchewan River, and there was no way to know then how eagerly others would step forward to join into the dance, to give it more shape, more purpose and unstoppable momentum. This paper is a tribute to all of their efforts, their creativity and their courage.

## Introduction

“The right mission of an organization is not a fixed, permanent thing ... the challenge is to find the highest value use of an organization’s capabilities in its existing environment, not to assume that its mission remains what it has always been.”

**Moore (2003), The Bottom Line of Policing**

It started by changing the conversation about an old problem. In 2010, Chief Dale McFee of the Prince Albert Police Service and his human services partners in PA were refining their business plan for a community mobilization project. A traditional SWOT analysis was part of that exercise, and it was clear they had a challenge.

According to Statistics Canada, in 2007, Saskatchewan had the highest Crime Severity Index among the provinces. Its severity index value was 165, compared with 95 for Canada as a whole. The severity of police-reported crime

in Saskatchewan was about 75% higher than for the entire nation. “Our statistical numbers over the last 9 years clearly show enforcement alone will not solve our long standing issues. Arrest numbers show an increase of 128% between 1999 and 2008, and the numbers for 2009 are once again poised for a significant increase.”(McFee, 2010) Notably, almost 40% of those being arrested were non-residents of Prince Albert. With a census population of approximately 40,000, the daily reality for service providers would more accurately put the city’s population closer to 60,000. And,

unlike most parts of Canada, the fastest growing demographic in Saskatchewan's north are young people under the age of 18, with parts of that cohort projected to grow by as much as 30% over the next fifteen years (Statistics Canada, 2012).

It was widely assumed that alcohol was playing a dominant role in local social disorder, crime, violence, victimization, and host of other health and social outcomes. Indeed, later studies (Regina 2012, CMPA 2013) now confirm that the unhealthy use of alcohol was clearly outside the norm on virtually all indicators, including the starting age for drinking, binge drinking, alcohol as a factor in general crime and domestic violence, impaired driving injuries and fatalities, and alcohol-related deaths from exposure. Personal alcohol consumption based on per capita expenditures was trending close to double the provincial average (SLGA 2013). Alcohol and drug addiction has been shown to be a factor in 37.5% of all violent crime in Prince Albert (CMPA 2013).

As these multiple agencies moved forward toward a new partnership approach, a number of other shared issues and concerns came more and more into focus, including: (Health 2008; City 2009):

- High mortality rate of young persons that is 15% above the national average;

- Hepatitis C rates higher than the province;
- HIV rates increasing drastically;
- Intravenous drug use as the main risk factor for the spread of disease;
- Lower school completion and higher truancy and absenteeism rates in local schools and in many feeder areas;
- Inadequate housing; and,
- Changing demographics placing more and more young people in harm's way.

It was clear to Chief McFee, who also served on the Regional Health Board, that the Prince Albert Police Service was well positioned to lead and broker change toward a multi-agency approach to these social issues, as police and other crisis responders often fill the immediate need for many things that do not have a home in other areas of the system. The issues being cited clearly affected the case loads of many partner agencies, and putting aside the issue of *'who owns the problem'*, or perhaps more cynically, *'who pays the bill'*, and instead focusing on how to change community outcomes for the future, might permit all partners to mobilize their energies and resources to serve their community more effectively and more efficiently. McFee also realized that partnerships were not new or unique to the community. Effective partnerships among the police and school boards, child protection, local probation, by-law and housing, and several joint operations with

the RCMP, would all provide a solid foundation on which to build a new form of mobilization.

The innovators in Prince Albert also faced a welcoming context in the province of Saskatchewan. Earlier in 2010, the government had recently received a report from Future of Policing Consultant Norm Taylor. Taylor's report was based on extensive consultations with police leaders and key stakeholders and it set out the clear message that **"it would take more than the policing system to reverse the disturbing trends of high crime and violence in Saskatchewan"**. The report also noted that a significant proportion of the individuals, families and addresses that were creating an untenable workload for the police, were the same people straining the health system and every other human service across the province. The needs of these people were not being met. It was time for a radically new and collective approach. McFee and Taylor had thus highlighted a challenge that was shared both locally and provincially: how to suspend disbelief long enough to develop and demonstrate 'proof of concept' for such an approach to gain lasting acceptance and support.

This paper examines just one of the many innovations that arose from that creative tension through a case study analysis of the three-year-old Prince Albert Hub Model. Some

discussion of social and political context is necessary to understand how the model was able to develop and take root. The important theoretical and practical foundations behind the model and its evolution into a sustainable process are explored, while also acknowledging that the personal passion of the early advocates and architects of the model are similarly important to its development. Finally, the growing uptake of the model in other jurisdictions is also worthy of examination as a widening source of learning for the future of public service policy and practice across Canada.

### **The Prince Albert Hub: A New Instrument for Community Safety**

For the uninitiated, the Prince Albert Hub is not a policing model, per se. It is one part of a Community Safety model designed to improve a much broader set of social outcomes, including reducing crime, violence and victimization. As such, this is a model in which policing has a vital role to play, alongside others, and from which policing has much to gain.

The Hub itself is a twice-weekly, ninety minute discussion among front line professionals representing multiple human service disciplines serving the city of Prince Albert (PA) and its surrounding feeder communities, many of which extend well into northern Saskatchewan. It is not a thing, or a place, or an entity. It is, "a

conversation ... but a highly disciplined and purposeful conversation”, built upon a body of social science that consistently reveals “identifiable risk patterns” as antecedents to a host of negative social outcomes. It operates on the simple principle that if something bad is predictable, it is also preventable. The Hub model saves lives. It connects people at risk to the services that can help them, when they need them most. It stops crime before it happens. And, there are growing indications that it is improving general public safety and community wellness in Prince Albert.

### **Context: The Development of the PA Hub Model**

The following section traces the evolution and development of the PA model from its local genesis, its critical provincial support, subsequent research and exploration and its final risk based formulation.

### **Support from a Provincial Strategy**

In response to concerns about crime, the province’s police leaders set out in 2008 to devise a future strategy for policing in partnership with the Government of Saskatchewan (GOS). The resulting Taylor report (FOP 2010) to the government delivered an unexpected message:

*“The well-documented conditions of poverty, unemployment, physical and*

*mental health issues, and family instability that continue to guide programming across the full spectrum of government and community-based services ... must also be front and center of any policing renewal in this province.”*

The report also considered the anticipated push back from those who might question the legitimacy and appropriateness of first addressing “social” concerns as the basis for police response to common crime problems:

*“Attention to the upstream factors that undermine community safety is as much a part of policing as are the downstream activities designed to keep people safe on the streets and to bring offenders to justice. We must be very clear here about the full spectrum of police responsibilities. This is not an either/or proposition.”*

The report set out several recommendations that were swiftly adopted at the cabinet level, put into action under a chartered commitment executed by 9 provincial ministries and 8 police services, and reflected in the comprehensive program introduced by Premier Brad Wall as Building Partnerships to Reduce Crime (BPRC 2011). That government commitment also pledged strong support for the Community Mobilization Prince Albert model, creating a

powerful basis for CMPA to move forward and serve as a learning laboratory for policy-makers and for other communities as well.

## Experience and Evidence-Based Insights

In any new experimental policing model, a commitment to evidence-based practice is important. It is necessary to demonstrate to collaborative partners and stakeholders that there are tangible benefits and value for their efforts. Evidence that collaborative efforts produce successful outcomes avoids fragmentation of agency efforts, deters competition for scarce resources and avoids unnecessary argument. Thus the combined local and provincial group of innovators shared a commitment to finding solid evidence and basing new strategies and innovations on solid social science and proven practical experience. This led the group to conduct an onsite study into a reported new evidence-based community crime prevention and multi-agency policing model still taking shape in Scotland.

Advance inquiries and other studies revealed a surprising connection between the realities in central-to-north Saskatchewan and the inner city of Glasgow. In both jurisdictions, crime and victimization statistics and a host of other troubling social indicators were concentrated and disproportionately represented among a marginalized group of citizens in the extreme

(ISIS 2008, 2009). The combined study team identified no fewer than fourteen indicators that represented common ground (see Figure 1). And, the combination of higher level state directives and localized multi-agency innovations offered an appealing parallel to what was taking shape in Saskatchewan.

Police officers and government officials working in the most disadvantaged neighborhoods of Glasgow noted consistently that until attention and resources were directed to the root causes

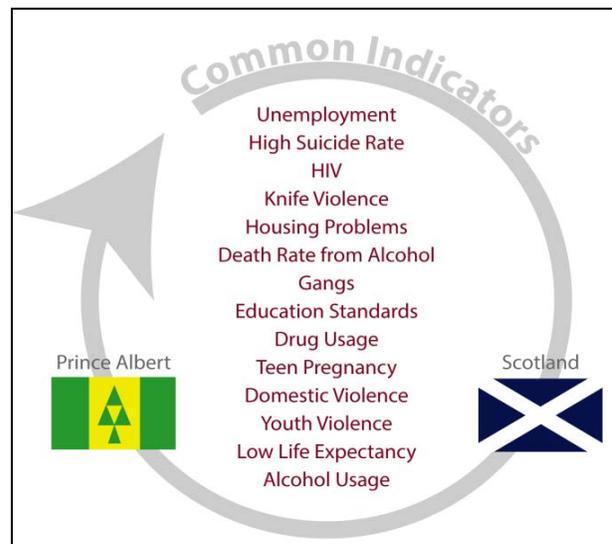


Figure 1: Prince Albert - Glasgow  
14 Common Indicators (Glasgow, 2010)

of crime and violence became an expressed national priority of the Scottish Parliament, police and community agency actions remained diffuse and ineffective. The price, they claimed, was the loss of an entire generation of young people, deprived of hope and irretrievably

separated from participation in their modern economy. Following the public declaration that crime and violence reduction was now a state level priority, and that response was to be based on consistent and effective agency partnering, generating daily innovations and new solutions became the norm in Scotland. This approach resonated loudly with the provincial strategy underway in Saskatchewan (Glasgow, 2010).

### The “Risk-Driven” Response Model Emerges

It is not surprising that one of the most impressive models observed by the Saskatchewan delegation during their Glasgow site study was the Govanhill Hub, a locally constructed model for daily, multi-agency tasking in response to community risk factors that originated in one of the most disadvantaged neighborhoods in Scotland (Govanhill, 2010). The delegation was taken by the immediate practical value of the operation. More significantly, it was while observing this model that the distinction between our typical “incident-driven” collaborations in Canada and – *a “risk-driven” process that triggered immediate collaborative action based on identifying various risk factors before incidents occurred* – came clearly into focus. It was here that the traditional response paradigm shifted.

Returning from Scotland, the study team sought out additional research sources, to add a further convincing knowledge base to what they had seen in action. A multi-disciplinary provincial research team was at the same time concluding a global literature review that provided a solid theoretical and empirical basis for moving forward with confidence. To quote their report, “... the research team agreed unanimously that to argue for any other approach in this specific context of time and place would be to argue against an overwhelmingly consistent and compelling body of evidence and proven practice (SPPS 2011, p. 10)”. It was particularly helpful that the study had centered on tracing the overlaps among leading research into identifiable risk factors and remedies across several fields including health, education, child and family development, parenting, addictions, mental health, and criminology. The ongoing work of the World Health Organization with respect to violence reduction and the social determinants of health (WHO 2009), the well-documented role of youth assets and the measurable impact of their absence on the life course of those at risk (Search Institute 2010), the so-called ‘Big 8’ risk factors (Andrews & Dowden 2006), and the need to provide culturally-responsive programming for First Nations and Métis populations (Myers 2007, Totten 2009), had all featured heavily in this body of research.

## Understanding the Hub Process

Inspired by the study team's personal observations from Scotland and supported by further research, and with a solid coalition of local decision makers supported by the provincial strategy, the architects of CMPA moved quickly to activate their new model. What followed has been a continual commitment to learning and refinement as the new model has evolved at home and been adopted by others. From this self-learning process we have identified four distinctive aspects of the of the Prince Albert Hub model.

### **1. Efficient Case Management and Timely Response**

Agency collaboration was not invented in Prince Albert. Indeed, there are countless models of multi-agency cooperation operating in communities right across the country. Many are strong, successful contributors to community safety on a variety of measures (Tamarack, 2013). Some exist to facilitate the implementation of comprehensive solutions and treatment plans for individuals and families with recognized needs. Many others exist for identifying and advancing root cause prevention strategies. The Hub is neither of these, and its uniqueness stems from its carefully defined and distinct point of entry – ***acutely elevated risk recognized across multiple disciplines – and rapid deployment of collaborative***

***interventions***, aimed at connecting those at risk to the composite services they need most and need right now. The average length of time devoted to discussing each single, at-risk situation at the PA Hub table has been determined to be about nine minutes. Initial intervention contacts typically occur within 24-48 hours, and the life span pattern shows 53% of situations ending in one week, and about 79% clearing the table in two weeks (Hub 2013).

When agency professionals assemble around the Hub table twice weekly, they do so for only ninety minutes. There is virtually no exception to this rule. The first half of each meeting is devoted to updates on prior situations. Here, those tasked with taking action report back about the status of the risk factors that originally defined each situation. Under the Hub model, once risk factors have been reduced below acute levels to the satisfaction of those involved, usually by connecting services through collaborative interventions, the case leaves the Hub and transfers to the case management and service delivery practices of one or more relevant agencies. Thus, most of these prior situations will be updated on the spot and re-categorized accordingly. A few may carry forward due to difficulties in connecting with the individual or family involved, or sometimes due to information still being assembled by one or more of the intervening agencies.

It is important to distinguish that resolution of a case at the Hub does not mean that everything that might need to change in a person's or a family's life, nor what might need to change within the system, will have been resolved or completely addressed. What it does mean is that the person, family or location at the center of the elevated risk situation has been 'connected to services' (70% of situations) or at

the very least, 'informed of services' (22% of situations). In the PA experience to date, only a very small number will be classed as 'refused services' (5% of situations) (Hub 2013).

In the second half of each meeting, new situations of risk are brought forward to the table, and these can originate from any of the participants at the meeting. While it may be difficult to express a precise definition of 'acutely elevated risk', most Hub participants have learned through practice what constitutes a legitimate Hub situation, and just as importantly, what does not. More recently, collaborative work among the province, CMPA and the University of Saskatchewan has provided four criteria that must be met at the Hub table (Nilson 2013):

- (a) There is significant community interest at stake;
- (b) There is a clear probability of harm occurring;
- (c) A severe intensity of harm is predicted; and,
- (d) There is a multi-disciplinary nature to the elevated risk factors.

Critical to the success of the Hub process is that it avoids wandering into complex resolutions and treatment plan, and its responses are both realistic and achievable.

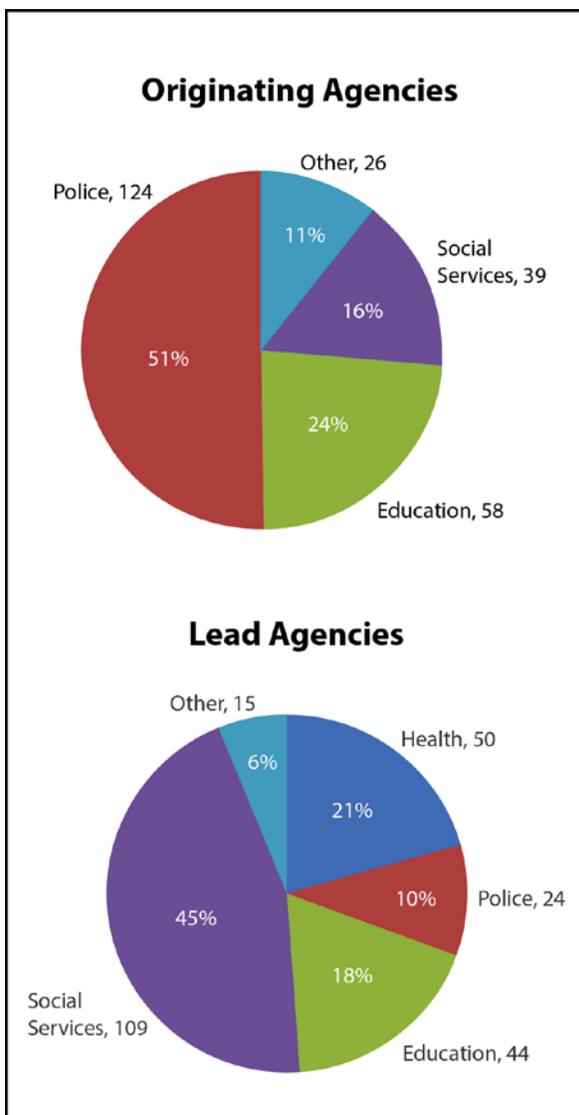


Figure 2 - CMPA Hub Situations: Originating and Lead Responding Agencies (Hub, 2013)

## **2. Privacy Issues: Information Sharing is Purposeful and Limited**

Perhaps the most often asked question about the Hub model is “How are you getting around privacy laws?” The question is understandable, but it is also misguided and dangerous. The PA Hub both respects and strictly conforms to privacy legislation and related regulatory frameworks, and this is achieved through some strictly enforced disciplines at the table. Through extensive collaboration over more than a year of meetings, the CMPA team and a multi-disciplinary provincial task force of privacy experts developed a four-filter threshold approach by which privacy provisions are both respected and applied in the service of rapid response interventions (Justice 2013).

The first filter requires each participating agency to first determine if an at-risk situation can be adequately resolved within the normal course of business within their own sector. If so, it should not come to the Hub, and no information need be shared outside of existing and routine bi-lateral frameworks (such as a police officer calling in a child protection specialist, or an emergency room nurse calling in an addictions counselor). Each participating agency has developed its own protocols for conforming to this threshold.

At the second level, the originating agency describes the nature of the situation using only

de-identified language. In addition, they describe the reasons for their suspicion that multiple risk factors may be compounding in the situation, and in turn, why they believe these factors constitute an elevated risk that should invoke a collaborative, multi-agency response. Only when the Hub table achieves ‘*a consensus of experts*’ that the situation sufficiently merits discussion at the table will the Hub chair invite the originator to escalate to threshold three.

At level three, only a limited amount of identifying information is shared at the table, and this is essential for determining the potential role that each agency might play in mitigating the elevated risk situation. The Hub does not create new records or case files. Thus, other than recording a strictly de-identified tracking of risk factors and their resolutions, all responsibility for record keeping remains with the professionals and agencies involved. These in turn remain subject to the privacy practices and policies that govern those agencies respectively. Thus, before proceeding to level three, the Chair will instruct those with no immediately apparent role to play in a given situation to desist from taking any notes. They may hear brief conversations that do not pertain to them, operating under a strict non-disclosure agreement, and in some instances, agencies may recognize an important role as they hear the situation in greater detail.

In the majority of situations, the move from level three to level four is swift and automatic. As soon as the most basic information is revealed about the individuals and/or location involved in the at-risk situation, the agencies with relevant additional information and the ability to contribute to an immediate intervention plan identify themselves, and level three is concluded with only the most vital information having been shared in the forum. In many cases, of course, agency representatives at the table may lack immediate knowledge about their current involvement, and may need to consult with colleagues in their own sector before making a final determination on the full nature of their participation in the situation. Level four is where the real collaboration occurs, and this occurs privately among only those agencies with a direct role in an intervention. Rather than a discussion of “what’s allowed”, the discussion quickly becomes one of “what’s required”. Virtually all of the relevant rules established on privacy both contemplated and thus include strict requirements for professionals to engage and collaborate with other professionals when individuals, the community, or both, are facing immediate risks of harm, or when, in the judgment of those professionals, immediate treatment can be made substantially more effective.

### 3. A Powerful Source for New Forms of Analysis

From its inception, the Hub was anticipated to be a powerful tool for immediate intervention leading to a range of positive outcomes. Perhaps the biggest surprise has been its value as a source of new insights into community risk patterns. The Hub has been instrumental in providing empirical evidence for opportunities for systemic improvement. By tracking the composite risk factors presented in Hub situations, the agencies that identify and work to resolve them, and the nature of the interventions that prove to be effective, the Hub has yielded a treasure of **data on risk factors and solutions** that is now driving policy decisions both locally and at the provincial level.

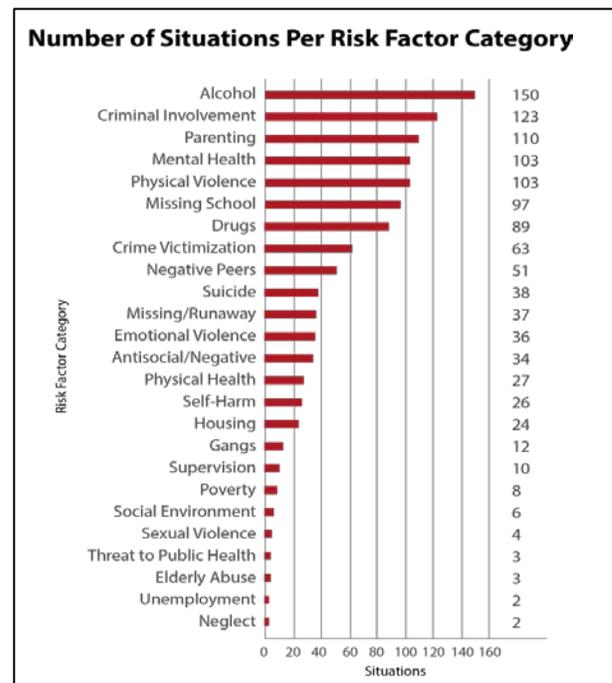


Figure 3: Predominant Risk Factors Identified in CMPA Hub Situations (Hub, 2013)

The PA Hub, with support from the University of Saskatchewan, pioneered the development of a **standardized risk tracking system**, and this database has grown to include information on intervention outputs that is currently being used in an ongoing evaluation. Government specialists have worked with the local team to create a more secure interface for data collection and storage, and the result is a **common database** now used by all Hubs in the province.

#### The Prototypical Hub Situation

The most typical Hub discussion will have been brought forward by Social Services, the Police, or Education and it will have concerned a 12 to 17 year old individual showing an average of 6.1 risk factors. The main risk categories will have been 'Alcohol', 'Criminal Involvement', 'Parenting', 'Mental Health', 'Physical Violence', 'Missing School', 'Drugs', and/or 'Crime Victimization'. The situation will have required 3.8 individual discussions with a total discussion time of 35 minutes.

Once identified by the Hub as a situation requiring multi-agency intervention, the relevant agencies (on average, 3.8 agencies) will typically have engaged in a 'door knock', a planned and purposeful visit to the individual or family involved, with a view to connecting them to the most appropriate and responsive services based on their immediate needs. In 57% of situations the lead agency will have been different from the originating agency.

In 79% of situations, the identified acute risks will have been mitigated and the situation closed within 2 weeks. In the vast majority of situations, people will have been connected to the services required (70%). Only very few individuals will have refused services (5%) and, of the individuals merely 'Informed of services' (22%), many will have since engaged the services offered at a later point.

At local levels, this data provides for ongoing analysis and collaborative decision-making about community risk factors. More recently, studies at the provincial level are deriving new insights from this data, including the extent to which Hub situations reveal otherwise unseen risks to children and more traceable patterns in the roles played by mental illness, alcohol and other addictions.

#### 4. A Highly Replicable Model

A final highlight in the Hub's evolution is its value as a model for others to follow. CMPA has hosted visitors ranging from neighboring community leaders to major city delegations from across Canada and the US, from front line practitioners to a Parliamentary Committee and the Governor General of Canada. Every visit has provided an opportunity to better understand the model and its operating premise and to learn more about its transferability into other jurisdictions with different demographic and risk profiles. Throughout these exchanges, care is taken to protect the procedures and disciplines that define program fidelity, or what McFee likes to call "protecting the franchise".

There are currently many policy and community jurisdictions in Canada that are in the formative and implementation stages of adopting and developing their own variation on the PA Hub model. Several of these are in Saskatchewan, where 10 active Hubs are expected by the time

of this publication. Perhaps the most evolved of the outside examples is the recently formed Ontario Working Group on Collaborative Risk Driven Community Safety. Close to a dozen jurisdictions in that province are working together, with assistance from Taylor and others, to develop hub models and variations in Canada's most populated province and some of its most densely populated cities (OACP 2013). The RCMP and Halifax Regional Police are similarly engaged with their local partners in several area communities, adding an evidence-based Youth Evaluation Methodology to focus their Hybrid Hub model on reducing the risk factors that can lead to anti-social, self-destructive and/or criminal behaviour among young people (Wells 2014). And, the City of Winnipeg recently moved forward with their Block-by-Block model, inspired in part by the PA and Saskatchewan experience (Owen 2013).

### **Some Key Lessons Learned from Broader Experimentation**

A few general observations from the growing uptake of the PA experience are worth noting for those considering developing their own hub model:

First, while the PA Hub may have become noteworthy for its reduction in violent crime (37% since 2010), it is doubtful that such numbers can be achieved in jurisdictions with much lower crime and violence indices to begin

with (Hub 2013). However, the drive towards adoption of the PA Hub model is now also arising as strongly from other non-crime sectors as Health, Mental Health and Education as it is from policing circles. This is not surprising in that the Hub model cuts across multiple community risk factors and brings new forms of service connections.

Second, it has been quickly recognized by others that the very local nature of the Hub, as originally identified in Govanhill Scotland, makes it also suitable for application even within the largest urban jurisdictions, provided it is implemented within a bounded and well-defined catchment zone, where local professionals have a realistic ability to share and collaborate, and where acutely elevated risk situations can be most readily identified. The ideal catchment area in almost all applications thus far is usually home to the most marginalized population groups, and typically represents the identifiable sources of disproportionate service demands on virtually every part of the system.

Third, the work on privacy interpretations in Saskatchewan has already yielded a set of interim information sharing guidelines to support the Hub. However, other jurisdictions should exercise some caution, especially since many of the pertinent acts and regulations are provincial, suggesting that effort should be

made to determine the transferability of these privacy guidelines and their related practices in other provinces.

### **Summary: So what's in this model for the Police?**

This is an important question for those who may be examining the Hub model from a purely policing lens. Like most sectors, the police have seen more than a fair share of fads come and go, and it takes valuable time and effort to embrace new ideas. Here are a few answers and a few insights into why we believe this is not merely the latest 'policing program', but it in fact represents a game changer for the police in Canada and beyond:

- It provides for direct intervention on identified and verified "risk factors" rather than conjecture and opinion about what might be causing crime and victimization in a community;
- It draws on the resources and insights of multiple agencies;
- It is proactive and preventative, with the ability to deliver a range of solutions not limited to reactive, enforcement options alone;
- It is evidence-based in its concept, design and execution;
- Its activities and outcomes can be continually measured and assessed; and,
- It represents a uniquely 'demand-side' solution to the economics of policing.

Finally, when situated within a comprehensive, multi-sector commitment to community safety and wellness, the Hub represents a vital, real time component of a broad rather than narrow based response to conventional policing problems. The opening qualifier here is important. A Hub in isolation may seem like a valuable tool for intervention in its own right, but without the commitment of the partners to analyze and also learn from the risk factors that present themselves, and to take action together to change the risk profile and the system's ability to respond effectively, it is doubtful that such an approach would be sustainable over time.

### **Conclusion: Redefining the Economics of Community Safety**

Among the lessons learned from the evolution of the Hub and its related approaches in Saskatchewan is the value to be gained when police investments in community safety can be connected to the broader range of agendas that matter most to society. What began as a police initiated crime-fighting initiative in Prince Albert has rapidly transformed into a new way of addressing social issues in general. The Hub has already demonstrated its effectiveness to the satisfaction of its originators and its many champions in Prince Albert, in Saskatchewan, and in many other parts of Canada. What will be most important to the sustainability and

transferability of the Saskatchewan model will be the continuing research studies necessary to give empirical support to the achievements and outcomes being realized from this collaborative risk-driven approach. Many such studies are already underway, and the province has openly committed to expanding its embrace of evidence-based practice, continuous and collaborative learning, and technology-supported innovation, through new and enhanced partnerships currently taking shape

among the provincial government, the Universities of Saskatchewan and Regina, and other national interests in research and innovation.

In the meantime, that small dancing crowd by the river has much reason to be proud. They have not merely shifted the conversation from policing to community safety. They have re-defined it. And, they have done so while respecting the importance of the core functions of policing.

### **The Bottom Line – Q/A with the Authors**

**What investment is required by a police service to develop and participate in a hub model (i.e. time, personnel, etc.)?** The hub itself operates entirely within existing staff resources of all participating agencies. All agencies report a positive return on the investment they make in staff time, with typically one or two sector specialists attending for 90 minutes, once or twice per week.

**Does the hub model have demonstrable impact on conventional and other police work (i.e. crime, calls, investigations, etc.)?** PA has seen a drop in calls for service for the first time in many years. Crime and victimization rates are trending positively in noticeable ways, especially with respect to violence and youth-related patterns. There is still much to be learned about how the Hub-led interventions are affecting other patterns of police work, especially in environments like PA where demand still outstrips capacity.

**What are the benefits for police services working with other community service agencies in this model?** From both sides of this equation, agencies report significant improvements in collaboration in general, more efficient information flows, and more cooperative working relationships. Every agency reports gaining important new insights into the realities and challenges facing their counterparts, and new opportunities for shared effectiveness and efficiency.

**What makes the hub model “different” from other police based crime prevention and response strategies or programs?** Most police involvement in crime prevention skews to the extremes: either through involvement in generalized ‘primary prevention’ programs with community partners, or through targeted suppression activities aimed at identified offenders. The Hub situates police, together with others, at the critical point of intervention – before a crime is committed, but after accumulating risk factors have been identified for a specific individual, family or location.

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