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**EXPLORING THE PLURALIZATION OF COMMUNITY SAFETY:  
A Qualitative Analysis of the Perceived Operation and Implications of Situation Tables**

by

Taylor Knipe

B.A. (Honours), Wilfrid Laurier University, 2015

THESIS

Submitted to the Department of Criminology  
in partial fulfillment of the requirements for  
Master of Arts in Criminology

Wilfrid Laurier University

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# THE EMERGENCE OF COLLABORATIVE RESPONSES TO COMMUNITY SAFETY

## INTRODUCTION

In 2013, Public Safety Canada hosted a Summit on the Economics of Policing to discuss a problem regarding the sustainability of public policing. Increasing demands for public safety have been met with decreasing police budgets. The acknowledgement of this problem by Public Safety Canada (PSC) initiated the push towards new collaborative models of community safety, often referred to as “Situation Tables” (Russell & Taylor, 2014). Situation Tables seek to mitigate acutely elevated risks of crime and/or victimization in the community through multi-sectoral intervention (Nilson, 2014). Collaborative in their orientation, Situation Tables are described as engaging citizens, police, and community stakeholders in developing “integrated community safety approaches to get at the roots of crime” (PSC, 2013). Involving citizens in the “co-production of community safety” is purported to foster a “collective impact” for communities (Hope, 2005).

The outcome of Public Safety Canada’s Summit was a *Shared Forward Agenda*, which listed “improved community safety models by all police services, in conjunction with other social services” as a key objective (Steering Committee, 2013, pg. 4). In order to achieve this objective, pilot projects were launched across Ontario to provide “collective coordination and support to implement new models of community safety” (PSC, 2013). Situation Tables have been central to these pilot projects, and they illustrate the movement towards pluralized policing and the growth of security networks (Sanders & Langan, 2016). Situation Tables also demonstrate the incorporation of “welfare organizations” (such as social service agencies) into the network of pluralized policing. The network of pluralized policing, until recently, has traditionally involved only public and private security actors, such as public police and private

security firms, which arguably have a distinctly different aim (Crawford, 2001; Palmer & Whelan, 2006).

With the growing governmental push towards collaborative models of community safety, it is important to understand how these new models of plural policing work, and what the implications of these initiatives are for members of the community that are involved with them. Previous program evaluations of Canadian Situation Tables have focused largely on quantitative outputs, such as number of situations concluded and number of situations where risk has been mitigated (Babayan et al., 2015; Nilson, 2014), with little qualitative evaluation of outcomes – that is, how these Tables are perceived to operate and the perceived implications of these initiatives for individuals at risk. Sanders and Langan (2016) have criticized this focus on organizational outputs and argued instead for evaluations that qualitatively explore the outcomes of Situation Tables for the clients served. Crawford (1998) describes “outcomes” as the consequences of service activities for the wider community. He cautions outputs taking precedence over outcomes because social goals, such as safety and well-being, may become eclipsed by organizational goals, such as crime reduction. Palmer & Whelan further warn there is a danger of policing networks becoming “self-steering inter-organizational networks with no democratic accountability” (2006, pg. 461). As such, there are growing concerns that policing networks will be able to evade democratic controls that have been put in place to restrain police power, thereby rendering larger societal issues outstanding (Crawford, 2001).

While quantitative “risk mitigation” outputs have been utilized in an attempt to demonstrate organizational accountability, qualitative accounts of the implications of risk-driven intervention for individuals at risk from *both* the perspective of service providers involved with interventions and the clients served are missing (Sanders & Langan, 2016). And yet, it is these

qualitative accounts that would more democratically measure the success of initiatives. As Nilson (2015) points out, having the perspectives of service providers and clients will “deepen and enrich our understanding of the impact that collaborative risk-driven initiatives may have on clients” as well as provide insight on “multi-sector teams offering supports through an intervention process” (pg. 20). The limited modes of accountability for modern “inter-organizational policing networks” (Loader, 2000) become even more apparent when turning to the academic literature on collaborative responses to crime control and the evaluative literature on community safety and well-being initiatives (Babayan et al., 2015; Nilson, 2015). The impact of these initiatives for individuals at risk is extremely limited, in both of these areas of literature, signifying the minimal accountability of initiatives and a gap in knowledge.

My research addresses this gap in knowledge by conducting a qualitative analysis of service providers’ perspectives regarding one Situation Table, the *CPRIT*<sup>1</sup>, operating in a mid-size urban city in Ontario, to provide a micro-level analysis of the growing trend toward collaborative responses to community safety within a Canadian context. My research explores a) how Situation Tables are intended to operate, from the standpoint of the Ontario Working Group (OWG), and b) how social service providers involved with the *CPRIT* perceive it to operate and perceive its implications for individuals at risk. Drawing upon theorizing in plural policing (Loader, 2000), my study seeks to answer the following three research questions: (1) How do OWG documents want Situation Tables to operate and contribute to the broader goals of community safety and well-being? (2) How do social service providers perceive the *CPRIT* to be operating? And; (3) What do social service providers perceive to be the implications of the *CPRIT* for individuals at risk?

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<sup>1</sup> To ensure the anonymity and confidentiality of those who participated in this study, I have used the acronym *CPRIT*, which stands for Community Partners Risk Intervention Table.

To answer these questions, I conducted a detailed document analysis of seven Ontario Working Group (OWG) documents, which are intended to guide how Situation Tables operate. I also conducted in-depth, semi-structured interviews with seven members of the *CPRIT*, to understand how this Situation Table is perceivably operating and the perceived implications of this initiative for individuals at risk. From my document and interview analysis, I argue that Situation Tables present as state-centric networks, which operate as novel technologies of control that extend state control through responsabilizing service providers and individuals for risk mitigation. Additionally, I argue that the managerial undertone of Situation Tables further marginalizes those at risk.

## CHAPTER OUTLINE

In Chapter One, I begin with an examination of this study's epistemological foundation, through an exploration of the theoretical frameworks of plural policing and neoliberal governing. I then review the academic literature available on collaborative responses to community safety, in order to situate my research study within the context of both the theoretical frameworks and existing empirical work.

Chapter Two provides a case study description of community safety and well-being initiatives in Ontario. Chapter Three outlines the research methodologies that were utilized within the completion of this project. Specifically, I outline my document analysis and semi-structured interviews and provide a description of how data were categorized, analyzed, and theorized using constructivist grounded theory (Charmaz, 2014).

In Chapter Four, I begin by introducing the thematic areas that emerged within my document analysis. I then discuss how Situation Tables are framed within OWG documents as



state-centric entities that responsabilize service providers and individuals for risk mitigation. I argue that this state-centric approach serves to further marginalize community members ‘at risk’.

In Chapter Five, I look at the lived experiences of service providers, including police, who have been involved with implementing a Situation Table to see how they perceive it to be operating and the perceived implications for individuals at risk. From this analysis, I argue that service providers’ accounts of *CPRIT* table practices are closely aligned with the OWG’s organizational framework. Specifically, I demonstrate how the *CPRIT* facilitates the process of responsabilization through state ‘steering’ and agency ‘rowing’ that is reinforced through the managerial culture of risk mitigation that frames the *CPRIT*’s implementation and evaluation. In Chapter Six, I provide a summary of the research findings and discuss the practical and theoretical implications of this work, as well as put forth potential avenues for future research.

## CHAPTER ONE – PLURAL POLICING & COMMUNITY SAFETY

### Introduction

In what follows, I begin with a review of the literature on plural policing, drawing specific attention to the debate surrounding state-centric versus nodal governance. I then review the concepts and implications of responsabilization and neoliberal governing, as these relate to collaborative responses to community safety. Next, I discuss the literature on how community-based organizations and individuals “at risk” have been impacted by previous collaborative responses to community safety. Finally, I conclude with how my research on Situation Tables, a new collaborative risk-driven community safety and well-being initiative, provides a useful empirical case study to explore the changing policing landscape in Canada.

### Plural Policing

In light of Public Safety Canada’s push towards new collaborative models of community safety, we have witnessed a shift in crime control towards the pluralization of policing. Plural policing is best described as a form of crime control that is affected through a network of service providers who are tasked with the responsibility of delivering policing and risk management (Loader, 2000). Central to plural policing has been the “responsibilization” of community-based organizations and the development of risk management strategies that pervade the criminal justice system (Palmer & Whelan, 2006). Responsibilization is defined as, “a strategy that involves the central government seeking to act upon crime not in a direct fashion through state agencies, but instead acting indirectly, seeking to activate action on the part of non-state agencies” (Garland, 1996, pg. 452). This responsabilization strategy has been proposed as the solution to increasing public demands for safety and security, with decreasing state resources to

deliver that security (Hope, 2005). In getting community-based organizations to take responsibility for crime prevention and control, the state becomes relieved of being the sole bearer of the burden of delivering crime reduction to society (*ibid*).

This shift in discourse toward plural policing demonstrates how policing is increasingly being provided by, “networks of public, private, and welfare organizations” (Sanders & Langan, 2016, pg. 4). These new “security networks” (Dupont, 2004) have resulted in communities and individuals increasingly being “expected to contribute to their own regulation, security, and safety” (Ransley & Mazerolle, 2009, pg. 366). Plural policing is, therefore, a means by which social control is maintained in democratic societies (Loader, 2000). In democratic societies, communities are expected to self-regulate and entrust crime control to social institutions. Plural policing is more intrusive than the traditional reach of the public police because it has the ability to extend control beyond the realms relevant to policing into all areas of social life (Bayley & Shearing, 1996). As Palmer and Whelan (2006) argue, we are only “free” in so much as we engage in self-governing practices that meet societal standards of risk mitigation.

Within the theorizing on plural policing, there are disagreements about the role of the state in policing networks. On the one hand, some scholars argue that these networks are state-centric (Cherney et al., 2006; Crawford, 2006), while on the other hand, there are scholars who argue that safety and security are produced through a nodal governance model (Brewer, 2015; Wood & Dupont, 2006). At the centre of this theoretical debate is the question of who holds the most power. A state-centric (steering) model views public police as “playing a central role in creating networks” and “brokering alliances” (Cherney et al., 2006, pg. 379) seeking to “govern at a distance” the “policing activities of other non-state parties” (Crawford, 2006, pg. 466). In contrast, a nodal (networking) model views plural policing providers as being “linked together in

the co-production of safety and security through horizontal partnerships” (*ibid*). Power, within a nodal governance model, is fluid and ever changing because there are brokers of crime control that “bridge network barriers, modulate the flow of network resources, and mobilize connections” (Brewer, 2015, pg. 1). Power, therefore, becomes a product of how brokers are able to “connect, direct, and influence networks” at any given time (Brewer, 2015, pg. 9). This notion of power as being fluid within nodal networks is contrary to the state-centric framework of plural policing, wherein, power is fixed and controlled by the state. These two models – state-centric and nodal governance – will be discussed in further detail below.

### State-Centric vs. Nodal Governance

Within the state-centric framework, governance is carried out hierarchically, with the public police being the sole and central “broker of public safety” that “harnesses” the crime control capacities of external partners in the delivery of community safety (Cherney, 2008, pg. 635). Public police are therefore the main representative of the state, in the realm of delivering community safety. Osborne and Gaebler (1992) provide a nautical analogy for understanding the position of the state within the state-centric framework (as cited by Crawford, 2006). They conceptualize the state as maintaining control over the ‘steering’ functions (e.g., setting goals and monitoring the achievement of those goals) while agencies do the ‘rowing’ (e.g., crime preventative work on the ground). The state mobilizes and empowers external agencies that act as surrogate regulators through service provision (Crawford, 2006). Pluralized policing has, therefore, created “novel technologies of control” that extend state control over behavioural compliance and increase state capacity (Crawford, 2006, pg. 454). As Palmer and Whelan (2006) explain, a state-centric approach expands and extends public police powers by increasing state

surveillance and intervention based on risk. Loader (2000, pg. 332) goes so far as to term policing networks the “new sociology of governance” because there has been an emergence of multi-level forms of governance, where power has remained state-centric, and yet service delivery is no longer subject to democratic control. As stated above, within democratic societies crime control is entrusted to social institutions, with the expectation that these institutions will be subject to controls. The “principle of public justice” (Loader, 2000, pg. 337) drives the enactment of such controls and states that public service providers should consider the impact of decisions made. A consideration of the impact of decisions made, by respecting the rights and interests of *all* members of society, is what ensures that social institutions affecting crime control are subject to democratic control and accountability (Loader, 2000). Without democratic controls in place, the state-centric model cannot ensure that the implications of pluralized crime control are considered for the organizations involved and the people they serve (Dupont, 2004).

Within the nodal model, governance is carried out non-hierarchically “by a range of actors (nodes) according to different positions of power” (Wood & Dupont, 2006, pg. 4). The state is, therefore, “one node amongst many” and governance is “a property of the network” rather than “a produce of the centre” (Crawford, 2006, pg. 458). Governance, in this model, is far more complex and requires an “interplay of many agencies” steering and rowing at different times (Johnston & Shearing, 2003). This interplay of agencies is why nodal governance has been framed as consisting of horizontal partnerships that co-produce safety and security and coordinate in the creation and execution of goals (Crawford, 2006). The notion of multiple “brokers” of crime control offers new insights into how the delivery of security is shaped by its actors (nodes) (*ibid*).

Actors are able to utilize different forms of capital as strategic assets within security networks (Dupont, 2004). The capital held by each actor (such as economic, political, cultural, or symbolic) provides the ability for actors to maximize their position in the network (*ibid*). Public police, as an agency aligned with the state, have a significant amount of economic and political capital. They have also amassed a considerable amount of cultural and symbolic capital. Within security networks, expertise constitutes cultural capital and with expertise, comes the symbolic legitimacy of an agency and its power to speak with authority to other actors (*ibid*). Public police have access to data and crime control technology and can utilize these forms of capital to leverage their position as knowledge brokers within security networks (*ibid*). Exploring the internal characteristics of nodes enables an analysis of “how power is created and exercised within a social system” (Burriss, 2004, pg. 341). It also enhances our understanding of how contemporary crime control and plural policing networks have been designed and employed (Brewer, 2015).

Research conducted on plural policing networks in Canada notes that although Situation Tables may appear to be nodal, and are often characterized as nodal, upon review of their internal characteristics they are arguably state-centric (Sanders & Langan, 2016). For example, Sanders and Langan (2016) conducted a study on the development of a Situation Table in Ontario, where they found that during the initial stages of Table development, police were actively involved in recruiting social service providers. Once developed, the police continued to take the lead in chairing Table discussions and accompanying service providers to interventions. Police, therefore, retained power throughout Table development and implementation (*ibid*). The police also secured government funding, promoted risk factors associated with crime and disorder, and developed performance measures. These performance measures (e.g., number of

situations concluded) are aligned with the quantitative goals of crime and disorder reduction typically focused on by police (*ibid*). Sanders and Langan’s research findings reflect a state-centric model of governance that involved active steering by police, who set goals and monitored initiative performance. More specifically, police connected, directed, and influenced the governance of risk, by connecting Table members and directing the Table process (for similar results see Brewer, 2015; Crawford, 2006). Within state-centric networks, the state often develops “mechanisms for checking, verifying and monitoring performance against the goals, norms and values set” (Crawford, 2006, pg. 453). Yet, it is important to explore who leads plural policing networks because the organizational culture of policing, as an anchor with cultural authority in the state-centric framework, can hinder genuine community mobilization wherein community safety is to be “co-produced” (Crawford, 2006; Hope, 2005; Jamieson, 2008). The state-centric framing identified by Sanders and Langan (2016) supports the argument that, in their study of a Situation Table, the power of the state has been extended through responsabilized networks that engage in neoliberal governing (Crawford, 2006; Palmer & Whelan, 2006).

### Plural Policing as Neoliberal Governing

Plural policing as a theoretical framework provides a “common conceptual platform to interpret the complexification of security provision, across a spectrum of configurations” (Dupont, 2004, pg. 87). O’Malley (1992) argues that the shift toward plural policing – whether it be state-centric or nodal governance – fits with Foucault’s concept of governmentality, which pertains to the governance of conduct through “technologies of power”. Through plural policing networks, the crime control capacities of non-state actors are utilized as modes of power that extend state control over the behavioural conduct of members of society that are seen as posing a

risk to the social order. Foucault's "technologies of power" suggest that those in power employ disciplinary strategies to identify and intervene in the lives of "problem individuals" who present as a threat to the social order because they deviate from what is deemed to be "normal" (O'Malley, 1992, pg. 253). Technologies of power, therefore, act as conduct-governing practices that seek to govern and manage risk, in order to reduce the negative impact of disorderly conduct on public sense of security (O'Malley, 1992; Rose, 2000).

The political advancement of risk and uncertainty, within the context of public security, has driven the emphasis that is being placed on the identification of risk factors. The heightened concerns that abound around risk factors are utilized to create governable spaces and subjects that pose a risk and enable "technologies of power" to manage such risks (O'Malley, 1992). The Crime and Disorder Act (CDA) in the United Kingdom (UK), for example, demonstrates the political advancement of risk and governable spaces in the UK. Since its implementation, the CDA has mandated the development of Crime and Disorder Reduction Partnerships (CDRPs) between public police and community agencies, who are to act in partnership to implement crime prevention strategies that mitigate risk (Crawford, 2001). Specifically, the CDA has provided members of CDRPs with the authority to mitigate risks of crime and disorder through Anti-Social Behaviour Orders (ASBOs) which prohibit disorderly conduct and exclude persons responsible for disorderly conduct from particular places to ensure community safety (Hope, 2005). By utilizing ASBOs, collaborative partners are able to instill social control, decreasing the visibility of social disorder and increasing public sense of security. Under neoliberal governance, technologies of power extend beyond concerns specifically directed at public security to include the identification of risk and the governance of conduct within various areas of social life. Such conduct-governing practices are intended to mitigate risk and extend state governance into social



domains (Kelly, 2001). One example of a conduct-governing practice is the governance of behavioural conduct at school. In this area of social life for youth, the risk of not making the proper transition to adulthood is mitigated by the compulsory practice of attending classes and demonstrating controlled behaviour.

### Preventative Partnerships in Community Safety

Technologies of power require forms of expertise to mobilize new techniques and modes of control (Rose, 2000). In the realm of crime control, public police are seen as the predominant form of expertise and they utilize risk-based models (often referred to as actuarial models of risk) as crime prevention strategies (Goddard, 2012). For example, the Integrated Justice Service Project in Calgary, Alberta was created by police to enhance services for offenders who are at a high risk of reoffending. The Project focuses on known risk factors that are associated with criminal behaviour and offers support services at one location to mitigate those risk factors (Thompson & Schutte, 2010). The Safe Communities Resource Centre is a component of the Project, which provides a “one stop shop” of support services, based upon offenders’ assessed level of risk and need. Actuarial risk-based models assume “all action is calculable in terms of risk” and involve communities taking responsibility for risk management and public security (Kelly, 2001, pg. 25). In risk management environments, the work of agencies is structured around an array of risk factors that are associated with an increased likelihood of criminal and/or disorderly conduct (*ibid*). Within this model, there is a threshold that defines the level of risk that is “acceptable” to experts (Rose, 2000).

To date, there has been little research that explores how social service providers perceive and respond to actuarial risk-based models set by their workplaces. Consequently, little is known

about how service providers construct risk and the implications these constructions have for those being labeled “at risk” (Goddard, 2012). Yet, there appears to be an imaginary moral consensus among agents of control regarding what constitutes risk and how it should be calculated (Kelly, 2001). Further, the consequences of the threshold of acceptable risk for those subject to risk classification and governance are not taken into consideration (Rose, 2000). Power is maintained through defining acceptable risk and generating conduct-governing practices based upon this definition, without the input or consideration of those subject to the definition and the practices that arise as a result (*ibid*). Within the risk-based framework, at-risk individuals are seen as making the rational choice to either commit and/or prevent criminal behaviour and are perceived as being in control of the factors that place them at risk of crime and/or victimization (Liebenberg et al., 2015; O’Malley, 1992). By viewing these persons as rational actors, at-risk individuals become responsible for their own risk mitigation, while the larger systemic issues that place them at risk (such as poverty, lack of access to housing, education, and health care services) are buried and left underexplored (O’Malley, 1992).

Relying upon a risk-based model to classify subjects, spaces, or behaviours as “risky”, and using the risk-based model to mobilize risk interventions on the basis of these classifications, has resulted in the development of institutionally-structured risk environments, within which risk is both standardized and individualized (Kelly, 2001). These environments are created by experts who define risk and utilize risk mitigating techniques within the provision of social service (*ibid*). For example, within schools there is an institutionally-structured risk environment where students’ behaviours are subject to institutional codes of conduct. These environments standardize risk, by operating under the guidance of universal risk factors, and they also individualize risk, as needed, to engage in risk mitigation with deviant individuals (*ibid*). By

constructing individuals as risky subjects, as opposed to subjects exposed to risk, interventions can be utilized to responsabilize members of society for their own risk mitigation (Scoular & O’Neil, 2007). Research available on preventative partnerships among public police and community agencies have identified a number of implications that are associated with the implementation of risk-based models of community safety – implications that illustrate this move toward the individualizing of risk. These implications include: responsabilization and governing at a distance, managerialism, and a lack of clarity (Crawford, 2001; Garland, 1996; Goddard, 2012; Kelly, 2001). I will discuss each implication, in turn, below.

### Responsibilization and Governing ‘at a distance’

Society has arguably shifted from a welfare state to a neoliberal state, wherein welfare initiatives have been replaced with community-based risk management – outsourcing the state’s responsibility for ensuring community well-being. (Goddard, 2012). With this shift in discourse, the community itself is called upon by the state to deliver crime prevention initiatives and to implement solutions regarding public safety and social control (Bania, 2012; Dunbar, 2011). Community crime prevention recognizes “the community” as an important institution in the reduction of crime and victimization and requires members of the community to become both agents of crime control delivery and targets for intervention (Dunbar, 2011). Neoliberal governing produces agents that execute governance of the state (i.e., “govern at a distance”) by actively participating in crime control and working to shape the conduct of those “at risk” (Kelly, 2001). Neoliberal governing also constructs the management of risk as the “responsibility” of at-risk individuals, provoking seemingly autonomous individuals to “prudently manage the DIY self” (Kelly 2001, pg. 31). By responsabilizing service providers to engage in community safety

and the mitigation of risk, this “novel technology of control” (Crawford, 2006) shapes the everyday practices of organizations and the individuals they serve.

For service providers, this shaping means that the needs of clients are often offset by systems that are more performance-based (i.e., economically driven) than supportive and that require self-management by individuals (Liebenberg et al., 2015). For example, within the criminal justice system, the goal is for offenders to be able to actively reduce their own risk of reoffending. This goal demonstrates that public safety and reduced crime, as more cost efficient outcomes, override the rehabilitative needs of the offender, such as, psycho-social support. As identified by Liebenberg *et al.* (2015), “prioritizing economic principles over social welfare has resulted in systems that promote the responsibility of the individual through behavioural regulation rather than invoke collaborative ways to address social problems” (pg. 1008). Freedland and King (2003) argue that this push towards responsabilization and governing at a distance reflects the “liberal intent” of “illiberal contracts” between individuals and service providers in the provision of social service. When examined on a surface level, the systemic barriers that place these individuals in the position of needing support in the first place are not taken into consideration. The end result is that individuals enter into social service contracts “willingly” to gain access to social services, in exchange for the regulation of their behaviour.

For example, an individual that has lost a job can gain access to unemployment financial support, in exchange for that individual making a regulated attempt at finding alternative means of employment. So with a “liberal” intent, comes an “illiberal” contractual requirement (*ibid*) Social service contracts not only mandate behavioural self-regulation on the part of individuals, but social service providers as well in that there is an element of organizational accountability. With the example outlined above, the social service provider at the unemployment office is

regulated, by standardized criteria put forth by the state, as to how to distribute unemployment support and monitor individual attempts at securing means of employment.

Self-regulation of behaviour, for both service providers and individuals, furthers the notion that communities are now responsible for ensuring their own safety and well-being (Ransley & Mazerolle, 2009). As a result, there has been a growing use of contractual arrangements throughout various social arenas that give life to these novel technologies that behaviourally manage individuals deemed necessary to manage and control (Freedland & King, 2003). Another example of a contractual arrangement is the support services that addictions counsellors offer drug addicts who are deemed to be at risk of relapse. In this example, drug addicts are offered support with the stipulation that they not continue to use drugs while in addictions counselling. If at-risk individuals do use drugs, they may be subject to exclusion from further drug therapy (Liebenberg et al., 2015). Benefits are, therefore, contingent upon self-regulation (Rose, 2000). These contractual arrangements are often imposed by agencies of the state and tend to promote an agenda that is different from the needs-based agenda of social service providers, because they are as much about efficiently managing service provision as securing individual discipline (Freedland & King, 2003). This state-centric approach places responsibility for behavioural management on service providers as well as individuals at risk (Goddard, 2012).

### Responsibilization and The Implications for Community-Based Organizations

To examine how much neoliberal crime control has triumphed in the practice of community crime prevention, Goddard (2012) conducted in-depth interviews with frontline service providers who carry out risk-based predictions and interventions with “at-risk” youth.

Goddard identified a mix of approaches among service providers regarding the proper utilization of risk intervention to mitigate harm. Some providers supported the notion of at-risk youth as being a threat to public safety in need of behavioural management. Others opposed this notion of at-risk youth and supported more of a social welfare approach that preferred addressing the underlying causes of risk. This mix of approaches among service providers has resulted in the creation of “hybrid arrangements” within the realm of crime control, as community-based crime prevention actors have their own ideas of how best to address crime and youth at risk (Goddard, 2012). Although most community-based organizations (CBOs) use the Risk Factor Prevention Paradigm (RFPP) as an actuarial-based resource to identify youth at risk, some service providers noted that it is less about managing risk than it is about improving social conditions for youth (*ibid*). This finding suggests that the neoliberal shift of responsibility for crime control gives CBOs the perceived ability to tailor their risk management techniques on the ground. Yet, Goddard (2012) also acknowledges the powerful capabilities of the state to affect the activities of CBOs. For example, CBOs are encouraged to use the RFPP to target/identify youth “at risk” and this perceivably sets the tone for how best to govern/act on the risk factors identified (*ibid*). The risk factors generated by the RFPP are largely behavioural and dispositional in nature (e.g., anti-social behaviour, or a suspected mental health issue) and describe what and who in society is “not normal” (i.e., poses a risk and is thus subject to governance).

Although different perceptions of risk may complicate the assumptions of social service providers as risk managers and the responsabilization strategy as a mechanism of the state, the use of various performance indicators to demonstrate the state’s return on crime control investment have been found to be a coercive way to bring CBOs back in line with prevailing risk-based crime and violence prevention (Goddard, 2012). There is a notion of “power

dependence” that is built into community governance, as service providers are “free” to intervene in the lives of at-risk youth, but are subjected to stipulations when doing so (*ibid*). For example, a mental health worker that provides mental health services to a youth in need must determine, within the provision of service, if the risk factor of a suspected mental health issue has been mitigated – in accordance with pre-determined performance indicators. Addressing needs can therefore become overshadowed by the need to demonstrate that risk potential has been properly measured. Thus, research is needed to provide insight into the complex ways that communities implement and shape risk management. Strategies of responsabilization are not simply neoliberal offloading of crime control, but a new form of exercising power and governing risk that is sovereign and adaptive (Garland, 1996; Goddard, 2012). The present study addresses this gap in knowledge by exploring how Situation Tables shape the management of risk.

### Managerial Approaches Foster Uncoordinated Responses

Research that focuses on preventative partnerships for community safety in the UK has uncovered the “managerial” undertone of these partnerships (Crawford, 2001; 2006). Managerialism is a paradigm that is driven by performance measurement and has an intra-organizational focus on ‘efficiency’ and ‘effectiveness’ (Crawford, 2001; Garland, 1996). The managerial focus on the internal operations within organizations renders co-ordination problematic for inter-organizational plural policing networks (Crawford, 2001). For example, there are numerous points of contradictions within crime control policies that mandate preventative partnerships in the UK. The managerial need to set objectives, specify performance indicators, and fixate on outputs rather than outcomes are all points of contradiction that undermine the implementation of a partnership approach to community safety; an approach,

which requires ‘joined-up’ rather than disjointed forces (Crawford, 2001; Garland, 1996).

Agencies are also treated as undifferentiated in their interests and priority practices, even though each agency in a partnership will have varying roles and responsibilities within the realm of service delivery that will be brought to the partnership (Crawford, 2001). For example, public police may have an interest in reducing crime and prioritize the practice of ensuring public safety, while mental health workers may have an interest in fostering a supportive environment and prioritize the practice of ensuring client needs are being met. In addition to diverse organizational interests and practices, community partners are treated as undifferentiated in their power and organizational resources to contribute (*ibid*). This undifferentiated treatment is despite research findings which indicate that the power to influence decisions regarding community safety, as well as the organizational resources to contribute to community safety initiatives, are often unequal within preventative partnerships (Crawford, 2006).

The uncoordinated dispersal of policing and risk management through community safety partnerships has resulted in a fragmented response, wherein there is a pluralization of service delivery without a truly “networked” approach. Crawford (2001) argues that this fragmentation of service delivery results from government policy that exerts control over partnered agencies by outlining performance measures and setting performance targets. Performance measures, like police-recorded reductions in crime, foster tunneled-vision on organizational outputs, rather than wide-angled responsibility for community outcomes (see Crawford, 1998; Crawford, 2001; and Hope, 2005). Through the use of performance indicators, the emphasis is placed on what agencies have done, rather than what they have more broadly achieved (Garland, 1996). This emphasis on prioritizing the attainment of performance targets and indicating efficient use of resources to governing bodies, over the delivery of quality services and the demonstration of



accountability to members of the public, has been illustrated within Situation Table analyses (Nilson, 2015; Sanders & Langan, 2016). These analyses document the evaluative focus on the quantitative number of situations concluded and reduced calls for police service, without attending to qualitative inquiry, which would examine how Table interventions are experienced by both service providers and the clients they serve. Managerialism utilizes “rituals of performance verification” that serve to legitimize organizational action regarding crime reduction and promote competition among agencies regarding performance (Crawford, 2001, pg. 67). Competition among agencies hinders co-ordination and inter-agency trust (*ibid*). Without a coordinated approach, there is a lack of clarity regarding the organizational roles, responsibilities, goals and objectives of collaborative risk-driven community safety and well-being initiatives.

#### Lack of Organizational and Definitional Clarity

The challenges created by managerialism are further compounded by a lack of definitional clarity. Concepts such as “community safety”, “risk”, and “anti-social behaviour” are subjective in nature and do not have universally agreed upon definitions. Yet, these concepts are still being measured within initiatives. Upon reviewing the UK’s Crime and Disorder Act, Crawford (2001) found that “preventative measures” were left undefined, so the government would not have to contend with the exclusionary dynamics that pervade community safety tactics. The agencies involved in Crime and Disorder Reduction Partnerships must therefore define and agree upon the “preventative measures” that are to be utilized to ensure “community safety”, despite varying perspectives on how to do so. Also lacking within these partnerships, is a standard system for defining “anti-social behaviour” and/or collectively identifying instances of

disorderly behaviour (*ibid*). To complicate matters further, the increased monitoring of calls made to police for “disorderly behaviour” expands the focus of governance into non-criminal situations and areas of social life that produce an increase in the recorded prevalence of crime and disorder (*ibid*). An increase in police recording could account for why public perception of both risk and the need for increased community safety has remained unchanged, despite falling crime rates. Further, despite public perception, the prevention of risk actually decreased in a follow-up evaluation of a crime prevention initiative that was implemented in Canada (Babayan et al., 2015). For this reason, preventative practices, such as identifying and tracking instances of elevated “risk”, may actually be counter-productive in this regard (Crawford, 2001).

Upon more closely examining points of contradiction within crime control policy in the UK, Crawford (2001 & 2006) remarks that there is also an ambiguity regarding the goals and objectives of community safety partnerships. On the one hand, the goal of community safety partnerships is crime reduction, while on the other hand, it is to generate a broader sense of public security and well-being. Similar to research in the UK, research on plural policing in Australia has also identified ambiguity regarding organizational definitions and goals/objectives for crime prevention, which poses impediments to crime prevention practices (Crawford, 2001; Cherney & Sutton, 2007). Success, in this context, requires “networked” policing partnerships to take into account crime reduction, as well as community safety (Palmer & Whelan, 2006). Partnerships must therefore consider the absence of incidents of crime and disorder, as well as the impact on the well-being and security of the community, in order to truly evaluate their effectiveness (*ibid*). The present study contributes to these bodies of knowledge by exploring to what extent and how community safety and well-being are both understood and operationalized

in the context of Situation Tables, as well as how they are measured and evaluated by those involved in their implementation.

### Responsibilization and The Implications for Individuals “At Risk”

Service providers’ perceptions of youth as rational and autonomous in their decision to engage or not engage with services, without consideration of contextual factors, has resulted in serious repercussions for youth. As Liebenberg *et al.* (2015) showed, those who did not present as “responsibilized” were often banned from further services. Further, case management plans did not appear to target the underlying causes of “risky behaviour”, but rather its negative effects. Focusing on the negative effects of risky behaviour indicates the tendency of some service providers to adopt a neoliberal ideology regarding the management of risk that poses a threat to public security (*ibid*). The crime problem then becomes reduced to one of “recalcitrant individuals unwilling to accept offers of help and support” (Scoular & O’Neil, 2007, pg. 773).

There is an overpowering focus in the literature on preventative partnerships “mitigating risk” rather than promoting well-being, with little examination of how neoliberal principles of governance impact service delivery for vulnerable at-risk youth (Liebenberg et al., 2015). And yet, despite the understudied emergence of collaborative approaches to risk intervention, responsibility for failed intervention is likely to be attributed to the individual and unlikely to be attributed to the risk-based model of practice, which lacks contextual specificity, an appreciation of the diversity of individuals, and an understanding of the social processes and the complexities of client experiences (*ibid*). If considered, these client experiences could have a greater impact on outcomes for vulnerable populations (*ibid*). By “empowering individuals” to manage their own risk and demonstrate self-care, accountability is removed from the state. However, by

implicating individuals in the regulation of their own self-care, the nature of support services is altered and the end result can be exclusion and further marginalization (Liebenberg et al., 2015; Mann et al., 2007). When individuals are blamed for the adverse conditions over which they have no control, this transforms social risk into individual responsibility (Kelly, 2001). The responsabilization process has been termed the “downward spiral” of neoliberal governance, where responsibility has completely shifted from the state to the at-risk individual (*ibid*).

### My Study

The literature on plural policing, and its associated concepts, provide a useful framework for studying Situation Tables. The little empirical research available on Situation Tables has argued that multi-sectoral collaboration can be an effective tool for mitigating elevated risk and enhancing community safety and well-being (Nilson, 2014). These research findings are based upon the premise that once situations of acutely elevated risk are discussed and agreed upon by members of a Situation Table, interventions provide wrap-around services to individuals by connecting those in need with the support services they require (Babayan et al., 2015). Acutely elevated risk (AER) is defined by Situation Table training materials as, “a situation negatively affecting the health or safety of an individual, family, group, or place, where there is a high probability of imminent and significant harm to the self or others (e.g. offending or being victimized, lapsing on a treatment plan, or an overt mental health crisis situation)” (Situation Table e-modules, 2016, pg. 16). The majority of the research on Situation Tables, however, has been quantitative in nature and has focused on quantitative performance outputs, which do not provide an in-depth account of how Situation Tables are operating on the ground and what the perceived outcomes of Situation Tables are.

This study is focused on exploring these collaborative partnerships through examining personal accounts of Situation Table practices. Examining service providers' accounts will provide for an understanding of how the concept of acutely elevated risk (AER) is defined and applied by all of the organizations engaged at the Table, as well as, the implications these applications of AER have for at-risk individuals. With the changing pluralized policing landscape, it is important to examine how these new collaborative responses to community safety and well-being are seen to operate, in order to begin to understand the intended and unintended consequences of these initiatives for service providers and members of the community who have been responsabilized for risk mitigation (Liebenberg et al., 2015; Sanders & Langan, 2016). Thus, it is not just about examining "governing" in diverse contexts, but examining core issues within those contexts (O'Malley et al., 1997). The theoretical frameworks of plural policing and neoliberal governing became relevant during my immersion in the data and were utilized to theoretically analyze the perceived operation and implications of Situation Tables. A case study description of one Situation Table – the *CPRIT* – will be presented in the chapter that follows.

## CHAPTER TWO – CASE STUDY

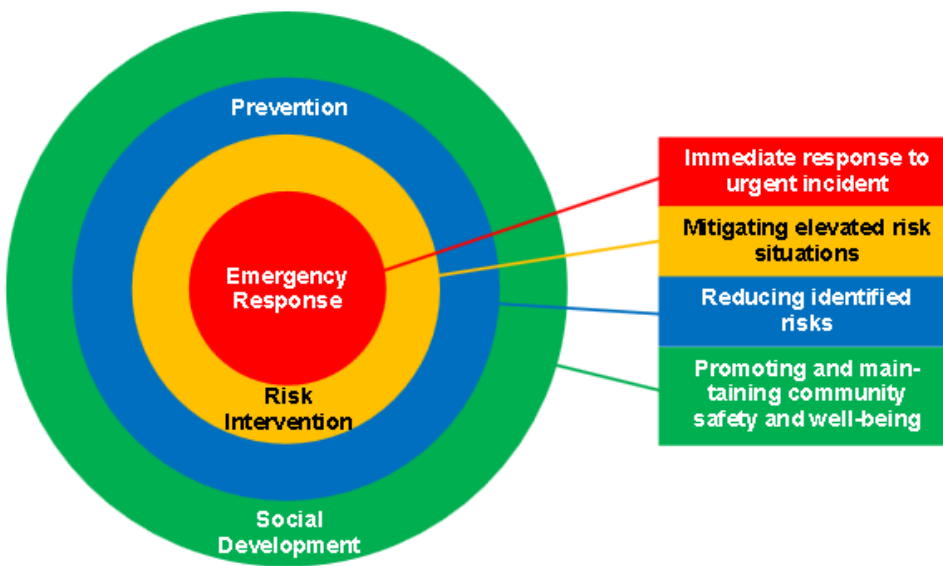
### Introduction

In 2013, four municipal police services (Toronto Police, Greater Sudbury Police, Waterloo Regional Police, and Peel Regional Police) that were engaging in new collaborative models of community safety, independently, decided to join forces to create the Ontario Working Group (OWG) on Collaborative, Risk-Driven Community Safety. The OWG has dedicated itself to “finding collaborative solutions to community challenges” in order to “achieve safety and well-being for all” (Russell & Taylor, 2014, pg. 1). This dedication to finding collaborative solutions to achieve safety and well-being has involved police services working with consultants on community crime prevention to develop initiatives that serve to identify and collaboratively intervene in situations of acutely elevated risk of crime and/or victimization. Once formed, the Ontario Ministry of Community Safety and Correctional Services saw the OWG as an authoritative body on collaborative risk-driven community safety and provided financial backing for initiatives through the Proceeds of Crime (POC) grant (Russell & Taylor, 2014). A proportion of the POC grant is geared toward “addressing community safety and well-being through multi-disciplinary approaches that address risk factors associated with crime” (Sanders & Langan, 2016, pg. 10). Community Situation Tables have since been developed and implemented in numerous cities across Ontario, through the aid of POC grants and the work of the OWG.

### Description of the Development and Implementation of the *CPRIT*

The implementation of the *CPRIT* Situation Table was preceded by a substantial amount of preparatory work, carried out by the municipal police service. The Police Chief showed an

interest in the notion of implementing an initiative that mobilizes around community safety and well-being, and introduced the rest of the police service to the work of the OWG (Babayan et al., 2015). This introduction involved multiple members of the municipal police service attending a symposium held by the OWG in 2014 entitled, “New Directions in Community Safety – Consolidating Lessons Learned about Risk and Collaboration”. During this symposium, the OWG proposed a framework for community safety planning that included the following: social development, prevention, risk intervention, and emergency response (Russell & Taylor, 2014, 1A). An image of this framework can be found at *Figure 1* below.



*Figure 1: The Framework for Planning Community Safety and Well-Being*  
(Russell & Taylor, 2014, 1A)

As indicated in *Figure 1*, initiatives that fall within the social development ring (green ring) are for promoting and maintaining community safety and well-being, while initiatives in the prevention ring (blue ring) are for reducing identified risks. Initiatives that fall within the risk

intervention ring (amber ring) are for mitigating elevated risk situations, while initiatives in the emergency response ring (red ring) are reserved for immediate responses to urgent incidents. From this framework, initiatives that focus on “risk intervention” have purportedly been the quickest to take hold in communities (Russell & Taylor, 2015). After the first OWG symposium, the municipal police held meetings with members of the community who were considered to have a stake in community safety (Babayan et al., 2015). The interest demonstrated at these meetings suggested that multi-sector collaboration for community safety warranted further exploration. A Police Sergeant from the municipal police service was then appointed to secure funding through the POC grant and lead the development of an initiative, aimed at “reducing risk before crisis situations occur” (Babayan et al., 2015, pg. 3). Motivated by the success of other Ontario communities that have implemented the “hub model” of risk intervention (e.g. the Gateway “hub” in North Bay), the *CPRIT* was launched about a year later. Unlike other Situation Tables operating in Ontario, the *CPRIT* is unique in that it not only utilizes the Table to deal with individuals identified as being at acutely elevated risk, but also “to deal, in particular, with the problem of frequent users of emergency services” (Russell & Taylor, 2014, pg. 7).

The *CPRIT* has garnered the support of over 20 partner agencies from multiple service sectors, such as: education, public health, mental health, addictions, law enforcement, domestic violence, victim services, employment support, housing, Aboriginal services, and youth support (Babayan et al. 2015). Members of the *CPRIT* meet twice a week for 90 minutes to identify and discuss situations of acutely elevated risk. In order to be classified as being at “acutely elevated risk” the risk factors contributing must “cut across multiple service disciplines” (i.e., there must be two or more risk factors) and the nature of these risks must “significantly increase chances of harm and/or victimization” (Situation Table e-modules, 2016, pg. 17). The discussions held at



Situation Tables are to remain purposeful and directed, through the use of a four-filter approach to information-sharing (*ibid*). This four-filter approach, as outlined in the training materials, is recommended to proceed as follows: Filter One – Internal Agency Screening, Filter Two – De-Identified Information, Filter Three – Limited Identified Information, and, Filter Four – Planned Intervention. These four filters are the prescribed policies and procedures and will be discussed in further detail below.

### Description of the Situation Table Stages

During Filter One, agencies are to undertake an internal agency screening process within their own organization when considering bringing a situation forward to the Situation Table for multi-sectoral intervention (Situation Table e-modules, 2016). This screening process involves agencies independently making a determination that a situation is of “acutely elevated risk” and that the risk factors are beyond the scope of the agency alone (*ibid*). Part of this determination urges agencies to consider which Table partners are “reasonably likely to have a role to play in the development and implementation of intervention to mitigate risk” (Situation Table e-modules, 2016, pg. 6). At this stage, agencies must also consider if they have the authority to disclose relevant personal information about a client, in order to mitigate acutely elevated risk.

During Filter Two, situations are presented to the Table by agencies, using de-identified data (i.e., data that does not contain any identifying information relating to the client, such as, client name, date of birth, etc.). Once a situation is presented to the Table, Table members are asked to collectively determine if the threshold of “acutely elevated risk” (AER) has been met (*ibid*). If a consensus is reached that a situation should be classified as “acutely elevated risk” (i.e., it meets the AER threshold), then the situation is noted as “accepted” in the risk-driven

database and Table discussion proceeds to Filter Three. If the threshold of “acutely elevated risk” is not met, however, discussion of the situation ceases and it is noted as “rejected” in the database (Babayan et al., 2015; Situation Table e-modules, 2016).

During Filter Three, the agency member that brought the accepted situation to the Table (i.e., the originating agency) will then provide “minimal disclosure” of identifying information, so that other Table members may consult their own organizational databases for information pertaining to the client (Situation Table e-modules, 2016). This consultation process serves to inform future decisions about which agencies will be involved with intervention planning and execution. Based upon the risk factors that are deemed in need of mitigation, the lead and assisting agencies are then identified and made note of in the risk-driven database (*ibid*). All subsequent discussions regarding client interventions then purportedly take place outside of the Table. During Filter Four, the Table members that have been identified as having a role to play in an intervention meet privately to share privacy-protected information about the client that is pertinent to the intervention (Situation Table e-modules, 2016). Interventions usually occur within 24 to 28 hours of leaving the Table and are designed to reduce elevated levels of risk facing individuals in the community, by mobilizing agencies that can offer support and address risk factors (*ibid*).

### Evaluation of the CPRIT

To date, there is one six-month process evaluation available on the CPRIT. The purpose of this evaluation was to examine whether the initiative was being implemented as intended and to assess the initial effects of the initiative on individuals’ acutely elevated risk situations and community agencies’ service provision and collaboration (Babayan et al., 2015). The evaluation

used a mixed-methods approach of baseline and follow-up surveys with community agencies, database analyses, and interviews with service providers. This largely quantitative methodology thematically covered the following areas: (1) the assessment of risk situations and client connection to services, using the following information: the number of situations “accepted” and “concluded”, demographic information, prevailing risk categories, prevailing risk factors, originating agencies, lead agencies, and assisting agencies (as informed by the Risk Tracking Database); (2) the facilitators and challenges to initiative implementation (as informed by the surveys and interviews conducted with agencies); (3) the initial effects on individuals at risk (i.e. the status of risk situations, as informed by the Risk Factor Tracking Tool); and, (4) the initial effects on service provision and collaboration (as informed by the surveys and interviews conducted with agencies) (*ibid*). The six-month evaluation report found women (55.5%) and youth/young adults aged 16-24 (35.5%) to be the most frequent clients of the *CPRIT*. The evaluation report also noted anti-social behaviour, drugs, diagnosed mental health, suicide, suspected mental health, and threat to public health and safety as the most frequently identified risk factors (Babayan et al., 2015). Further, the municipal police service was noted as the predominant originating agency – referring 73.6% of cases to the Table (*ibid*).

While the *CPRIT* was still in the early stages of implementation at the time data was collected for evaluation, Babayan *et al.* (2015) concluded that the *CPRIT* presents as a promising initiative that is able to improve collaborative working relations among agencies and consolidate community efforts to increase access to support services for individuals identified as being at acutely elevated risk. Babayan *et al.* (2015) noted that future evaluation is warranted, however, in order to better understand the long-term impact for individuals at risk. Absent from this evaluation is a qualitative exploration of the implications of the *CPRIT* for the clients it serves.

In an attempt to understand the impact of the Table on clients, the *CPRIT* proposed to utilize a quantitative Risk Factor Tracking Tool (RFTT). The RFTT has been utilized by lead agencies to monitor changes in risk situations over time and has indicated the percentage of cases where risk was either mitigated, being addressed, or still present – 3 months’ post-intervention. To date, the RFTT presents as the only form of measurement of the initial effects of initiatives for individuals at risk and RFTT data reports that in a high percentage of cases (38.5%) risk was still present (*ibid*). The effects of collaborative risk-driven intervention, therefore, are still largely unknown.

My study addresses one aspect of this gap in knowledge, by conducting in-depth interviews with service providers involved with the *CPRIT*, regarding their perceptions of the implications of intervention for individuals deemed at acutely elevated risk. Now that I have described the provincial push toward multi-agency collaborative responses to community safety and well-being, and described the specific Situation Table being studied, I will describe the methodologies that were utilized to complete this project.

## CHAPTER THREE – RESEARCH METHODOLOGIES

### Introduction

In order to understand how Situation Tables in Ontario are intended to operate, in rhetoric, and how one Situation Table, the *Community Partners Risk Intervention Table (CPRIT)*, is perceived to operate, in practice, I utilized a two-pronged qualitative research methods approach of document analyses and in-depth, semi-structured interviews. In what follows, I first discuss my use of document analyses and semi-structured interviews. I then outline how I collected, categorized, analyzed, and theorized the data through a constructivist grounded theory framework (Charmaz, 2014). Finally, I conclude by reflecting on the data collection process and the challenges that were encountered throughout the research process.

### Document Analysis

In the first phase of this research project, I completed a qualitative document analysis of seven Ontario Working Group (OWG) reports and resource papers. The qualitative document analysis that I conducted entailed reviewing extant documents, which are those in which I as a researcher had no hand in shaping, in order to generate common thematic areas (Charmaz, 2014). Often used in conjunction with other qualitative research methods, document analyses provide for a point of objective analysis that can be compared with more subjective observational and/or interview findings (e.g., a comparison between organizational policies and practices) (*ibid*). I retrieved all of the reports and resource papers for my document analysis from the Ontario Association of Chiefs of Police (OACP) website ([www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg](http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg)). Specifically, I collected an initial report (New Directions in Community Safety – Consolidating Lessons Learned about Risk and

Collaboration), five resource papers (Framework for Planning Community Safety and Well-Being; Performance Measures for Community Safety and Well-Being; Mitigating Acutely Elevated Risk of Harm – Considerations in Adopting the Situation Table; Collaborative Analysis for Systemic Improvements; The Ontario Working Group on Collaborative, Risk-Driven Community Safety), and one final report (Gaining Momentum – Multi-Sector Community Safety and Well-Being in Ontario).

Additionally, to supplement my understanding of Situation Tables and the work of the OWG, I attended two symposiums in October 2015. One symposium was held by the *CPRIT* and the other was held by the OWG. I also completed the Situation Table certification program that is offered online by Wilfrid Laurier University's Centre for Public Safety and Well-Being in November 2016. The certification program involved the completion of five e-modules, each containing a summative quiz, which interactively explain the Situation Table process.

#### Qualitative Interviews with *CPRIT* Members

In order to understand how Situation Tables are perceived to be operating, *in practice*, and what the perceived implications of Tables are for individuals at acutely elevated risk (AER), I conducted in-depth, semi-structured interviews with seven members of the *CPRIT*. Qualitative interviewing is a research methodology that seeks to uncover the meanings, understandings, and explanations of specific areas of interest in individuals' lives (Warren & Karner, 2015). The qualitative interviewing approach is founded on conversational interaction, "where knowledge is constructed by the dialogue between the interviewer and the interviewee" (Brinkmann & Kvale, 2014, pg. 2). Prior to conducting any interviews, I attained institutional ethics approval from Wilfrid Laurier University's Research Ethics Board (REB #5207).

Interviews were conducted in person and via telephone and, upon obtaining consent, were digitally recorded and transcribed verbatim using Express Scribe software. Interviews were approximately forty-five minutes to one hour in duration and consisted of a series of open-ended questions that sought to answer the proposed research questions. Using a thematic interview guide (which has been attached as “Appendix A”), participants were encouraged to provide in-depth and detailed responses to questions pertaining to: defining AER and community safety, the goals and objectives of the Table, the Table process (including client intervention and Table follow-up), and the perceived implications of the Table for individuals identified to be at AER.

### Analysis

All OWG documents and interview transcripts were analyzed using a constructivist grounded theory methodological approach (Charmaz, 2014). Constructivist grounded theory has “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves” (Charmaz, 2014, pg. 1). It is an inductive approach, generating theoretical insights from iterative strategies that compare data and analyses, in conjunction with one another (Charmaz, 2014). Constructivist grounded theory requires continuous engagement with the data, in order to understand participants’ experiences and accurately reflect these experiences in analysis.

To further demonstrate this iterative strategy of simultaneously comparing data with analysis, I will give an example of a change that I made to my interview guide during the interview process. Relatively early on in the interview process, I determined that the *CPRIT* more actively utilizes the Risk Tracking Database (RTD) and not the Risk Factor Tracking Tool (RFTT). The RFTT is exclusive to the *CPRIT* table and was utilized, initially, in an attempt to

quantify the impact of the initiative for individuals at AER. My interview guide questions about the RFTT were based upon a previous evaluation report, prepared in 2015. I therefore altered my interview guide a little to probe the use of the RTD, as this emerged in my conversations with participants to be a more standardized measure of the impact.

My analysis utilized the constructivist grounded theory processes of initial coding, focused coding, and concept mapping. The process of initial coding involves interacting with the data line-by-line, and summarizing segments of data using a label to define what is explicit (Charmaz, 2014). For example, an initial code that I developed while interacting with the data was “mitigating elevated risk of harm”. I coded four transcripts and four documents, by hand, with line-by-line coding, in the left-hand column of the page. Initial coding of these four interview transcripts and OWG documents was completed to ensure that I remained grounded in the data. From these initial codes, I began to see repetitive themes *across* the data. These broader repetitive themes were then developed into focused codes. The focused codes I utilized were the most frequent of the initial codes and what I deemed to be most significant for making sense of the data (*ibid*).

At this stage of the coding process, I noticed that the majority of the focused codes that were emerging in the interview transcripts, were also emerging in the OWG documents. Focused codes were grounded in the data (such as promoting safety, addressing risk, fostering inclusion, and mobilizing the community) but also drew upon existing theoretical concepts, such as responsabilization, utilizing state influence, and managerialism. As the focused codes were identified, they were incorporated into my codebook and the parameters of each code were clearly outlined. By clearly outlining the parameters of each focused code, I was able to code documents objectively and with ease. The focused codes that I developed were active processes



(for example, “responsibilizing” agencies for the mitigation of risk) (*ibid*). By developing codes that were active processes, I was able to capture how service providers perceive the Table to be operating.

In order to remain grounded in my data and to avoid imposing pre-conceived ideas and theoretical concepts onto them, my focused codes were constantly examined for their “fit” to the data, and were revised where not clearly exemplified. All OWG documents and interview transcripts were focus coded, by hand, in the right-hand column of the page. Upon completion of the focused coding, I engaged in analytical memoing wherein I wrote about the themes that were emerging and incorporated quotes from the documents that demonstrated these themes. These analytic memos also discussed the relation among and between different focused codes and were used to think through and answer my research questions.

I also engaged in concept mapping to theorize about the relationships between my codes. Specifically, I used cluster diagrams. A cluster diagram is a higher form of coding that works to theorize about the data by mapping out the themes and subthemes and link concepts within a broader analytic frame (*ibid*). *Figure 2* is an example of one of my cluster maps, which demonstrates the underlying state influence that has shaped the work of the OWG in mobilizing the community and promoting community safety and the mitigation of risk.

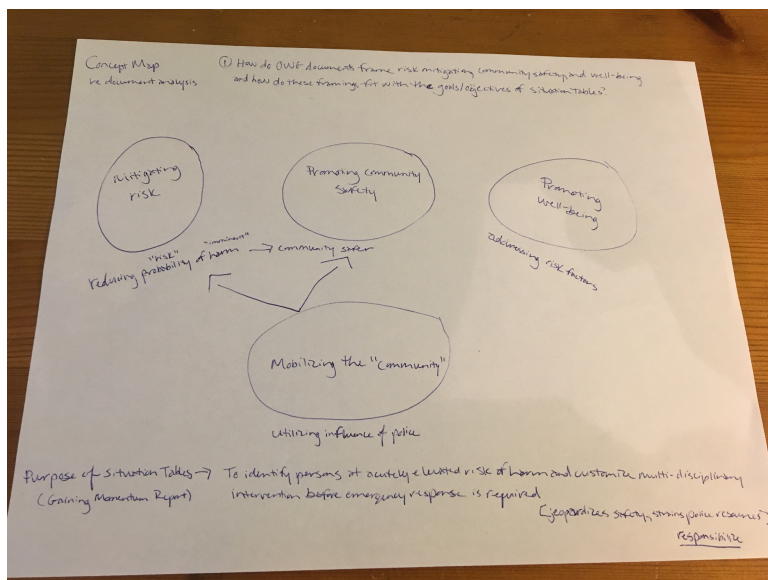


Figure 2: Cluster Map – Making Sense of the Influence Shaping the OWG

The processes of initial coding, focused coding, and concept mapping, taken together, allowed me to explore emerging themes in the data and analytically account for what these themes mean, within the context of my research questions. Collecting these data posed as a challenge, at times, as will be discussed in further detail in the subsection below.

### Reflecting on Power and Control in Qualitative Research

When I started this research project, I proposed to recruit participants through previous connections that I had made with social service providers in the community where the *CPRIT* operates. In February 2017, potential participants were sent a recruitment e-mail and asked to contact me if they had an interest in participating in the study. I was able to secure four research participants utilizing this approach. Receiving four positive responses to my research request felt successful at the time. However, shortly after this initial positive response, I had difficulty gaining access to other participants. Luckily, my thesis supervisor and committee member had

contacts in this field and were able to send out a recruitment email on my behalf. Through their network, I was able to recruit three more research participants – for a total of seven.

Reflecting on my experiences in the field of qualitative research, I found recruitment and gaining entry to have been my biggest challenges. Early in the interview process, I was approached by a member of the *CPRIT* who expressed concern over my research and its subsequent interpretation. For example, before I could conduct an interview with this person, she first wanted to meet with me to discuss my interest in the *CPRIT* and the objectives of my study. She also asked if member agencies would be able to review my work to “ensure context and accuracy” and to approve final edits. In addition, she wanted access to the data collected. I quickly realized that this person held an important role in the *CPRIT* and that the willingness of others to participate in the research was greatly influenced by this person’s approval. I met with this participant and discussed the project, as well as, my practices for ensuring confidentiality and anonymity of the data collected, as governed by my institutional ethics approval.

Many of the challenges I faced recruiting participants and gaining entry were overcome by (1) accessing this gatekeeper and (2) drawing upon my thesis committee’s contacts. The challenges that I encountered in the field, however, speak to the challenges identified by the OWG regarding evaluating these initiatives. In the final report prepared by the OWG entitled “Gaining Momentum – Multi-Sector Community Safety and Well-Being in Ontario”, which discusses the experiences of numerous individuals that have conducted evaluations on Situation Tables across Ontario, the OWG warns that “evaluation of collaborative, risk-driven community safety and well-being initiatives can be fraught with challenges that need to be addressed” (Russell & Taylor, 2015, pg. 63).

While this OWG report identifies a number of challenges researchers have faced when conducting evaluations on Situation Tables across Ontario, they note the following two challenges that reflect my own experiences: context and imbalance (Russell & Taylor, 2015). Context, in this realm, refers to any potential pressure from external sources to either “conduct certain types of evaluations or use certain types of research methods” (Russell & Taylor, 2015, pg. 63). Pressure to conduct a certain type of evaluation, or to use a certain type of research method can come from collaborating partners or the broader academic community. Imbalance refers to “focusing on outcomes and ignoring processes – or vice versa” (Russell & Taylor, 2015, pg. 64). Thus, those evaluating Situation Tables warned that researchers should strive to be inclusive in their evaluation of collaborative initiatives and not only analyze the Situation Table process, but also its impact on those involved.

I perceived my interaction with the concerned member of the *CPRIT* to be a form of pressure from an external source. This table member requested to meet with me in the initial stages of my interview process to offer her assistance and asked if she would be able to ensure the context of my findings and approve final edits. Although her request was prefaced as concern for ensuring that my analysis provided “a fair and accurate representation of the initiative”, from my perspective, this was pressure from a collaborating partner to steer my evaluative findings.

Furthermore, my interviews reflected an imbalance wherein the service providers would often respond to questions in a way that focused on the processes of the *CPRIT*, as opposed to the outcomes for individuals determined to be at acutely elevated risk. Although focusing on Table processes is presumably what came naturally for participants, I felt a sense of resistance from providers to speak to the impact for individuals. Service providers were, in a sense,

somewhat removed from this aspect of the initiative. I therefore experienced both of the challenges (i.e., context and imbalance) identified by the OWG.

### Conclusion

Together, the research methods of documentary analyses and semi-structured interviews provided for an in-depth qualitative analysis of the *CPRIT*. These qualitative research methods complement each other well and they allowed me to compare how Situation Tables are intended to operate, in rhetoric, with the way that one Situation Table is perceivably operating, in practice. Given that the majority of the research conducted in the field of collaborative risk-driven community safety is quantitative in nature, my research fills an important gap in knowledge by providing the perceptions of social service providers involved with the *CPRIT* – bringing those experiences to the forefront. The traditional focus on quantitative research methods and the challenges of context and imbalance identified above, both evidence the underlying state-centric ‘steering’ of these initiatives.

## CHAPTER FOUR – THE OWG AND THE PLURALIZATION OF COMMUNITY SAFETY

### Introduction

Having outlined the methodology employed in the present study, I now describe the findings from my document analysis of seven Ontario Working Group (OWG) reports and resource papers ([www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg](http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg)). The initial report, *New Directions in Community Safety (2014)*, discusses lessons learned from the “hub” model that utilizes multi-sector collaboration to mitigate imminent risks of crime and/or victimization in Prince Albert, Saskatchewan. The five supporting resource papers (*Framework for Planning Community Safety and Well-Being; Mitigating Acutely Elevated Risk of Harm; Performance Measures for Community Safety and Well-Being; and Collaborative Analysis for Systemic Improvements*) outline the proposed strategies and the goals and objectives of *The Ontario Working Group on Collaborative, Risk-Driven Community Safety*. The final report, *Gaining Momentum (2015)*, clarifies key concepts, examines the implementation of collaborative initiatives, and makes suggestions for moving forward.

Based on an in-depth thematic analysis of these documents, the present chapter answers the following research questions: (1) How do OWG documents want Situation Tables to operate and contribute to the broader goals of community safety and well-being? (2) What role does the state hold within this new plural landscape of community safety? And; (3) What are the foreseeable implications for the communities that these initiatives serve? From my analysis, I argue that the police hold an important ‘steering’ role in the promotion and regulation of community safety and the mitigation of risk, that, in turn, works to place responsibility for these efforts on service providers and clients of Situation Tables. Finally, I argue that the way in which

community safety and responsabilization have been conceptualized within the OWG documents serves to mitigate risk for some members of the community while further marginalizing others.

Within what follows, I first discuss how the state has been utilized to shape key concepts within the framework of collaborative, risk-driven community safety and well-being. I then discuss how these shapings and the promotion of risk mitigation and community safety by public police have served to demonstrate that Situation Tables are a state-centric mobilization of the community. Next, I discuss how Situation Tables have been structured to facilitate efforts to responsabilize social service providers and at-risk members of the community as responsible for risk mitigation. Finally, I discuss how Situation Tables present as collaborative networks of service providers, however, the managerial undertone of these initiatives further marginalizes those identified as being at AER.

### The Economic Shaping of Risk Mitigation, Community Safety, and Well-Being

An analysis of OWG documents identifies the influential, and steering role, the state holds in these new collaborative responses to community safety and well-being. The following quote illustrates the central role played by police in the development of Situation Tables:

[The Ontario Working Group] emerged in 2013 out of the spontaneous collaboration of four Ontario police services and their community partners – all of whom sought to resolve local challenges to crime and social disorder in more effective and efficient ways (Russell & Taylor, 2015, pg. 7).

The OWG acquired the capacity to “generate original research through the financial support, moral encouragement, and intellectual leadership of the Ontario Ministry of Community Safety and Correctional Services” (Russell & Taylor, 2015, pg. 7). The quality of the work of the OWG

also resonated with Ontario’s policing community, so much so, that the “Community Safety and Crime Prevention standing committee of the Ontario Association of Chiefs of Police invited the OWG to serve it, virtually as a subcommittee” (Russell & Taylor, 2014, 1E, pg. 6). As these quotes demonstrate, the Ministry of Community Safety and Correctional Services has been utilized to fund and provide intellectual direction to the OWG and its police partners have been utilized to provide further influence in *both* developing and promoting community safety for the purposes of risk mitigation. Further, through the financial support of the Ministry of Community Safety and Correctional Services, the OWG has established pilot projects across Ontario and produced reports and resource papers for guiding the development and implementation of present and future Situation Tables across the province (Russell & Taylor, 2014). In providing funding and intellectual direction to the OWG, the state has secured a central role in developing Situation Tables and utilizing them to serve the interests of the state. Those interests being – reduced risk and extended control.

The Framework for Planning Community Safety and Well-Being (hereinafter referred to as ‘the framework’) was among one of the first resource papers to be produced by the OWG. The framework is a “risk-driven model for planning community safety and well-being” that sets the tone for collaborative risk-driven intervention (Russell & Taylor, 2014, 1A, pg. 14). An image of the framework was presented as *Figure 1* within Chapter Two, but has also been included below, for ease of reference.



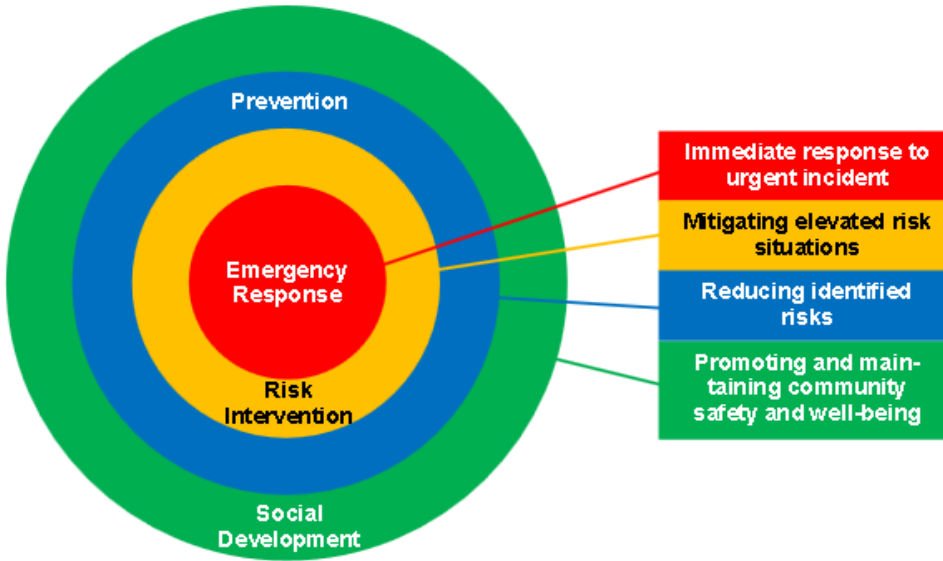


Figure 1: The Framework for Planning Community Safety and Well-Being  
(Russell & Taylor, 2014, 1A)

The framework “encourages municipalities to plan for community safety and well-being at four levels of intervention: social development, prevention, risk intervention, and emergency response” (Russell & Taylor, 2014, 1A, pg. 1). The framework argues that,

social development, prevention, and risk intervention (green, blue, and amber zones, respectively) really give the community a chance to *reduce harms and the demand for emergency response* because they force everyone to anticipate threats to safety and well-being (Russell & Taylor, 2014, 1A, pg. 14, *emphasis added*).

Of interest in the above quote, is the emphasis placed on ‘everyone’ being responsible for anticipating threats to ‘reduce harms’ and ‘the demand for emergency response’. In order to anticipate threats, the OWG emphasizes the importance of identifying risk factors associated with crime and victimization.

Within the OWG documents, risk is broadly defined as “basic threats to safety, as well as, social disorder and crime” (Russell & Taylor, 2014, 1A, pg. 9). Central within the framework is the ‘mitigation’ of risk to prevent harm and/or victimization. Risk mitigation has been framed within the amber ring of the framework as a strategy to promote community safety. The following quote demonstrates how risk mitigation is perceived to enhance community safety:

identifying elevated risk situations and mobilizing immediate interventions to mitigate those risks, have *significant potential to reduce subsequent demands for emergency response* (thereby reducing harm, victimization, and the costs of emergency response) (Russell & Taylor, 2014, 1A, pg. 6, *emphasis added*).

In the quote above, risk mitigation is linked with the ‘potential to reduce demands for emergency response’. The attention is placed on resources, claiming that a mobilized response, in turn, reduces ‘harm, victimization, and the costs of emergency response’. This focus on reduced demands for emergency response, in general, and emergency responders, more specifically, draws attention to both the economic shaping of community safety, as well as, the increasing responsibility that is placed on other agencies to mitigate risk.

By focusing on multiple risk factors, Situation Tables, “attract the attention and support of many more agencies, organizations, and *potential sources for dollars, space, and other resources*” (Russell & Taylor, 2015, pg. 45, *emphasis added*). Situation Tables, therefore, reduce the demand for emergency response by responsabilizing service agencies for not only risk mitigation, but also the costs (i.e., the ‘dollars, space, and other resources’) necessary for continued risk management.

The economic shaping of community safety is further evidenced by the unique focus of the Situation Table being studied. While all Situation Tables seek to identify persons at acutely elevated risk, the present Table is also focused on,

identifying ‘frequent flyers’ (those individuals who repeatedly require emergency room assistance, frequently get apprehended by police, and continue to make decisions that put themselves and others at repeated risk of significant levels of harm). They use the collaborative energies of the situation table to develop a multi-agency strategy in hopes of reducing the demand for emergency response and saving people from harm (Russell & Taylor, 2014, 1A, pg. 7).

As the above quote demonstrates, this Situation Table has been implemented in order to reduce the substantial costs affiliated with frequent interventions by police. As the “growing dialogue on the economics of community safety requires” we must seek ways to ensure that collaborative responses operate “at the highest levels of efficiency and responsiveness available” with regards to mitigating risk within Ontario communities (Russell & Taylor, 2014, 1A, pg. 5).

#### State-Centric Role in Mobilizing the Community

As described above, concerns regarding the economics of policing have provided support for the development and implementation of Situation Tables across Ontario. As such, the Ministry of Community Safety, the OACP, and the OWG play a significant role in “the broader goal of safety promotion” while still drawing “many more community players into the mix to achieve safety and well-being” (Russell & Taylor, 2015, pg. 10). Based on an in-depth analysis of the OWG reports, it is apparent that the police hold a particularly important role in reshaping community life because “police have a diverse range of targets for their engagement and

mobilization capabilities” (Russell & Taylor, 2014, pg. 19). The OWG states that “we need to rely on police to get the rest of us to be more responsive, more effective, more collaborative, in applying multi-sectoral and long-term strategies for increasing everyone’s safety and well-being” (Russell & Taylor, 2014, pg. 9). Mobilization is therefore perceived to be “an appropriate role for police” and “the rest of us have to collaborate on social development” (*ibid*).

In this sense, the ‘steering’ of initiatives is an appropriate role for police, while the rest of the service agencies should do the ‘rowing’. More specifically, it is stated that, “effective prevention of harm and victimization is going to require assisting and *encouraging a whole raft of human and social service agencies and organizations* to do things in new ways that will increase their efficiency, their effectiveness, and the sustainability of those effects” (Russell & Taylor, 2014, pg. 17, *emphasis added*). This quote fits with the nautical analogy of state ‘steering’ and agency ‘rowing’ framed by Crawford (2006) regarding the mechanics of state-centric plural policing networks.

When implementing a Situation Table, community partners must “make decisions about the priority risk factors to deal with” (Russell & Taylor, 2014, 1A, pg. 23). By establishing these priorities, “all actions going forward are designed to reduce those risks” (*ibid*). Risk factors refer to “any and all negative characteristics or conditions that: impinge upon individuals, families, locations, groups, communities or society; and, increase the probability of harm or victimization” (Russell & Taylor, 2015, pg. 5). It is the “accumulation or interaction of multiple risk factors that increase the potential for harm and victimization” when demonstrated by individuals in the community (*ibid*). As described in Chapter Two, there are approximately 100 risk factors put forth by the Ministry. These risk factors are grouped under broader risk categories, such as:

criminal involvement, substance abuse issues, anti-social behaviour, physical violence, mental health, and family circumstances (Community Safety and Well-Being Planning Framework).

Although “many agencies, organizations, and individuals have invaluable information about local risks to safety and well-being”, police occurrence data and the creation of provincial risk factors that revolve around these data have been utilized to ‘steer’ initiatives (Russell & Taylor, 2014, 1A, pg. 29). Police are believed to be “uniquely situated when it comes to identifying accumulating risk factors” because “by examining routine information flows, such as complaints, calls for service, witness accounts, by-law infractions, and street checks, patterns can be revealed that give early warning of situations that may be *escalating towards disorder, crime, or harm*” (Russell & Taylor, 2014, 1D, pg. 3, *emphasis added*). In this way, police have utilized their capital as knowledge brokers to leverage their position within the network (Dupont, 2004). The state has been central in developing the mechanisms by which risk is to be identified and watched, coinciding with the literature regarding how the state often develops “mechanisms for checking, verifying and monitoring performance against the goals, norms and values set” (Crawford 2006, pg. 453). Thus, police play a central role in this collaborative model by identifying accumulating risk factors and utilizing the Table to act as a form of social control with the service providers that are involved and the individuals that are brought forward.

### Responsibilizing Members of the Community for Risk Mitigation

Within the documents, the OWG has “moved well past the old presumption that safety is primarily a police matter” (Russell & Taylor, 2014, 1A, pg. 19) and re-conceptualized safety as a “community responsibility” (Russell & Taylor, 2015, pg. 16). There has been a shift in focus,

from crime, offenders, and harmful incidents (which require police and other emergency responders) to anticipation of risk that anyone in the community might be harmed or victimized by any number of risk factors (which require collaborative efforts by multiple sectors of public and community services) (Russell & Taylor, 2015, pg. 10). This shift in focus underlies the theory supporting collaborative risk-driven intervention and serves to justify responsabilization, as the priority changes from ‘crime prevention’ to ‘safety promotion’. Safety promotion, by definition, “requires that harms or victimization from any source be prevented, and equitable opportunities for quality of life be advanced” (Russell & Taylor, 2015, pg. 10). Situation Tables are described as being “an excellent tactic in the new transformation from crime prevention to safety promotion because: 1) [they are] risk driven; 2) [they] benefit from the value-added of interagency collaboration; and 3) [they] result in a reduction in harm and victimization” (Russell & Taylor, 2015, pg. 11). Moving the focus away from ‘crime prevention’ and towards ‘safety promotion’ is, I would argue, an important rhetorical strategy that takes the responsibility off of traditional policing and “its costs and effectiveness, to a consideration of the roles and responsibilities of virtually everyone else in the community” in order to proactively mitigate a spectrum of risk factors with the potential to cause harm (Russell & Taylor, 2015, pg. 10). The following quote nicely illustrates this shift in responsibility, as it:

takes the onus off of police who for years in Ontario have shouldered the responsibility for crime prevention, and draws every other office of *local governance and human and social service agencies* into the foremost mission of *mitigating risk and ensuring safety and well-being for all* (Russell & Taylor, 2015, pg. 9, *emphasis added*).

Crime prevention is more about stopping something bad from happening, whereas, safety promotion is about doing something good – the intended appeal of safety promotion being that service providers are mobilizing their resources to ensure ‘safety and well-being for all’. While the above quote identifies the important role ‘local governance and human and social service agencies’ hold for ‘mitigating risk’, the OWG further argues that all “community-based organizations and the at-risk residents themselves” are also responsible for risk mitigation (Russell & Taylor, 2014, pg. 9). From this analysis, we see how Situation Tables work to responsabilize other service providers with the task of predicting risks to safety, as well as, mitigating such risks. It is stated that when providers become responsible for risk mitigation, at-risk subjects can be more effectively and more expeditiously connected to the services they need most to avert their impending point of crisis. What’s more, this process can be undertaken without new resources or expenditures, as the professionals are essentially discharging their current responsibilities, albeit in much less conventional ways (Russell & Taylor, 2014, pg. 11).

The justification is a shared responsibility for community safety and well-being that service providers are to buy into because “no single agency can mitigate all risks” and “[community safety] is everyone’s responsibility” (Russell & Taylor, 2015, pg. 24).

Altering the focus away from ‘preventing crime’ – a role largely managed by police – toward ‘ensuring safety and well-being’ takes responsibility away from police and places it onto other community members. As the OWG notes, while police still have to respond to any and all threats to personal and/or public safety, “they are *not qualified to rectify* more profound community problems” (Russell & Taylor, 2015, pg. 9, *emphasis added*). This is an interesting and important shift as it describes the primary role and responsibility of police to be that of

fighting crime as opposed to fostering community safety, more broadly – something they are described as ‘not qualified to rectify’. As such, Situation Tables serve to “coalesce a motivated and coordinated army of diverse human services and resources to tackle the roots of crime and disorder” (*ibid*) and address these community problems.

Further, the OWG proposes that “we need to engage in collaborative, multi-sector strategies for implementing community, neighbourhood, and individual measures that can help people develop healthy lifestyles, and make life decisions that *ensure their own and others safety*” (Russell & Taylor, 2014, pg. 6, *emphasis added*). This quote implies that individuals, and more specifically those at acutely elevated risk, are responsible for mitigating ‘their own’ risk factors to ensure community safety. As the OWG further notes, “we can refer, encourage, and guide [at-risk individuals] in accessing supports, so that they do everything within their own power to prevent victimization when risk factors elevate” (Russell & Taylor, 2014, 1A, pg. 10). Elevated levels of risk, the OWG argues, will not change unless the people “living, working, and playing [in communities] take more responsibility for their own safety and well-being” (Russell & Taylor, 2015, pg. 87). Thus, Situation Tables purportedly operate through police utilizing their capabilities to effect crime control ‘at a distance’ by responsabilizing service providers and at-risk individuals to engage in their own risk mitigation.

### Targeting Interventions and Measuring ‘Effectiveness’

In addition to putting forth the framework for developing Situation Tables, the OWG also proposes ways to evaluate these initiatives. More specifically, OWG documents emphasize the importance of tracking harmful incidents that are avoided by risk intervention and measuring changes in risk status “to help the community decide if it is any safer and healthier because of



these efforts” (Russell & Taylor, 2014, 1A, pg. 32). In order to assess ‘efficiency’ and to measure these changes, the OWG recommends that,

if a community chooses to organize a Situation Table, attended weekly by 20 frontline professionals from as many acute care agencies, to intervene on situations of acutely elevated risk before they become harmful or victimizing incidents, then police might want to track changes in calls for service and types of occurrences in *target neighbourhoods* (Russell & Taylor, 2014, 1B, pg. 4, *emphasis added*).

The above quote provides a number of important insights into Situation Tables. First, it reinforces the ‘steering’ role held by police within these initiatives. As described above, police data are proposed to both identify risk *and* evaluate whether risk mitigation is effective. By using police data for identifying individuals ‘at risk’ or ‘frequent flyers’, the Table can be seen as being utilized to police those they deal with the most (i.e., the usual suspects). Second, using police calls for service as a measure of ‘effectiveness’ demonstrates how the economics of policing agenda is a driver of these initiatives. Third, this quote identifies how Situation Tables are focused on ‘target neighbourhoods’ – where marginalized at-risk individuals are ‘living, working, and playing’. Within the OWG documents, these target neighbourhoods are framed as areas where “people [are] living in marginalized conditions where police are responding most often to anti-social behaviour, and sometimes crime” (Russell & Taylor, 2015, pg. 87). Situation Tables, therefore, appear to be focused on re-targeting those who are more visibly problematic.

To aid Situation Tables in identifying and tracking risk, the OWG promoted the use of the Risk Tracking Database (RTD). The RTD is a quantitative database that was originally developed by the Ministry in Saskatchewan and has recently been adopted by the Ministry in Ontario, which offers “each community an evidence-based source for ongoing analysis of the

root causes and risk issues being presented” (Russell & Taylor, 2014, 1C, pg. 11). The RTD is a standardized measure of performance that tracks the following quantitative variables: demographic variables, risk factors, originating agencies, lead agencies, assisting agencies, and concluding reasons. Concluding reasons reflect why a situation gets ‘closed’ at the Table. Examples of concluding reasons include: an individual and/or family was connected to services (cooperative), informed about services, unable to be located, or refused services (uncooperative) (Babayan et al., 2015).

The Risk Tracking Database was designed by the Ministry to assist Tables in evaluating the effectiveness of their initiative. In addition to the RTD, the OWG also recommends that Tables track specific ‘performance measures’ within the realm of risk mitigation. Mitigated risk means “reducing or alleviating it. The net result being that those who were once at high probability of significant harm, are no longer” (Russell & Taylor, 2014, 1B, pg. 20). The OWG proposes that risk mitigation can be achieved through removing the risk, removing the opportunity for harm, and/or protecting the vulnerable. “Usually elements of all three figure in any single intervention” (*ibid*). However, the majority of the performance measures, put forth by the OWG, focus on securing community safety (e.g., removing risks and opportunity for harm) with less attention being placed on addressing well-being (e.g., protecting vulnerable groups). An emphasis has been placed on quantitatively measuring performance. For example, the OWG suggests Tables measure: the frequency of victimizing events, the number and type of risks identified, and the number and type of at-risk individuals helped. The sole performance measure proposed by the OWG that offers potential for qualitative measurement, pertains to the “quality of interventions” (Russell & Taylor, 2014, 1B, pg. 21). ‘Effectiveness’ should not be based

solely upon quantitative measures of performance (e.g., reduced calls for police service) and organizational outputs because,

if we try *only to thwart those who are inclined to break the law*, we will miss far more opportunities to reduce harm and victimization, to reduce the cost of emergency response, and to have a positive influence on the *social conditions* that foment social disorder and crime in the first place (Russell & Taylor, 2014, pg. 8, *emphasis added*).

While most of the OWG documents emphasize the importance of police data for *both* identifying individuals at acutely elevated risk and evaluating the effectiveness of the initiative, the quote above also identifies concern that these initiatives, if not attended to closely, can work to police the usual suspects by only ‘thwart[ing] those who are inclined to break the law’ while not addressing the broader systemic problems that foster risk in the first place. As such, the OWG highlights the need for first-hand information from those identified as being at acutely elevated risk because the genuine impact for at-risk individuals cannot be reflected through a drop-down menu in a risk tracking database (Russell & Taylor, 2015). To date, there is very little first-hand knowledge available regarding the outcomes of initiatives, which, I argue, serves to further marginalize those at-risk because they become perceived as both the problem and the solution.

Throughout the OWG documents, ‘community safety’ and ‘well-being’ are not clearly defined nor differentiated; instead they are treated as being one in the same and ‘for all’. Within the risk intervention ring of the framework (see *Figure 1* above), the safety of certain members of the community appears to be prioritized over the well-being of others. This prioritization relates back to the objective of risk intervention, which is predominantly to identify individuals that pose an elevated risk and to intervene in order to reduce that level of risk, thereby promoting safety for others (i.e., avoiding potential harm) while not necessarily addressing the underlying

causes of risk. More specifically, risk intervention is aimed at “identify[ing] persons at imminent risk of harm or victimization and customiz[ing] interventions to reduce those risks before an emergency response is required” (Russell & Taylor, 2015, pg. 84). As such, Situation Tables appear to take an ‘individualized’ approach to community safety by focusing on individual persons identified as being at ‘imminent risk’. This individualized approach is particularly interesting given the fact that, “all the risk intervention and prevention strategies in the world will be insufficient to keep up with social disorder and crime – unless we successfully tackle their causes” (Russell & Taylor, 2014, 1A, pg. 12). By conceptualizing the ‘causes’ of social disorder and crime on a micro level, macro-level causes that exist beyond the control of the individual are rendered invisible. Further, by focusing on tactics that produce short-term outputs (i.e., mitigated risk), the potential for long-term outcomes is disregarded.

Discussions regarding community well-being, specifically, are reserved for the social development ring of the framework (see *Figure 1* above), where the underlying causes of crime and disorder are acknowledged as needing to be addressed, in order to make an impact long-term. Taken together, risk mitigation and social development promote community safety and well-being. However, risk mitigation and community safety have been the focus and thus serve to promote securing control over providing care. The managerial focus on quantitative measures of performance and the emphasis on responsabilization and social control reinforces the central role of the police, while further marginalizing the role of the client. For example, OWG documents suggest that Situation Tables “allow high risk individuals with composite needs to gain access to services that they otherwise would not receive” and in making this connection with services – risk is mitigated (Russell & Taylor, 2014, 1C, pg. 2). Marginalized members of

the community are therefore doubly marginalized, in that they are responsabilized for their elevated risk on the one hand, while not consulted about their needs or experiences on the other.

## Discussion

A close analysis of OWG documents demonstrates how Situation Tables present as state-centric plural policing networks (Crawford, 2006). Police are identified as being in the best position to utilize a risk-based model to mobilize the community around community safety and well-being. Police are also identified as being in the best position to identify situations of acutely elevated risk (AER) that need to be intervened upon and mitigated, thereby leveraging their role in the network (Dupont, 2004). Police hold an important ‘steering’ function in the facilitation of Situation Tables, while at the same time recognizing the need for social service agencies to majorly shoulder responsibility: “social service agencies [are] engaged by police to address situations of acutely elevated risk in more effective and efficient ways” (Russell & Taylor, 2015, pg. 86). Upon agencies being engaged, police further control measures of performance for the mitigation of risk by relying upon the Risk Tracking Database (RTD). The RTD produces performance measures that revolve around initiative efficiency and organizational accountability (i.e., quantitative outputs). These outputs, however, do not reflect the implications of Table intervention for individuals at risk (i.e., qualitative outcomes). Police, therefore, “mobilize connections” and “connect, direct, and influence” Situation Table plural policing networks (Brewer, 2015, pg. 9). Yet, by utilizing police data to both identify persons at AER and to evaluate the effectiveness of initiatives, there are concerns that Situation Tables can further marginalize those at-risk by focusing on outputs and persons most known to police.

## CHAPTER FIVE – UTILIZING THE *CPRIT* AS A TECHNOLOGY OF SOCIAL CONTROL

### Introduction

The organizational framework that has been put forward by the OWG leads us to wonder how these networks have been put into practice, and by extension, what the perceived implications of Situation Tables are for communities and the clients they serve. Building upon the findings of my document analysis, I conducted seven semi-structured interviews with service providers involved with one urban Situation Table – the *CPRIT* – to understand (1) how it is perceived to be operating in practice, and (2) what its implications are perceived to be. From my analysis, I argue that service providers' experiences exemplify the 'steering' role of the state in utilizing the Table to facilitate responsabilization for risk mitigation among service providers and individuals identified as being at AER. As a result, the *CPRIT* extends state control by institutionalizing social control in social service agencies. Further, the managerial undertone guiding the implementation of the Table and the reliance on quantitative measures of performance, serve to marginalize individuals at risk.

Within what follows, I first discuss how the police have been utilized to 'steer' the *CPRIT* and extend state control by mobilizing members of the community around risk mitigation and governing 'at a distance'. I then discuss how state 'steering' has led to the responsabilization of service providers and individuals identified to be at AER. Next, I discuss how the *CPRIT* presents as a collaborative network, but upon closer examination, has a managerial undertone. Finally, I discuss how this managerial undertone further marginalizes those deemed at risk.

## Extending State Control by Governing ‘at a distance’

The municipal police service played a leading role in developing and implementing the *CPRIT* and they have continued to maintain a leading role in mobilizing community members and evaluating the initiative. As one participant explains,

In the beginning, police were referring most of the – like 70% of cases – because they started this. They are *spearheading this*. Originating agencies are the ones that refer – police are the top – still number one – then we have [neighbouring police service].

Those are the top two (Participant 4, *emphasis added*).

As evidenced above, the police (‘originating agencies’) are central figures at the Table. They are the agency who ‘spearheaded’ the initiative. Further, they continue to be the top referring agency, bringing the majority of situations to the attention of the Table.

Interestingly, many participants explained how the police are in the best position to identify elevated risk, but are not the best to mitigate it. As one participant states,

The vast majority of the people that [police] are dealing with [are in crisis], in the community. So [they] are probably best suited to bring people to the Table. Police services, in general, are. [However] there is very little follow-up that the police can do...[they] are not social workers...so being able to offer suggestions in that sense is generally not [their] role (Participant 2).

As demonstrated above, the participant perceives police to be increasingly called upon to deal with people who are in crisis in the community and notes how these calls are *not* police-related matters (i.e., ‘they are not social workers’). In this way, police are not responsible for the management of these calls for service. Instead, the responsibility is placed on other agencies to manage acutely elevated risk.

As another participant working in the social service discipline explains,

We haven't brought a lot of clients to the Table and I think a lot of counselling agencies would be on board with that because we do the counselling, right? It is the people that, kind of, police and that who see this person in crisis, but have nothing to offer. They are just – they are *limited in that*" (Participant 1, *emphasis added*).

Similar to the previous participant, this participant recognizes different agencies as being more appropriate for referring people to the Table than others. For the participant above, the police are best suited to refer people to the Table because they 'see' them, but do not provide counselling to them as they are 'limited' in what they can offer. From these quotes, it appears that acutely elevated risk is connected to people who are frequently seen and in contact with police. In this way, service providers that counsel and work with clients are perceived to be least likely to bring someone forward. Because, as the following participant illustrates,

if an organization has covered all of their avenues and they do not have any more resources, or if they have done everything that they can – that's when they bring it to the Table (Participant 3).

Making referrals to the Table should therefore be a last resort for these other agencies.

For many participants, there was a recognition that the police come into contact with people at elevated risk because risk that is left unmitigated presents as a form of social disorder. By appearing 'on the radar' (Participant 4) and making contact with police, at-risk individuals trigger the need for social control. As the following participant explains,

if you provided services and then all of a sudden that person, like 6 months later, appears *on the radar* – the police bring it back saying – we have to, again, intervene (Participant 4, *emphasis added*).



The Table process is therefore utilized to instill social control and risk management on those where “there’s a marked departure from normal behaviour” (Participant 2). By appearing on the radar and making contact with police, the *CPRIT* gets utilized as a technology of social control.

The use of the *CPRIT* as a technology of social control can be seen when participants discussed the objective of the Table. For example, many participants were unable to differentiate between ‘community safety’ and ‘crime prevention’ and they often used these terms interchangeably. The following quote illustrates the conflation of these two terms:

*it’s community safety, it’s crime prevention, it’s also to eliminate some of those chronic users of policing (Participant 6, emphasis added).*

Although Situation Tables are presented by the OWG as a strategy to promote community safety and well-being (Russell & Taylor, 2014; Russell & Taylor, 2015), the everyday practice of these Tables paints a different picture. Through state-centric steering, the *CPRIT* has been informed by traditional policing practices that have led it to be used as a technology of social control to police the “usual suspects” (Participant 5). In fact, initially, when *CPRIT* launched the Table they,

were concerned about *frequent fliers*. By frequent flyer, what we’re referring to – it’s kind of an euphuism for people who are habitually users of health care, social assistance, emergency services dollars, and the services that go along with them. Police services is no different (Participant 2, *emphasis added*).

This framing of ‘frequent fliers’ serves to target marginalized members of the community that are heavy users of service, who are deemed to be at acutely elevated risk.

As described above, a main objective of the *CPRIT* is ‘to eliminate some of those chronic users of policing’ and to reduce crime and disorder. Thus, the *CPRIT*, while being designed to identify and mitigate acutely elevated risk, is used on the ground as a technology of social

control on those who are visibly in crisis and in frequent contact with the police. Police refer the majority of individuals to the *CPRIT* and then continue to manage these individuals through other service providers, institutionalizing social control. As the following participant explains regarding utilizing the Table to police these individuals from afar,

[Police] have had persons who have presented with 400 calls for service, as individuals, that 6 months after intervention – they’re not on [police] radar anymore (Participant 2).

In this way, the Table is focused on preventing criminality and securing order through agencies.

Participant 1 further explains that the goal of the *CPRIT* is,

to try and get [individuals] connected to services, so that the police aren’t having to go...[and in doing so]...*the community becomes safer because these individuals are being connected.*

As described in the quote above, community safety is equated with mitigated risk. Yet, risk mitigation is the responsibility of social service providers and those identified as being at AER, once connected. As the following quote demonstrates,

frequent fliers are often at acutely elevated risk because there is something going on in their life and they are *putting themselves at risk* (Participant 6, *emphasis added*).

By placing the blame on individuals for ‘putting themselves at risk’, it becomes easier to make these individuals responsible for risk mitigation. As the following participant further explains,

once they’re connected to services, that, for us – *risk being mitigated is connected to services*. Long story, short. We’ve made that connection. Are they going to follow through with it or not? We don’t know, *but they are no longer our concern. They are now the individual agencies’ concern* (Participant 2, *emphasis added*).

Within this collaborative partnership, as described above, risk mitigation is reached when individuals are connected to services. At that point they are ‘no longer a concern’ (Participant 2) for the Table, but instead, become the responsibility of the agency. Thus, it appears that the role of the police is to identify risk (state ‘steering’) while the role of the other service providers is to act as a resource to mitigate risk (agency ‘rowing’). Here, the Table extends state control by enabling police to govern ‘at a distance’ by displacing responsibility for social control onto other service providers. The *CPRIT* therefore acts as a technology of social control.

### Responsibilizing Service Providers and At-Risk Individuals

The *CPRIT* operates by responsabilizing service providers and individuals for risk mitigation. The process of responsabilization for service providers occurs both formally, through the Table and its four filter process, and informally, through the interpersonal relationships that are established by the Table (see Chapter Two for a description of the four filter process). As one participant explains, “that is kind of the unintended effect of the initiative – those people we’re able to connect beyond this initiative” (Participant 4). Even if a situation is presented to the Table and it does not meet the threshold of acutely elevated risk, service providers are still being responsabilized outside of the Table process. As the following participant explains,

There would always be people at that Table that would turn around and say – I’ll tell you what, it’s rejected here, but call this number (Participant 3).

Connections are therefore facilitated through regular Table meetings, which can then be leveraged to manage individuals who do not meet the AER threshold. The following quote further illustrates the informal responsabilization process enabled by the Table:

I think what it [has] created is a pathway where this person, *who is chronically connected to police services*, isn't at acutely elevated risk, but because we are all at the Table anyway – [police] can lean over to the person from the Mental Health Association and say – what do you think we should do? And likely the person from the Mental Health Association is already acquainted with that individual and can make those connections (Participant 5, *emphasis added*).

Of interest in the quote above is the way that the Table, both formally and informally, assists with working with those who are 'chronically connected to police services'. In this way, even if a situation is rejected (i.e. not classified as AER), the Table can facilitate informal social control, further extending the reach of the state and its ability to govern 'at a distance'.

When a situation is accepted and an individual is classified as being at AER, lead and assisting agencies are then assigned to provide immediate care. The lead agency becomes responsabilized for spearheading the intervention (either at the individual's home or at the agency) and for reporting back to the Table with regards to the result. Lead agencies are the ones that have a role to play in mitigating the risk factors that have been identified by the Table to be acutely elevated. For the *CPRIT*,

in terms of lead agencies, you see typically 3 or 4 agencies being more active and taking most of the cases (Participant 4).

The predominant lead and assisting agency, St. Leonard's, provides community-based crisis support in 72% of cases (Babayán et al., 2015). As one participant explains,

Whoever has gone out – whatever agency was, kind of, identified as being needed – *continually works with the person...once they are connected – they are connected with*

the agency that is going to deal specifically with the risk and they've got someone who is going to *check in on them* (Participant 1, *emphasis added*).

The responsibility to 'work with the person' and 'check in on them' continues for service providers post Table intervention, because as the following quote demonstrates, "the case is closed to the Table, but it is not closed to the organizations that have taken on that person, or people" (Participant 3). Thus, there is an element of organizational accountability to risk mitigation that is assumed individually by member agencies, because "the responsibility would be on the agency to do what they normally would do" (Participant 7). The following quote nicely illustrates both the responsabilization and organizational accountability fostered by the *CPRIT*,

You're relying on your community partners – there's a *huge amount of accountability* for our community partners. We're expecting you to do your job. We're expecting you to follow through with this to the end – to a happy end – where this person is going to be well again. *Don't drop the ball because if you drop the ball, we're all going to know, because they're going to come back here. And you don't want to be that person sitting here with us all looking at you, going – you said everything was fine* (Participant 2, *emphasis added*).

The 'huge amount of accountability' and social strain (i.e. 'don't drop the ball because...we're all going to know') for community partners to mitigate risk exerts significant pressure on members of the *CPRIT*. The bottom line is that the initiative does not want clients coming back to the attention of the Table. This creates an adversarial atmosphere by placing pressure and responsibility for risk mitigation on service providers from individual agencies, while taking responsibility and accountability away from the broader initiative. As another participant explains, "if I was one of the agencies involved and

I had a responsibility with that client, then I would do my own agency follow-up, based on my own agency policies” (Participant 6). Intervention follow-up and client care are therefore seemingly assumed by the lead agency because, at present, the *CPRIT* does not have any follow-up processes in place.

### *The ‘Responsibilization’ of At-Risk Individuals*

Individuals that are subject to *CPRIT* intervention are expected to connect with the service providers that have attended the intervention, and accept the services that have been offered to them. Because,

Once the intervention is done, it’s closed at the Table. That part of it is done and then [the individuals] just *do what they are supposed to* – like whatever counselling, or whatever they have connected with... We let the person know – we’re here, we’re concerned, here’s what this agency can offer you. And we let them pick and choose what they want (Participant 1, *emphasis added*).

As described above, there is an expectation that accompanies being connected with services, which is, that individuals will ‘do what they are supposed to’ and be cooperative to mitigate risk. Individuals are perceivably empowered by agencies to choose which services they want to take part in. However, this empowerment is contingent upon individuals being willing to commit to engaging with those services. In fact, individuals are often asked during the intervention process, “what are you willing to do?” (Participant 7). The responsibility is therefore placed on at-risk individuals to participate in risk mitigation. As the following participant explains,

There have been some [clients] that have not followed through. But at least you know that they know what’s out there and how to contact the service, if they want it at a later date (Participant 6).

Thus, if risk is not mitigated, it is not because of a failure of the Table, but instead it is framed as being the clients' inability to accept help or follow through with the help being offered to them.

The following quote nicely illustrates this point:

For some people, I don't think [intervention] does [mitigate risk] because they are not ready. So we've caught them at a point where – they haven't identified that they need it.

Or maybe, their life looks like a crisis, but for them – it's not (Participant 1).

Individuals that refuse service are therefore perceived as being uncooperative, unready to mitigate risk, and unwilling to accept support. Thus, those identified to be at acutely elevated risk, “have to be in a place to be able to hear it” (Participant 1), because, “you can't force people, if they don't want support” (Participant 6).

As described above, risk mitigation, and by extension community safety, become the responsibility of the client. Removed from these discussions, however, is a consideration of the conditions that place individuals at acutely elevated risk. Rather than looking at the broader factors that have placed these individuals at acutely elevated risk and working to address these larger systemic issues, the *CPRIT* works to responsabilize clients for their own risk mitigation. When clients are resistant toward the process of responsabilization, members at the Table actively work to bring these clients back in line:

I've had occasions where, the big professionals – what I call the big professionals – have been counsellors to somebody and it's been a case of I've gone in with a particular angle and been able to talk with them and with that person and *bring them back in* (Participant 3, *emphasis added*).

As described above, when clients are perceived to be resistant to participating in the process, other members at the Table will work to 'bring them back in'. Interestingly, when clients are

perceived as being too difficult or challenging, agencies' resistance to responsabilization has also occurred. The following discussion by one social service provider illustrates this active resistance to responsabilization,

some things I would refuse to participate in, because I knew that person would need far more support than, let's say, what our organizations could actually give (Participant 3).

As demonstrated in the quote above, service providers may resist responsabilization if they perceive the client to be too difficult. In this way, members of the *CPRIT*, through efforts to resist responsabilization, select clients who are likely to be successful and able to mitigate risk.

#### Managerial Culture of Risk Mitigation

As demonstrated above, as well as in Chapter Four, the state has played an active role in shaping Situation Tables and steering the *CPRIT*. Public police, for example, have dictated the threshold for determining acutely elevated risk. The AER threshold, for the *CPRIT*, is identified as something that “has to be dealt with quickly, it's more than we can handle on our own, and it's going to require a community response” (Participant 2). The AER threshold therefore requires a situation to exhibit an imminent risk of harm and multiple risk factors that cut across service disciplines. Further, the risk factors that are used to determine if an individual is at AER have been dictated by the Ministry of Community Safety. They are “provincial risk factors. So they are used across the province, in any Table that calls itself a Situation Table” (Participant 2). These risk factors are utilized to identify “local risks to safety and well-being”. Therefore, the managerial undertone, which promotes performance measures and a fixation on outputs versus outcomes, dictates the AER threshold and the risk factors that are utilized in its determination.



Acutely elevated risk, as a central concept to the enactment of the Table process, was recognized by numerous participants as being difficult to define. As the following quote demonstrates, service providers have varying perspectives that they bring to the Table.

It's a challenge – and we've talked about this at our table – because everybody's *threshold* may be different. So not allowing that to come into play too much and sticking to what the table identifies it as (Participant 7, *emphasis added*).

In order to control for varying perspectives and 'thresholds', service providers are to stick to the AER threshold identified for the *CPRIT*. However, definitional challenges have created some disagreements, with regards to whether situations should be determined as acutely elevated risk. As the following quote demonstrates,

I think we all bring our lens with our – what we think is high risk – and then you have, for the most part, everyone agrees (Participant 1).

In instances where there is disagreement, the Table operates under the assumption of majority rules. By “going with the majority” (Participant 3), the interests of some Table members are prioritized over others. Disagreements conceivably stem from the multi-disciplinary nature of the *CPRIT* and the subjective experiences of those sitting at the Table. As the following participant explains,

It could be their expertise in a particular field, that they may be questioning certain aspects (Participant 3).

Participants also evidenced concern that the risk factors have been utilized to justify the need for intervention, when it is not necessarily warranted. As the following quote illustrates,

I think we need to be a little bit more careful on what risk factors we are listing, so not to double it up (Participant 1).

The Table facilitates the presentation of situations of elevated risk and when these risk factors are ‘doubled up’ (Participant 1) it makes the situation more likely to meet the AER threshold. This collaborative partnership therefore appears to be ‘joined up’ but is internally fragmented (Crawford, 2001).

Situation Tables, as indicated in the previous chapter, are intended to be delivered through management techniques where performance measures and organizational outputs are the criteria for measuring and determining success. The *CPRIT* embodies these management techniques, by actively utilizing quantitative performance measures for determining and evaluating its success. As the following participant explains,

There is one proxy indicator that can tell you if [the initiative is] doing good or not. It’s the percentage of cases that are coming back to the table (Participant 4).

This quantitative measure of performance is populated by the Risk Tracking Database (RTD). The RTD is a standardized forum that provides a way to track and analyze Table data efficiently.

It is an instrument that’s not only just for entering data, but then extracting and analyzing. It includes a dashboard, which means once you enter [the data] you can pick different variables and then report on them (Participant 4).

The implementation of the standardized RTD now allows the Chair of a Situation Table to run their own statistical analysis of the data – thereby removing the need for impartial, external evaluators. For example, the *CPRIT* originally had epidemiologists run analyses on the Table data, but since the adoption of the RTD those analyses have stopped,

because [the table chair], kind of, made it clear to us that those basic stats – [she] would be able to see that [herself] through the dashboard (Participant 4).

The Table Chair can, therefore, pick and choose what she wants to report upon. The reasons for ‘concluding’ a situation at the Table, which is dictated by the pre-determined options in the RTD, is one of the variables that is often reported upon. However, as Participant 4 explains, the analysis just shows whatever is in the database – which is, that they connected that individual or family to the agency. That’s it. We don’t know what’s happening after that. That information is not available (Participant 4).

The above quote speaks to how the managerial undertone allows for the *CPRIT* to be utilized as a form of social control because the focus is on concluding situations at the Table, by connecting individuals with services.

This type of analysis, and its focus on efficiency (i.e., concluding cases), is both facilitated by and reinforced through the Ministerial implementation of the RTD. As the following participant explains, “the Ministry said – right now, their priority is to have that database in place, to at least track the number of cases we are dealing with – not the impact” (Participant 4). However, the RTD does not capture the entire picture, as it is “not enough to tell you whether this initiative is actually progressing and if it’s actually effective in reducing risk – the number of those risks and the level of those risks – for those families or individual cases” (Participant 4). Further, being connected with services does not mean that individuals are actively engaged. As is discussed above, at-risk individuals may not follow through once connected and this is not tracked by the *CPRIT*. The Table process is utilized to mitigate risk ‘in the moment’, so in the moment, individuals are connected with services, and “it reduces the risk so they no longer meet the threshold” (Participant 6). The aftermath of risk-driven intervention is less of a concern. As the following quote demonstrates,

When a case comes to the Table it gets acutely elevated risk, people go out and do the intervention, do the connections, and we close it at the Table. As far as the Table is concerned, it's done (Participant 1).

The Table does not 'case manage'. As another participant explains, "it's individuals – they don't call them clients – individuals getting connected to services" (Participant 7). By referring to the clients of the *CPRIT* as individuals, the Table is able to keep itself at an arm's length from being held accountable. However, not having this longer term impact serves to promote securing control (stabilizing risk) over providing care (addressing risk). Moreover, by only considering the impact for individuals that have been connected with services, the experiences of those that have refused services (i.e., have not been connected, but are perceivably still impacted by the intervention process) are omitted.

#### Marginalizing At-Risk Individuals

In order to better assess risk mitigation and the initial impact the Table had on at-risk individuals, the *CPRIT* implemented the Risk Factor Tracking Tool (RFTT):

We said, let's come up with some sort of tool that we could give to the lead agency and we would ask them to monitor at 1, 3, and 6 months. We would identify whatever risks were identified...and we would ask them – can you just provide a status for each of those risks? And then overall – has it been mitigated or is [AER] still present? We were thinking, at minimum, some sort of tool that would quantify the impact (Participant 4).

However, the data that was obtained from the RFTT identified that the *CPRIT* lacked sustainability in mitigating risk. As the following quote demonstrates,

The limited data we had from the Risk Factor Tracking Tool suggests that many of those risks were still present and they were all acutely elevated. So at 3 months or at 6 months – people were still having those risks... That means, they were able to temporarily reduce those risks – to mitigate them – but there was no sustainability. This suggests that people’s risk level doesn’t change – even after they are connected with services and they are provided with services (Participant 4).

Shortly after the implementation of the RFTT, it stopped being utilized, and instead the Table adopted the more standardized Risk Tracking Database (RTD) to measure performance.

Aside from the quantitative data provided by the RFTT, no qualitative data has been collected from clients directly that can speak to their experiences with the *CPRIT* process. When discussing this lack of qualitative feedback, one participant noted,

there’s part of me that wants to hear the feedback, but there’s part of me that recognizes that *we don’t need to see the feedback because the statistics, kind of, speak for themselves*... If they’re not on [police] radar, and they’re not on emergency services’ radar, and they’re not visiting [community services]... that *speaks for itself*, as to the betterment of them as individuals and the betterment of their situation (Participant 2, *emphasis added*).

Quantitative measures of performance are therefore prioritized over qualitative measures. Yet, utilizing quantitative data to ‘speak for itself’ is exclusionary and presumptuous and results in initiative ‘success’ being determined by the service providers and not the individuals at AER. As Participant 4 explains, “right now [our understanding] is limited to those Table discussions and that anecdotal evidence.” Anecdotal evidence is limited in that it can only speak to providers’ perceptions about the impact of the initiative. As the following quote demonstrates, clients are

*perceived to be receptive*, “even if they only went into services for a little bit and it maybe only stabilized some of the really big risks” (Participant 1). The impact of having risk “deescalated” (Participant 3) is perceived by providers to be “powerful” (Participant 1) and a sign of success. However, as Participant 3 acknowledges,

[Service providers] may not have lived that person’s life. They may not have experienced some of the things that they have experienced. So you only get an outside looking in, kind of view.

This gap in understanding the individual’s experience with the Table process and the impact of risk-driven intervention is acknowledged by service providers, but not prioritized.

Acknowledgement of the need for the client voice is met with uncertainty regarding its benefit and necessity. As one participant explains, when asked about whether or not the Table obtains feedback from clients, “I don’t know at what point it would be beneficial to give a true, kind of, reading” (Participant 1). As another participant explains, “some of the interventions are so early, you don’t know what they are going to say or do, until later on” (Participant 2). Thus, there appears to be a sense of protection over the initiative and the potential for negative feedback. Numerous participants noted that many of the individual agencies, especially those who are often lead agencies on interventions, have “their own satisfaction survey process in place” (Participant 6). Acknowledging that agencies have their own satisfaction surveys in place further reinforces the organizational accountability that is affiliated with the Table. By relying upon individual agency satisfaction surveys, the *CPRIT* removes the clients’ ability to provide feedback to the broader initiative, while rendering the service providers from individual agencies responsible for client success.

The managerial focus of the *CPRIT* on performance-based outputs lends itself to database tracking. As the following quote demonstrates, “the risk factors are there [in the RTD], so we can see what’s working, or what may be needed within the community” (Participant 3). By tracking prevalent risk factors, the Ministry can make decisions as to where to allot funding down the road. As Participant 5 explains, however, a deeper level of analysis is desirable:

the creation of data is fascinating because what you have is a person describing a scenario and then you have others ascribing risk factors...if we’re moving toward a world where [Situation Table] data is the driver of social policy – that’s interesting – but I think there needs to be that, kind of, second layer of analysis of what these risk factors mean in their totality.

The creation of risk data is arguably subjective, in that, the risk factors that are ascribed to individual situations are based upon service providers’ perceptions and these perceptions may not adequately match those of at-risk individuals. As the following quote demonstrates, “[risk factors] may not be accurate as to what the client’s perception is...they might not even have seen it as risk” (Participant 7). Social policy decisions are subsequently made upon this risk data, as it is taken to be a reliable measure, having serious implications for at-risk individuals without more comprehensively examining their needs.

Risk data and risk-driven intervention are utilized to shape the social worlds of marginalized individuals, without incorporating their input. As the following quote demonstrates regarding the assumed impact of the *CPRIT*, “if people [don’t] come back up to the Table, then, obviously, it made a difference” (Participant 1). The assumption that individuals are not coming back to the Table because risk has been mitigated does not incorporate the client perspective and

is based upon the notion that interventions are known to be best practices in reducing risk. Yet, as another participant explains,

Risk is a rollercoaster – right? So levelling out one of the bumps in the rollercoaster – is that eliminating risk? I think that’s the longitudinal, long-term piece, that has to be explored...Did [intervention] address the risk that this person is experiencing?

(Participant 5).

By not obtaining the client perspective as to whether or not risk has actually been addressed, the *CPRIT* serves to further marginalize the role of the at-risk individual. Thus, more systems-level thinking is required, because, as the following quote demonstrates, “Is that person at acutely elevated risk, or is this just a gap in the way that services are offered?” (Participant 5).

### Conclusion

Through the processes of responsabilizing service providers and at-risk individuals for risk management, the *CPRIT* has extended state control and operates as a technology of social control by governing ‘at a distance’. Through the use of the Risk Tracking Database, the *CPRIT* prioritizes quantitative performance measures and organizational outputs over qualitative outcomes for the broader community. Situation Tables, therefore, promote stabilizing risk over providing care, which speaks to the literature on plural policing and neoliberal governance (Crawford, 2006; Garland, 1996). As a state-centric policing network, the *CPRIT* is utilized to institutionalize social control in agencies that are traditionally responsible for providing care. Through the processes of responsabilization, the *CPRIT* extends state governance into various social domains. Further, by targeting Table interventions on ‘frequent fliers’ the Table operates as a way to police the ‘usual suspects’ (Participant 5).



In both the OWG documents and the interview transcripts, the role of the state in shaping these initiatives is clear. There are numerous ways in which this state shaping has been instituted in practice. For example, the police are referring the majority of the situations to the Table (state ‘steering’), while service providers are given the responsibility for providing the support (agency ‘rowing’). The state has also dictated the risk factors that are utilized to facilitate the Table process and the database that is utilized to measure Table performance. Situation Table networks are thereby ‘collaborating’ with a managerial undertone, in order to monitor performance against the goals set. This performance-based measurement does not incorporate client experiences, neglecting the potential for social development and, in the process, marginalizing individuals deemed ‘at risk’. The state-centric framework proposed by the OWG is therefore closely coupled with how the *CPRIT* is operating in practice. The implications of these findings, as well as, avenues for future research will be discussed in the concluding chapter that follows.

## CHAPTER SIX – CONCLUSION

### Introduction

Within what follows, I begin by discussing how Situation Tables operate as novel technologies of control that responsabilize social service providers and at-risk individuals for risk mitigation. I then discuss the relevance of these findings to the literature on the managerial culture of community partnerships, and the unintended consequences for individuals at risk. Finally, I conclude with a discussion of the practical implications of this study, and outline avenues for future research.

### Situation Tables as Novel Technologies of Control

Situation Tables present as state-centric networks that operate as ‘novel technologies of control’ (Crawford, 2006) that extend state control through governing risk and policing the usual suspects. Through plural policing networks, the crime control capacities of non-state actors are used as modes of power that extend state control over the behavioural conduct of members of society that pose a risk to the social order (O’Malley, 1992). Situation Tables utilize the capacities of ‘non-state’ social service providers to extend control over the behavioural conduct of individuals that present as being at acutely elevated risk, based upon risk factors that exemplify crime and disorder. Risk mitigation, as a community safety and well-being tactic, therefore becomes the responsibility of service providers involved with the initiative. The process of responsabilizing service providers for risk mitigation is reinforced by the practices of the *CPRIT*, which evidence the use of the Table as a form of traditional policing practice. By institutionalizing social control, the state is able to govern risk ‘at a distance’ (Garland, 1996).

Situation Tables also utilize the capacities of at-risk individuals themselves to mitigate risk. By viewing these persons as rational actors, at-risk individuals can be responsabilized for their own risk mitigation, while larger systemic issues that place them at risk are left buried and underexplored (O'Malley, 1992). The process of responsabilizing individuals for risk mitigation is also reinforced by the practices of the *CPRIT*, which views at-risk individuals as being cooperative and willing to accept help, or uncooperative and unwilling. By focusing on the negative effects of 'risky behaviour' as opposed to its contextual factors, service providers have tended to adopt a neoliberal ideology regarding the management of risk that poses a threat to public security (Liebenberg et al., 2015). However, individualizing risk and utilizing risk mitigation on a micro level directs attention away from the social problems that facilitate risk on a macro level and are beyond an individual's control. Situation Tables are being utilized to mitigate acutely elevated risk of harm, which places the focus on community safety and threats to public security. Further, it reduces the crime problem to one of recalcitrant individuals unwilling to accept offers of support (Scoular & O'Neil, 2007).

Based on my document analysis and in-depth interviews, it is apparent that the *CPRIT* is operating as a state-centric network, wherein public police have leveraged their position as knowledge brokers (Dupont, 2004). Yet, the state steering of Situation Tables raises serious concerns about the democratic accountability in place for governing these new governance networks. Without democratic accountability, the implications of pluralized crime control are not considered for the organizations or the individuals involved (*ibid*). The *CPRIT* does not provide at-risk individuals with the opportunity to give feedback as to the broader impact of the initiative. Instead, feedback is limited to client satisfaction surveys distributed by member agencies, which speak only to organizational accountability rather than accountability of the initiative. By not

providing a feedback process, Situation Tables not only evade democratic accountability, but ‘community’ safety and ‘community’ mobilization become individualized.

### Managerial Culture of Community Partnerships

Within actuarial risk-based models that assume ‘all action is calculable in terms of risk’, there is a threshold that defines the level of risk that is ‘acceptable’ to ‘experts’ (Kelly, 2001; Rose, 2000). For the OWG and the *CPRIT*, this threshold is acutely elevated risk (AER). Yet, to date, there has been little research that explores how service providers perceive and respond to actuarial risk-based models. There appears to be an imaginary moral consensus among agents of control regarding what constitutes risk and how it should be calculated (Kelly, 2001). Further, the consequences of the threshold of ‘acceptable’ risk for those subject to risk classification and governance are not taken into consideration (Rose, 2000). Therefore, little is known about how service providers construct risk and the implications these constructions have for those being labeled ‘at risk’ (Goddard, 2012).

My findings speak to the challenges service providers experience when working within a risk-based model and constructing AER, as varying perspectives were demonstrated by Table members as to what constitutes acutely elevated risk for the *CPRIT*. These challenges have further implications for those subject to risk constructions, because they take away individuals’ ability to offer their perspectives regarding risk constructions and the governance that follows. Without input from those subject to the risk threshold and the conduct-governing practices that result, the state maintains power (Rose, 2000). For the *CPRIT*, service providers are perceivably accepting police definitions of risk as ‘experts’ and governing conduct by ‘mitigating AER’. In

accepting these definitions and governing conduct based upon them, the state maintains power over the *CPRIT*. This power is further asserted by not seeking input from clients of the Table.

Concepts like ‘community safety’ and ‘elevated risk’ are subjective in nature and do not have universally agreed upon definitions. Yet, these concepts are still being measured within community safety initiatives. Crawford (2001) found that ‘preventative measures’ were left undefined in governing policy in the UK, so that the government would not have to contend with the exclusionary dynamics that pervade community safety partnerships. The agencies involved in these partnerships, therefore, must define and agree upon the ‘preventative measures’ that are to be utilized to ensure ‘community safety’, despite varying perspectives on how to do so. For the *CPRIT*, the concept of ‘acutely elevated risk’ has not been universally agreed upon by agencies and yet, it is still utilized as a threshold for intervention. Risk-driven intervention is then utilized, in turn, as a ‘preventative measure’ to ensure ‘community safety’.

The *CPRIT*, therefore, evidences a pluralization of policing and risk management without a truly ‘networked’ approach. This uncoordinated dispersal of policing has resulted, in part, from governing policy that is performance-based (Crawford, 2001; Hope, 2005). There is a managerial culture that underlies risk mitigation, which fixates on efficiency and performance-based outputs (Garland, 1996). The OWG put forth the framework that exerts control over partnered agencies, by outlining performance measures and setting performance targets. Performance measures, such as, police-recorded reductions in crime, and number of cases concluded in the RTD, foster tunnelled-vision on organizational outputs rather than wide-angled responsibility for ‘community’ safety and well-being. Thus, broader social issues become ignored when initiatives focus on what organizations have done, rather than the impact they have made. The burden of

risk mitigation is placed on service providers and individuals at risk, without consideration of the outcomes for communities.

### Unintended Consequences for Individuals At-Risk

Service providers' perception of at-risk individuals as rational and autonomous in their decision to either engage or not engage with services, without consideration of contextual factors, has resulted in serious repercussions for these individuals. As identified by Liebenberg *et al.* (2015), at-risk individuals who did not present as 'responsibilized' were often banned from further services. Both my analyses of the OWG documents and the interview transcripts confirm that the process of responsibilization has been embedded within the intended operation of Situation Tables, in general, and the perceived operation of the *CPRIT*, more specifically. The unintended consequences of embedding responsibilization into the way that Situation Tables operate is individuals become 'blamed' for the factors that place them at risk. When individuals are blamed for adverse social conditions over which they have no control, social risk is transformed into individual responsibility (Kelly, 2001). In addition, individuals perceived as 'unwilling' may not be brought to the Table and offered support services. Responsibilization facilitates the 'downward spiral' of neoliberal governance, where responsibility completely shifts from the state to the at-risk individual (*ibid*).

Within the literature on community safety, there is an overpowering emphasis on how collaborative partnerships mitigate risk, with little exploration of how neoliberal principles of governance impact service delivery for vulnerable at-risk individuals (Liebenberg et al., 2015). And yet, despite the understudied emergence of collaborative approaches to risk intervention, responsibility for failed intervention is likely to be attributed to the individual and unlikely to be

attributed to the risk-based model of practice – a model which lacks an understanding of the social processes at work and the complexities of client experiences – experiences that, if considered, could have a greater impact on outcomes for vulnerable at-risk individuals (*ibid*). Further, the *CPRIT* does not seek to obtain client feedback or explore the impact of initiatives, but instead attributes failed interventions to resistant individuals and places accountability on providers with regards to service delivery. By ‘empowering individuals’ to manage their own risk and demonstrate self-care, accountability is removed from the state. However, by implicating individuals in the regulation of their own self-care, the nature of support services changes and this can result in exclusion and further marginalization for those at risk (Liebenberg et al., 2015; Mann et al., 2007).

#### Practical Implications and Avenues for Future Research

The overlap in thematic areas among the OWG documents and the interview transcripts illustrate how Situation Tables are operating as state-centric networks. Although this study has provided qualitative insight into service providers’ perceptions with regards to the operation and implications of Situation Tables, the client experience is still missing. The opportunity exists for the *CPRIT* to introduce a client feedback survey, however, at the present time, the initiative does not have the structure for this – as the state-centric framing has focused on stabilizing risk and securing control, rather than addressing risk. In order to explore the client experience and to have a greater impact on ‘outcomes’ for vulnerable populations ‘at risk’, future research must be conducted with regards to collaborative, risk-driven community safety and well-being initiatives. Situation Table clients need to be spoken with directly about their experiences. Without the

client perspective, there is a significant gap in knowledge, which serves to further marginalize these members of the community who are not given a voice.



## APPENDIX A – SEMI-STRUCTURED INTERVIEW GUIDE

### Interview Guide

#### Introductory Questions

I would like to begin by asking you a few introductory questions about your position and your organization's involvement with the Table.

1. Can you tell me a little bit about your position at this organization?
2. Can you please describe for me the services your organization offers the Table?

#### Defining Key Terms

I am very interested in gaining the service provider perspective on how acutely-elevated risk, as a seemingly central concept to the implementation of Situation Tables, is defined.

Defining Acutely-Elevated Risk (AER)...

1. How do you define "acutely-elevated risk"?
2. How do you identify clients at "acutely-elevated risk"?
3. What "risk factors" need to be present for a client to be classified as at the "acutely-elevated risk" level?
4. Are there a certain number of "risk factors" that need to be present for a client to be classified as at an "acutely-elevated risk" (ratio of risk to protective factors)?
5. In your opinion, are the "risk factors" utilized by the Table representative of clients at "acutely-elevated risk"? Why or why not?
6. How has the threshold of "acutely-elevated risk" been determined by the Table?
7. Have there ever been disagreements regarding whether a situation meets the "acutely-elevated risk" threshold? If so, can you please provide an example?
8. In an Ontario Working Group document that discusses the implementation of Situation Tables, this community was identified as using its Table to deal with "frequent fliers".
  - A. First, can you explain what that means?
  - B. What type of response is provided to those classified as "frequent fliers" and how does it, or does it not, differ from someone at "acutely-elevated risk"?
  - C. Do you have clients that you have referred to the Table that are frequent users of emergency services and not necessarily at "acutely-elevated risk"?

#### Identifying the Purpose Served

I am also very interested in exploring what service providers perceive to be the purpose served by the Table.

1. In your opinion, is the Table a crime prevention, or community safety strategy? Please explain how so.
2. Does the Table support community safety? If so, how does it do this?

3. Does the Table support client well-being? If it does, how? If it does not, why do you think that?

### **Client Interventions and Follow-Up**

As far as *how* client interventions are conducted...

1. Once a client has been identified as being at “acutely-elevated risk”, can you describe how the process works?
  - A. Who leads the intervention?
  - B. Who goes to the house?
2. Have you ever attended one of these interventions? If you have, can you describe what the experience was like for you?
  - A. What role did you play during and after the intervention?
3. In your opinion, do client interventions address (mitigate) risk?
  - A. If they do, how do they do this? If they do not, why not?
4. Is there any type of follow-up in place for clients that have come to the attention of the Table?
  - A. What is the follow-up process? How often is it done (e.g. one week later, one month later, six months later, a year)?
  - B. Is there follow-up for both clients that accept help, as well as, clients that decline help? If so, can you describe how that works?
  - C. Who is responsible for this follow-up?

### **Describing the Impact for Clients**

Now that the Table has been operating for over a year, I am also very interested in gaining the service provider perspective on how you think the Table impacts the client.

1. From your perspective, how has the Table impacted individuals at “acutely-elevated risk”?
2. Can you provide any real life examples of a client that you brought to the Table at an “acutely-elevated risk” that would help me understand your answer just now about the Table’s impact?
3. Do you have any thoughts about how client interventions take place?
  - A. What do you like about the process?
  - B. What do you think could be improved?
4. What have client responses been when you have shown up at the door? Can you provide an example of one of these interactions?
5. For clients that have been brought forward but declined help, what does the process look like after (i.e. blacklisted)?
6. Have you heard clients talk about their experience with the Table process? If you have, what kinds of things did they say?
7. Is there a process in place to receive client feedback on these interventions?
  - A. If there is, how does this happen and who is responsible for conducting this?

8. Do you believe that it would be beneficial to have client evaluation / feedback? If you do, what might that evaluative process look like? If you do not, why not?

### **Utilizing the Risk Factor Tracking Tool (RFTT)**

I understand that the Table utilizes the Risk Factor Tracking Tool and that this tool is still early in its implementation. I am interested in understanding what this tool is, how it works, and what its impact has been.

1. Can you describe what the Risk Factor Tracking Tool is, and how it works?
2. To your knowledge, is the Table utilizing the Risk Factor Tracking Tool?
3. How does the Risk Factor Tracking Tool determine that risk has been lowered?
  - A. Does client connection with services automatically mean risk has been lowered (i.e. connection – mitigation)?
4. Since the implementation of the Risk Factor Tracking Tool, how has your contact with your clients changed (if determined risk is still present post-intervention)?

### **Wrapping Up**

That brings us to the end of our interview. I would like to thank you very much for taking the time to speak with me today and ask you one final question before wrapping up.

1. Do you have anything that you wish to add that we have not had the opportunity to discuss?

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## *RESOURCE DOCUMENTS*

- 1) New Directions in Community Safety – Consolidating Lessons Learned about Risk and Collaboration (Russell & Taylor, 2014)
  - A) Framework for Planning Community Safety and Well-Being – Resource Document and PowerPoint Presentation (Russell & Taylor, 2014) Accessed 27 November 2016 <<http://www.oacp.on.ca/news-events/resource-documents/ontario-working-group-owg>>
  - B) Performance Measures for Community Safety and Well-Being (Russell & Taylor, 2014)
  - C) Mitigating Acutely Elevated Risk of Harm – Considerations in Adopting “The Situation Table” (Russell & Taylor, 2014)
  - D) Collaborative Analysis for Systemic Improvements (Russell & Taylor, 2014)
  - E) The Ontario Working Group on Collaborative, Risk-Driven Community Safety (Russell & Taylor, 2014)
- 2) Gaining Momentum – Multi-Sector Community Safety and Well-Being in Ontario (Russell & Taylor, 2015)