

Joint Municipality Community Safety & Well-Being Plan Renfrew & Area

(The Town of Renfrew, The Township of Admaston Bromley, Horton Township,
Whitewater Region, The Town of Arnprior, Greater Madawaska and The
Township of McNab/Braeside)



If It's Predictable, It's Preventable.
If It's Preventable, We Do Something About it!





“We shall not cease from exploration, and the end of our exploring will be to arrive where we started and know the place for the first time.”

T.S. Eliot

This quote from T.S. Eliot is powerful, reflective and on point. We are at a time and place in the evolution of community safety that has come full circle since the creation of the first, modern, state-run police force, the Metropolitan Police Force of London, England.

A paradigm shift in community safety is sweeping our province, this country, and the globe. Understanding how we got here will help us understand where we need to go next and why. It will create a framework for community safety planning, grounded in history and supported by evidence-based research on what makes communities thrive.

The future is in our hands...

Pat Finnegan

Before We Get Started

A Few Words About Community Safety & Well-being

Community safety & well-being planning is about identifying **risk factors** that are negatively impacting the safety and well-being of individuals or groups, within a community.

Once risks are identified and prioritized, collaborative intervention strategies are developed and implemented by a myriad of community programs, services, organizations, groups and clubs. A key tenet of the planning process is that we all must work together in order to achieve the best results. This is a whole of community approach as opposed to relying on a few emergency response agencies to pick up the pieces after they are broken.

Those most effected must be involved in the development of these intervention strategies, consistent with the mantra, “nothing about me, without me”.

Whenever possible the point of intervention should be **upstream** of the potential harm. The goal is to divert predictable negative outcomes from happening in the first place. Traditionally, communities have focused on emergency response, responding only after the crisis has occurred. That’s a bit like trying to put the toothpaste back in the tube.

Community safety & well-being planning is a collaborative effort to remove barriers and improve access to the social determinants of health and well-being so that every community member can realize their unique talents and potential in a safe, inclusive and nurturing environment.



JUST FOR FUN...

THIS IS WHAT “ChatGPT” HAD TO SAY ABOUT COMMUNITY SAFETY & WELL-BEING PLANNING...

Community safety and well-being planning is a collaborative approach to address social challenges and improve the overall safety and well-being of a community. This planning process involves the participation of various stakeholders, including community members, local government officials, law enforcement agencies, social service organizations, and other relevant parties.



The primary goal of community safety and well-being planning is to identify and address the root causes of safety and well-being issues in a community. This includes identifying risk factors such as poverty, homelessness, addiction, mental health, and social isolation, among others.

Once these risk factors have been identified, the community safety and well-being planning process involves the development of strategies and interventions aimed at reducing these risks and promoting safety and well-being. These strategies may include programs such as education and awareness campaigns, community outreach programs, improved social services, and increased law enforcement presence, among others.



Overall, community safety and well-being planning seeks to promote a holistic approach to community safety and well-being that takes into account the social, economic, and environmental factors that influence the well-being of individuals and communities.

HOW TO USE THIS PLAN

Time is one of our most precious commodities. Please enjoy engaging with this plan in a manner that fits your interests and the time you have available to dedicate to this important community initiative.

If you are just seeking to understand the essence of this Community Safety & Well-being Plan, take a few minutes and engage with the 1 page at a glance “Elevator Pitch”.

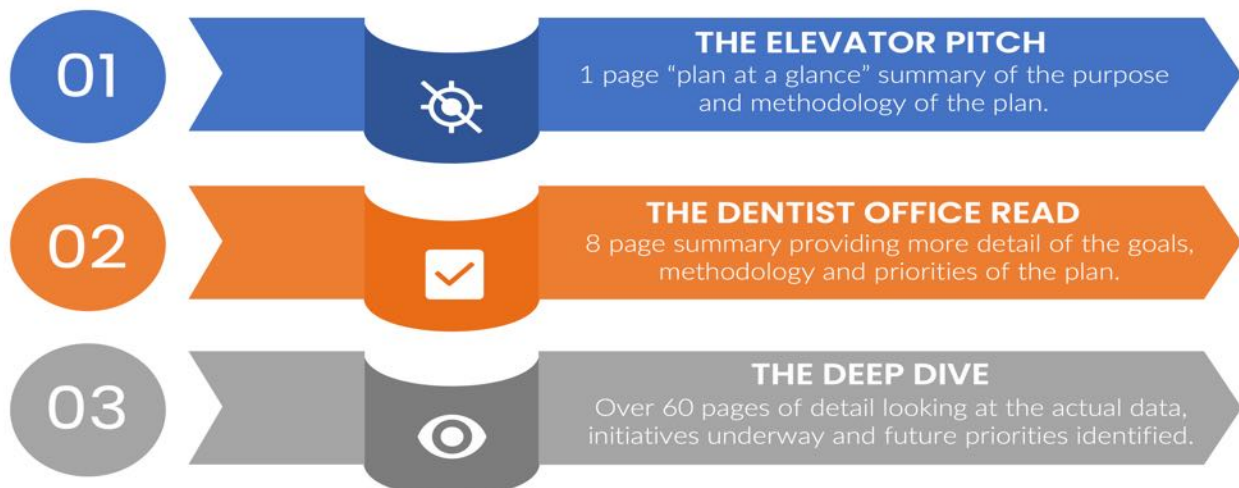
If you need to understand more and are considering becoming involved in any one of the initiatives outlined in the plan, the 8 page “Dentist Office Read” may be the right fit for you.

If you are joining our committee, engaging in research or wish to become deeply engaged in Community Safety & Well-being Planning, there are over 60 pages of information available in the section referred to as “The Deep Dive”. If that is the case, put your feet up, get comfortable and take your time as you acquaint yourself with a detailed explanation of the community safety & well-being planning process and how it relates to your community.



3 LEVELS OF “USER” ENGAGEMENT

This plan has been developed with three different levels of “User” engagement in mind. Depending on the user and their needs and the time available, each level of engagement is designed to take those factors into account.



01



THE ELEVATOR PITCH

1 page "plan at a glance" summary of the purpose and methodology of the plan.



THE “ELEVATOR PITCH”

Note: Community Safety & Well-being planning has been mandated by the Ontario government by the enactment of legislation.

The following is a visual and narrative overview of the essential elements of this plan, how and why it was created and what it hopes to achieve.



#1 PREDICT HARM BY IDENTIFYING RISK

This warning sign is cautioning pedestrians to walk carefully due to a potential slippery surface. If you slip you might fall. If you fall you could get hurt, seriously hurt. If you walk carefully or take another route, you can mitigate the risk of falling. This is a simple problem with a simple solution. Often situations pose multiple risks and require more than one risk mitigating strategy.

#2 INVOLVE THOSE AFFECTED IN COLLABORATIVE SOLUTIONS

When trying to solve complex problems with numerous risk factors that affect more than one person, collaborative problem solving models are most effective.

Occasionally our efforts to “help” others does more unintended harm than good. The expression, “nothing about me without me” reminds us that the best community solutions are discovered when those impacted by the problem are involved in the creation of the solution.



The most effective solutions to community problems come from within community.

During the planning process numerous existing Community Safety & Well-being strategies were reviewed and 5 risk factor categories were identified as high priority, requiring additional focus on possible mitigation strategies (solutions).

#3 ASSESS/MODIFY/IMPLEMENT

“As long as you live, keep learning how to live!”
Seneca



This plan is not a one and done! Community Safety & Well-being Planning is a continuous & collaborative process of constant and never ending improvement. The focus is upstream and the goal is to be as proactive as possible. CSWB planning is a way of life!

02



THE DENTIST OFFICE READ

8-page summary providing more detail of the goals, methodology and priorities of the plan.

The following 6 pages summarize key features of this Community Safety & Well-being Plan:

- What is a CSWB plan & why are we doing it.
- Which municipalities are involved.
- Key initiatives that benefit all communities.
- The functions of the advisory committee
- The CSWB planning process
- Key risk factors identified for priority future action
- The next steps in the planning process for 2024



THE “DENTIST OFFICE READ”

WHAT IS COMMUNITY SAFETY & WELL-BEING PLANNING?

It is about predicting the future by looking at risk. If it is predictable, it is preventable. As a community we look to see who is most at risk and why and then we intervene in an attempt to prevent the bad thing we are predicting from happening.



Community safety and well-being planning is prevention focused and requires the knowledge, skills, abilities and lived experience of every community member to develop mitigation strategies that make our communities healthier and safer.

WHY ARE WE DOING IT?

In 2018 the Ontario Government passed legislation requiring every municipality in Ontario to develop a community safety and well-being plan. (see Part XI of the Police Services Act R.S.O. 1990, c P.15)

The truth is, we were already doing it and having a written plan simply formalizes the process, educates others about important community initiatives and tracks our successes and failures.

THIS PLAN IS A JOINT PLAN

This plan is a joint plan between the following 7 municipalities:

- The Town of Renfrew
- Horton Township
- Whitewater Region
- The Town of Arnprior
- Greater Madawaska
- Township of McNab/Braeside
- Township of Admaston/Bromley



It's helpful to think about the plan as one big house. Some rooms are used by everyone, like the kitchen and living room, while other rooms are private and still others are used only once in a while, like a storage closet. Each room however is part of the house and each room is important.

THE “DENTIST OFFICE READ”

THERE ARE 4 KEY INITIATIVES THAT BENEFIT EVERYONE

There are 4 initiatives that have benefits and impacts for all municipalities despite the geographic location of the initiative. Each will be described in detailed within the main body (“Deep Dive” Section) of this plan.

The **KEY** initiatives are:

1. The Situation Table
2. The Renfrew & Area Connection Centre
3. The Police/Mental Health & Addictions Partnership
4. Enhanced Response & Management of Intimate Partner Violence



THERE ARE NUMEROUS INITIATIVES ALREADY ESTABLISHED

Each community has a number of community safety & well-being initiatives that are already established. This is because the respective municipal councils and numerous organizations, businesses, and clubs are already committed to community safety & well-being.

These initiatives will be catalogued and quantified in a companion document to this plan referred to as “The Lighthouse Document”.

ADVISORY COMMITTEE ESTABLISHED

In order to learn more about each community and its needs, and to eventually arrive at a consensus on how to proceed, an advisory committee was established.

The advisory committee is made up of an assortment of volunteers with a variety of backgrounds primarily in the health, human, justice, and emergency service sectors.

A list of the advisory committee members can be found in the “Deep Dive” section of this plan.

Without the volunteer efforts of the advisory committee, the development of this plan would not have been possible.



THE “DENTIST OFFICE READ”

THE COMMUNITY SAFETY & WELL-BEING PLANNING PROCESS

A consultant was hired and a formal process for planning was followed during the preparation of this plan. Dr. Hugh Russell was the advisor to the government during the drafting of the legislation and assisted the government in the preparation of a booklet that can be used as a guide for municipalities engaged in this process.

The booklet is free and can be downloaded from the link below by anyone interested (see link below). It contains the principles and philosophy of planning based on over 40 years of Dr. Russell’s research as a social psychologist.



https://1drv.ms/b/s!AhRy4wgeb_Rc1nc1RlyhklrC3BDH?e=NFsQsT

6 RISK FACTORS WERE IDENTIFIED AS HIGH / VERY HIGH PRIORITY

The planning process included the review of downstream data from sources such as police records, emergency services records, situation table data, a lived experience community survey, a Coroner’s Inquest and inputs from other organizations, agencies and nongovernmental organizations.

By analyzing the data, a clear picture of the most prevalent risk factors was developed. 4 risk factor categories were identified as **very high** (red) in prevalence while 2 others were identified as **high** (yellow) in prevalence within the respective communities.



Once an inventory of existing programs and services is complete (The Lighthouse Document), the advisory committee will engage in an exercise of “Keep, Drop, Create” in an effort to avoid redundancy of human and economic resources as they make informed, evidence based decisions in relation to the creation of protective factors aimed at reducing and or eliminating these identified risks.

WE ARE DOING GREAT, NOW LET'S DO EVEN BETTER!

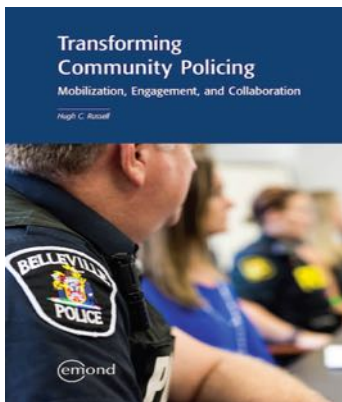
Many of our communities are very safe and the people that live there enjoy a sense of community that contributes to their health and well being. We call these “green zone” communities.

That doesn't mean we can't do better. It also doesn't mean that the experience of the majority is in any way relevant to the experience of everyone. In other words, just because many people are living a pretty good life does not mean that everyone is.

Individuals and families living lives impacted by multiple risk factors are the primary focus of community safety and well-being planning.

Many people, living in the margins of our communities are doing so through no fault of their own. Intergenerational trauma, health challenges, injuries, economic failures and workplace injuries are frequently part of their stories.

Many people with addictions to opiates were initially prescribed opiates for pain relief due to serious injuries. Community safety & well-being planning is most effective when those engaged in the process approach the effort with a “good heart”.



“In the lowest-demand neighbourhoods there are the fewest illegal activities and the least social disorder (green zone). That is because the people here share common values for a safe and secure neighbourhood and they have sufficiently durable relations to keep it that way.”

Dr. Hugh C. Russell

Talents, insights, leadership, and solutions to community problems exist in every community. In “red zone” communities where there is high demand for emergency response, those key attributes are cloaked in fear. The priority then is increased safety through the mitigation or elimination of risk factors that are contributing to that fear and preventing a safe space for those with lived experience and community made solutions to feel comfortable enough to contribute.

“The qualities of community that we value so much in our own lives and neighbourhoods—mutual trust and durable relationships—exist in insufficient measure to build and sustain community safety in those neighbourhoods where police respond most often. So we need police (among others) to take steps to help people there create those qualities. We have already identified that police most often have to get this ball rolling by using enforcement and crime suppression so that it is safe for neighbours to begin to learn about each other and experiment in working together to make their neighbourhood stronger. But after that, so much more needs to be done to build up the neighbourhood’s natural resistance to crime and social disorder.”

OUR CONTINUOUS PLANNING CYCLE

Ongoing Initiatives

There are numerous ongoing community safety and well-being initiatives that are serving our community members. A complete catalogue of these initiatives can be found in the “Lighthouse Document” which is being developed as a companion document to this plan.



4 Very High & 2 High Priority Risk Factors Identified

A “Lived Experience Survey” was developed and distributed throughout the participating communities. The survey asked people to share their lived experience as it related to the presence and prevalence of 29 specific risk factors. Our collective opinions about community characteristics are surprisingly accurate and this survey relied upon the lived experience of people who lived, worked, played or otherwise engaged in the 7 unique communities participating in this joint plan.

Programs & Services Inventory

Time is without question one of our most precious commodities. Our tax dollars share a similar characteristic in that there is a finite amount available to our communities which means we need to make informed, evidence-based decisions on how that money is spent.

Nothing frustrates the energetic volunteer more than the apparent redundancy of effort and resources. Before creating anything new, there was consensus that we need to establish a clear picture of what is currently “in stock” now. In other words, we need a detailed inventory of all the programs and services currently available within our communities before making any decisions about what we should keep, drop or create to contribute to an even better future.

The Lighthouse Document

In addition to a comprehensive inventory, we also need a sense of how each program or service is working. Are the efforts leveraging real and measurable results? A companion document is being created to act as a “one stop shop” to provide that information to anyone who seeks it. We are calling this document “The Lighthouse”. This document will serve as a future guide which will be relevant to the maintenance, creation or abandonment of our collective community safety & well-being efforts.



Keep, Drop, Create

With the Lighthouse document completed as a companion guide to this plan, our advisory committee will then have the job of considering redundancy, effectiveness, return on results and gaps. Informed, evidence-based decisions can then be made in relation to responding to the priority risk factors identified during the data analysis phase. At this point we will seek the input and involvement of those affected, people with lived experience, in the creation and implementation of protective factors aimed at mitigating, reducing, or eliminating the target risk factors.

Plan, Assess, Act

By applying the principles of community safety & well-being planning while consulting the Lighthouse document, we will be able to gauge our progress on an annual basis. The plan will grow and change in real time, responsive to our ever-changing communities. We will continue to work together with the common goal that each year we will improve safety and well-being for every citizen.



CSWB PLANNING - NEXT STEPS

SUMMARY OF NEXT STEPS

Community Safety and Well-being Planning is not a “one and done” undertaking. Our communities will continue to engage in an ongoing process of assessing, responding and evaluating.

The plan will be updated yearly to reflect this activity. Too often undertakings such as this are completed and then filed on a shelf where they collect dust despite the good intentions of those dedicated to the initial effort.

Community Safety & Well-being Planning is a philosophy that must be prioritized as a way of thinking and acting about community safety and wellness.



CREATION OF LIGHTHOUSE DOCUMENT

The advisory committee agreed that “new” initiatives should not be undertaken until a comprehensive inventory of all existing programs and services has been completed. A document will be developed that catalogues all of these efforts. Each program or service should have associated performance indicators and quantifiable outcomes.

The Lighthouse Document will become a companion document to the Community Safety & Well-being plan. It will also be accessible through the web (likely a link on each municipal website and eventually a link within the plan document). It will be accessible and searchable by anyone.

The primary goal of the Lighthouse document will be to avoid redundancies of human and economic resources and create awareness of which programs and services are being offered within each community. It will also track the results of our efforts including unintended consequences which sometimes result despite our best intentions.



COMMUNITY CONNECTION CHAMPIONS

Each municipality is encouraged to establish a community safety committee (separate from the existing Advisory Committee). The members of this committee will be referred to as Community Connection Champions. They will be the eyes and ears for each municipality on all things related to Community Safety & Well-being. These committees will report to Council as well as the Advisory Committee. This will address the often unintentional but real phenomenon of the specific interests of smaller municipalities being eclipsed by the primary interests of the larger municipalities. Our champions will be trained in a number of contemporary ideologies related to community development, specifically community safety and well-being strategies.



CSWB PLANNING - NEXT STEPS

COMMUNITY CONNECTION CHAMPION TRAINING

To be effective in their roles, each Connection Champion should be trained in the following: 1) Ontario's Mobilization and Engagement Model of Community Policing, 2) The Principles of Community Safety & Well-being Planning (4 Pillars of Intervention), 3) Situation Table Awareness, Access & Function, and 4) Asset Based Community Development known as ABCD, an innovative and wildly successful model for community building.



SITUATION TABLE AWARENESS/ACCESS & FUNCTION

Situation Tables have been functioning in Ontario for just over 7 years. When they were established, each participating organization was asked to identify an employee/member who would agree to attend the weekly meetings. These Situation Table members were trained prior to being permitted to participate in a live meeting.

What is missing is organizational awareness. An employee from a school board may attend weekly Situation Table meetings but are all teachers and education staff aware of what the Situation Table does and how to make an appropriate referral to the Table? The answer to that question is “no they are not”.

Training is currently being developed to address this issue. Once completed, it will increase referrals to the Table and enhance our ability to identify situations of “acute elevated risk” which in turn will allow the Situation Table members to respond with upstream intervention strategies aimed at preventing the acute evaluated risk from manifesting in downstream crisis.



KEEP, DROP, CREATE EXERCISE (ADVISORY COMMITTEE)

With the Lighthouse document completed as a companion guide to this plan, our advisory committee will then have the job of considering redundancy, effectiveness, return on results and gaps. Informed, evidence based decisions can then be made in relation to responding to the priority risk factors identified in the lived experience survey.

Strategy implementation teams will seek the input and involvement of those affected, “nothing about me without me”, in the creation and implementation of protective factors aimed at mitigating, reducing or eliminating the target risk factors. This is the point where new intervention strategies aimed at reducing the priority risk factors identified during the community safety and well-being planning process will be created and implemented.

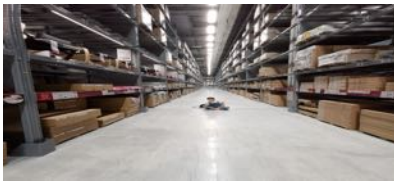
THE PATH FORWARD AT A GLANCE



⇒ 01

DATA SETS REVIEWED

In addition to common data sets a Lived Experience Survey was conducted resulting in identification of Priority Risk Factors.



⇒ 02

INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.



⇒ 03

LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



⇒ 04

KEEP, DROP, CREATE EXERCISE

The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.



⇒ 06

SITUATION TABLE AWARENESS

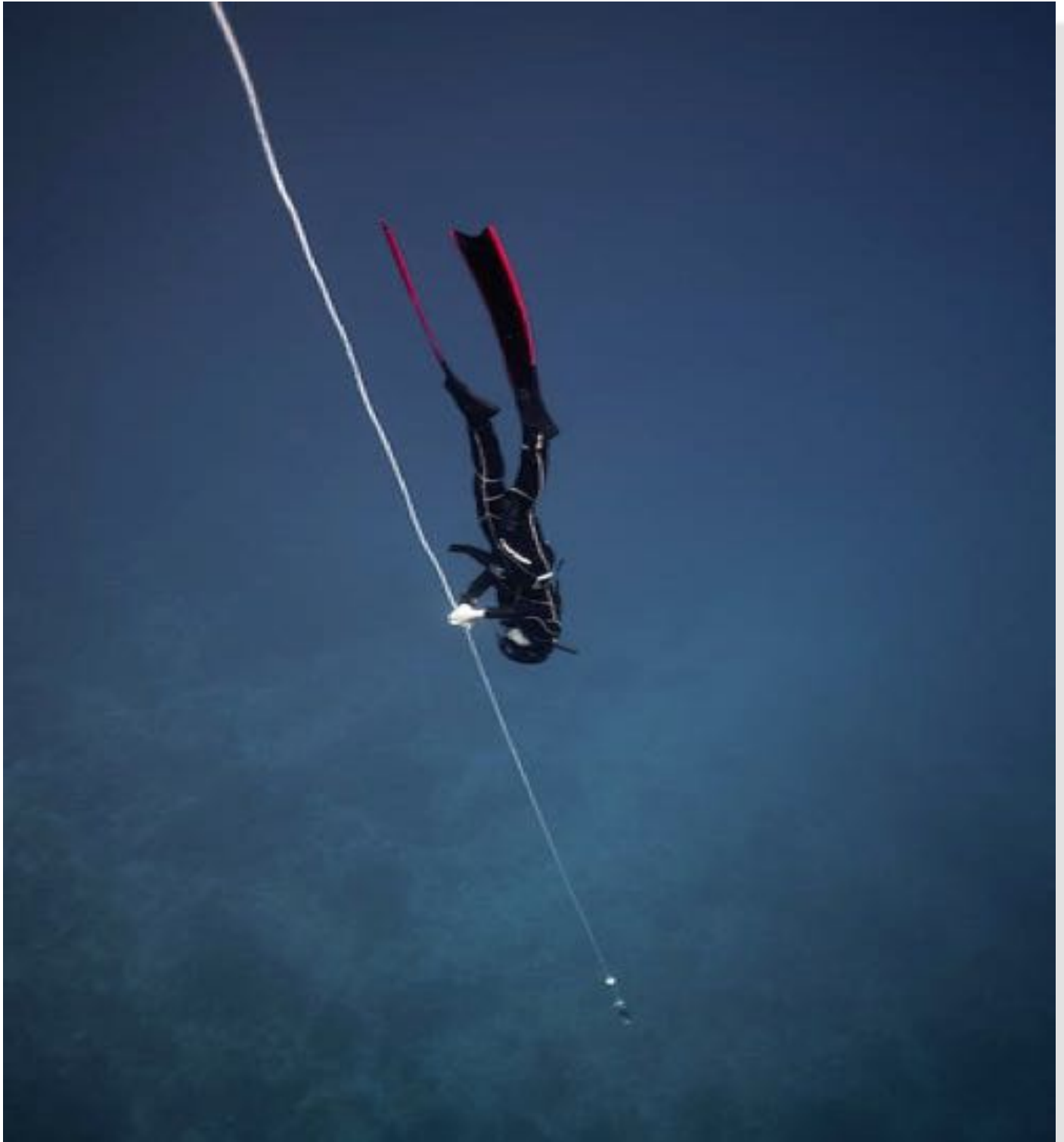
Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.

03



THE DEEP DIVE

Over 60 pages of detail looking at the actual data, initiatives underway and future priorities identified.



BACKGROUND

COMMUNITY SAFETY & WELL-BEING PLANNING MANDATE



COMMUNITY SAFETY & WELL-BEING PLANNING

WHAT IS COMMUNITY SAFETY & WELL-BEING PLANNING?

Community Safety & Well-being planning is about using the past to try and predict the future so that we don't make the same mistakes twice.

If it is Predictable, it is Preventable. This is an old adage that rings as true today as the first time it was uttered.

By looking at "Risk Factors", things that place our community members at risk, like alcohol and drug abuse, bad parenting, and living in poverty we can predict with a fairly high degree of accuracy that future harm may come. Armed with that knowledge we can move "upstream" and intervene with "Protective Factors" like good parenting, education, pro-social relationships and adequate housing in an effort to mitigate or eliminate the harm that was foreseen.

Community Safety & Well-Being planning assumes that almost every community member has assets; knowledge, skills, abilities, lived experience and the will to work collaboratively to make their communities safer and healthier places to work, live and play.

Community Safety & Well-Being planning is the process of bringing community members together to determine who is most at risk, and then develop **made in community** solutions for mitigating or eliminating those risks.



GOVERNMENT MANDATE - BILL 175, the Safer Ontario Act (2018)

Despite the fact that most Ontario communities were already engaged in trying to build healthier and safer communities, the government of Ontario passed legislation making Community Safety & Well-being Planning mandatory for all municipalities.

This responsibility was placed squarely at the feet of municipal councils, the highest level of governance within a municipality.

This legislation encouraged a new paradigm where police were no longer the sole guardians of community safety. This new approach mandates that every member of the community is responsible for community safety & well-being, especially those most impacted by the prevalence of risk factors.



HOW COMMUNITY SAFETY & WELL-BEING PLANNING WORKS...

The community safety & well-being planning process is like investigating a traffic accident. The initial focus is on crisis, things which need our immediate attention. These are events that have already occurred which means we are responding post crisis, just like a police officer responding to a collision.

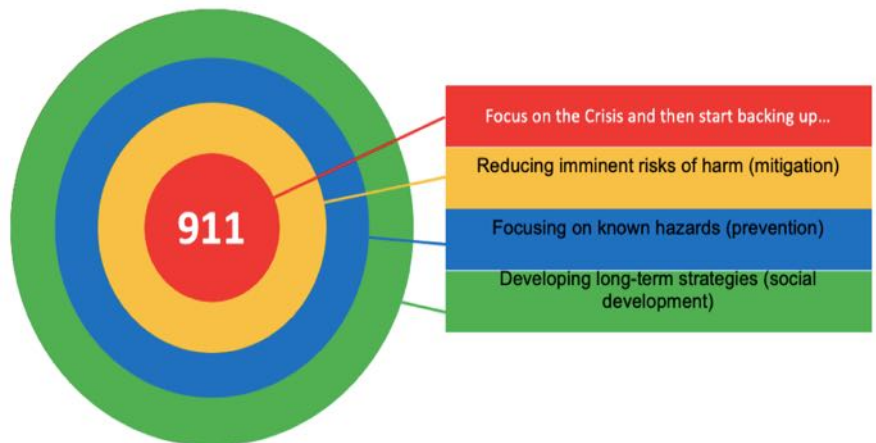


We focus on the crisis and move backwards looking for reasons the event occurred and things that could have been done to prevent it. This is called “working in the **Red Zone**”, where the focus is primarily on emergency response.

Let’s keep going with the traffic collision example. Our first priority would be to secure the scene and make it safe for police or anyone else to work there. There would be no point in trying to pull someone from a burning car on an icy highway if there is a high likelihood of being run over by a tractor trailer. In that situation we put the officer and the accident victim in great danger.

Once the scene is safe, we would assess injuries and offer immediate first aid, mitigating the risk of shock and other life-threatening symptoms. When the scene is stable our focus then shifts to causation. Was there bad weather involved? Were any of the drivers intoxicated? Is there an environment hazard associated to the location such as a blind spot caused by a curve or the morning sun?

We start with emergency response because lives are at risk. The focus then shifts to short term solutions like risk intervention and prevention. Eventually we may look at social development, longer terms interventions aimed at changing the culture and therefore behaviour of people living in that community. An example would be billboards with community safety messages about the inherent danger of impaired driving.



The important point is that until the scene is safe (red zone), yellow, blue and green mitigation initiatives are unlikely to have an impact.

We focus on the most serious risks first and then determine who besides our first responders can collaborate to develop solutions (protective factors) that will address immediate, short term and long term risk factors.

The goal is to continue to move upstream, reducing or eliminating the high volume of calls being made to our emergency service providers.

The “Risk Factors” being referred to have been identified by the Provincial Government and are outlined in the list below. These are the same risk factors used by Situation Tables when assessing risk to determine appropriate interventions. Situation tables will be explained in more detail further on in this

PROVINCIALY APPROVED RISK FACTORS

ALCOHOL	ANTISOCIAL/NEGATIVE BEHAVIOUR	BASIC NEEDS	COGNITIVE FUNCTIONING	CRIME VICTIMIZATION	CRIMINAL INVOLVEMENT
DRUGS	ELDERLY ABUSE	EMOTIONAL VIOLENCE	GAMBLING	GANGS	HOUSING
MENTAL HEALTH	MISSING/RUNAWAY	MISSING SCHOOL	NEGATIVE PEERS	PARENTING	PHYSICAL HEALTH
PHYSICAL VIOLENCE	POVERTY	SELF HARM	SEXUAL VIOLENCE	SOCIAL ENVIRONMENT	SUICIDE
	SUPERVISION	THREAT TO PUBLIC HEALTH/SAFETY	UNEMPLOYMENT		

When risk factors outnumber protective factors, individuals and families can be placed at serious risk of harm including death. Protective factors are simply the opposite of risk factors. Good parenting is a protective factor.



Mandate from Council & Joint Agreement Between Municipalities



JOINT PLANS PERMITTED

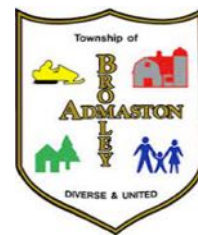
The legislation permits municipalities with common interests and geography to pass a resolution agreeing to create a joint Community Safety & Well-being Plan.

Below is a quote from the legislation found on the Canadian Legal Information Institute (<https://www.canlii.org/en/>) under the Police Services Act (Police Services Act, RSO 1990, c P.15)

May be prepared individually or jointly

(2) The community safety and well-being plan may be prepared by the municipal council individually or jointly in consultation with other municipal councils or band councils. 2018, c. 3, Sched. 1, s. 211 (6).

This plan includes the joint interests of: The Town of Renfrew, The Township of Admaston Bromley, Horton Township, Whitewater Region, The Town of Arnprior, Greater Madawaska and The Township of McNab/Braeside.



THE ADVISORY COMMITTEE



THE ADVISORY COMMITTEE CONTINUED

An advisory committee was established made up of an assortment of volunteers with a variety of backgrounds primarily in the health, human, justice and emergency service sectors.

It is through the advisory committee that risk factors were reviewed and priorities for mitigation strategies were developed.

It is the advisory committee's role to arrive at a consensus regarding who is most at risk and why, and then establish priorities around which risks should receive the highest priority for mitigation and or elimination.

Recognizing that lived experience is an important source of information when considering change that can affect the lives of others, holding a title or formal role of any kind was not a prerequisite to becoming a member of the advisory committee.

Thanks and gratitude are owed to the following people who contributed their time, talents and most importantly, their lived experience to the development of this plan.

Note: The position described is the position held at the time of joining the advisory committee. A number of changes have occurred since that time.



THE ADVISORY COMMITTEE CONTINUED

Name	Organization	Role
Jeff SCOTT	Renfrew Police Services Board	Chair of Police Services Board
Steve BOSA	Ontario Provincial Police Renfrew Detachment	Chief Administrative Officer / Clerk
Ivan BURTON	Township of Whitewater Region	Chief Administration Officer
Glen CAMPBELL	Horton Township	Deputy Mayor
Faye CASSISTA	Renfrew County Victims Services	Program Coordinator
Jennifer CHARKAVI	The Township of Admaston / Bromley	Chief Administration Officer / Clerk
Sean CROZIER	Whitewater Region	Treasurer / Deputy Chief Administration Officer
Andrea DAMON	Renfrew County Probation & Parole	Assistant Area Manager
Connie DICK	Township of Admaston / Bromely Police Services	Chair of Police Services Board
Hope DILLABOUGH	Horton Township	Chief Administration Officer / Clerk
Dawn FERGUSON	Ontario Provincial Police Renfrew Detachment	Inspector / Detachment Commander
Allison HOLTZHAUER	Township of Greater Madawaska	Chief Administration Officer / Clerk / Treasurer
Jacob OLIVER	Township of McNab/ Braeside	Councilor
Kevin MURRAY	Township of McNab/ Braeside	Public Works Supervisor

THE ADVISORY COMMITTEE CONTINUED

Name	Organization	Role
Neil NICHOLSON	White Water Region	Mayor
Robin PAQUETTE	Town of Arnprior	Chief Administration Officer
Joanne PATEY	MCSS Youth Probation	Probation Manager
Rae-Anne PORTER	MCSS Youth Probation	Probation Officer (Youth)
Bryan SCHUTTE	Renfrew County Situation Table	Chair
Cheryl SUMMERS	Mental Health Services of Renfrew County Pembroke Regional Hospital	Clinical Manager
Robert TREMBLAY	Town of Renfrew	Chief Administration Officer

THE DATA “WHAT WE LEARNED”



DATA SETS CONSIDERED

Data was considered from the following sources and will be summarized on the following pages:

- Lived Experience Survey
- EMS Records
- Social Services Records
- Situation Table Risk Tracking Database
- CKW Inquest Recommendations



A NOTE ON CONSENSUS...

The decision-making model used by the advisory committee was based on “consensus” using the following definition borrowed from Dr. Hugh Russell’s book, “Transforming Community Policing - Mobilization, Collaboration & Engagement.

“Consensus does not mean that everyone thinks that the final decision is the best one. What it means is that everyone is willing to support the decision as the best one in the circumstances.”

THE “LIVED EXPERIENCE SURVEY”

Section 1 of 2

Community Safety & Well-Being Lived Experience Survey

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Email *

Valid email

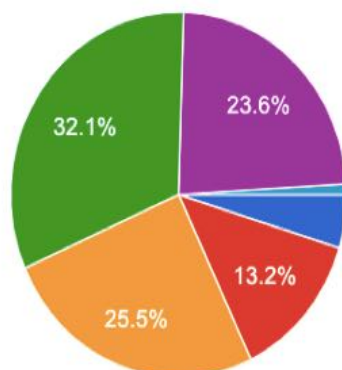
This form is collecting emails. [Change settings](#)



To what extent do you believe that homelessness is an issue.

Copy

106 responses



- 1
- 2
- 3
- 4
- 5
- No opinion.

THE “LIVED EXPERIENCE” SURVEY

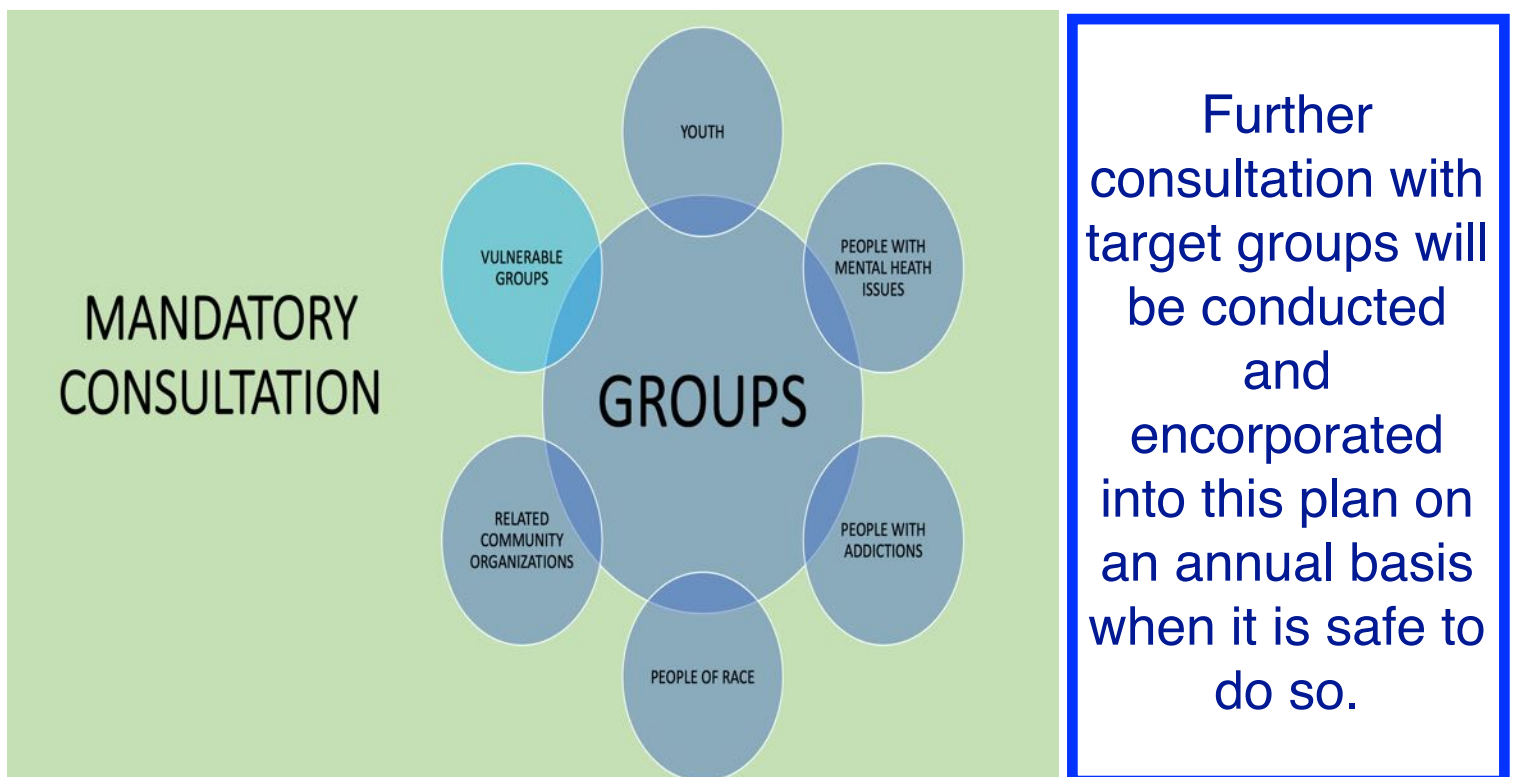
The global pandemic caused most municipalities who were in the middle of their community safety & well-being planning to hit the “pause” button for at least a few months.

Most were quick to embrace new technology such as Zoom and eventually resumed meeting virtually.



While platforms like Zoom were effective and affordable solutions for the members of the advisory board, authentic engagement with community members living in the margins of society were frustrated as computer ownership and wi-fi access are privileges often not readily available to these folks.

As a result, many of the mandatory groups that should be consulted according to the legislation, were not. Community safety and well-being planning should now become a way of life for Ontario municipalities. In order for the plans to be meaningful they have to be worked, not simply posted on municipal websites for those who happen to stumble across them to admire.



Graphic showing groups that “shall be” consulted according to the legislation.

THE “LIVED EXPERIENCE” SURVEY CONTINUED

There is an expression, “nothing about me, without me”. It suggests that when we set out to help, despite our best intentions we can sometimes do more harm than good if we neglect to engage the very people we are trying to help.

“**Authentic** community engagement is the **intentional** process of **co-creating** solutions in partnership with **people who know best, through their own experiences**, the barriers to opportunity. Authentic community engagement is **grounded** in building **relationships** based on mutual **respect** that acknowledges each person’s **added value** to developing solutions together.”

LISA ATTYGALLE – The Tamarack Institute

A good example of this is recent training in how police should best respond to people experiencing a mental health crisis. Across Canada and in the U.S., this training has been significantly improved by consulting people with mental health challenges in the development of the training.

Recognizing the limitations imposed by the pandemic, a “**lived experience**” survey was developed and was distributed as widely as possible in an effort to collect responses that reflected a wide cross section of the community.

The survey listed 29 **risk factor categories** and asked the respondents to rate the risk factor on a scale of 1 to 5, with 5 being “very prevalent” and 1 being “not prevalent”.

Community Safety & Well-Being Planning Lived Experience Survey

RISK factors play a strong role in the health and well-being of individuals & families. When you live, work, play or shop in a particular community you gain experience about the presence and severity of risk factors. Quite simply, you gain experience about what it is like to live there.

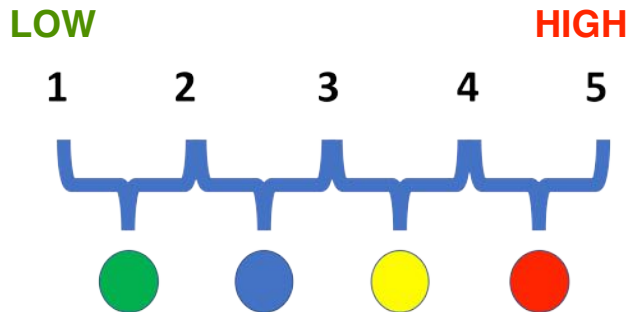
We Need You to Rank the Risk Factors

	Not Prevalent	Somewhat Prevalent	Highly Prevalent	Crisis
Adequate Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

130 people responded to the Lived Experience Survey with representation from the ages of 18 to over 80.

THE “LIVED EXPERIENCE” SURVEY RESULTS

Participants were asked to rate each risk factor category based on their personal experiences living, working, or otherwise being involved in a particular community. If they felt a risk factor such as homelessness was quite prevalent in the community, they might assign a 5 to that risk factor which signifies “highly prevalent”. If they felt the risk factor had very low prevalence they may assign a value of 1 to that risk factor.



Community Safety & Well-being planning uses a colour coded legend to identify the most appropriate type of intervention. A ‘red zone’ community is one that has a high demand for emergency resources such as police, ambulance, children’s services and other emergency response agencies.

“Green zone” communities are communities with a low demand for emergency services. These are very safe and stable communities that enjoy a high degree of community cohesion.

The colour codes also indicate the most appropriate form of intervention for the nature of the risk factors that are prevalent within a given community. Crime prevention measures like better locks and good lighting have very little deterrent value in “red zone” communities where people live in constant fear. That fear must be reduced in order to allow people to feel safe enough to contribute toward community based solutions. The chart below depicts the 4 pillars of intervention.

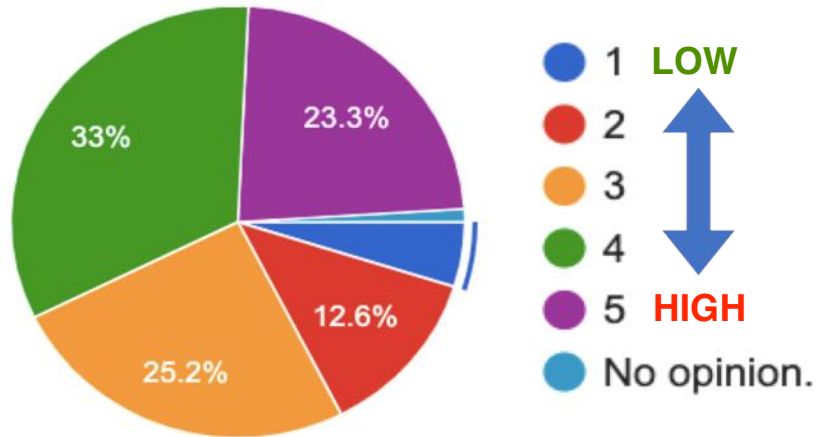
4 ZONES OF INTERVENTION - (CSWB PLANNING PILLARS)



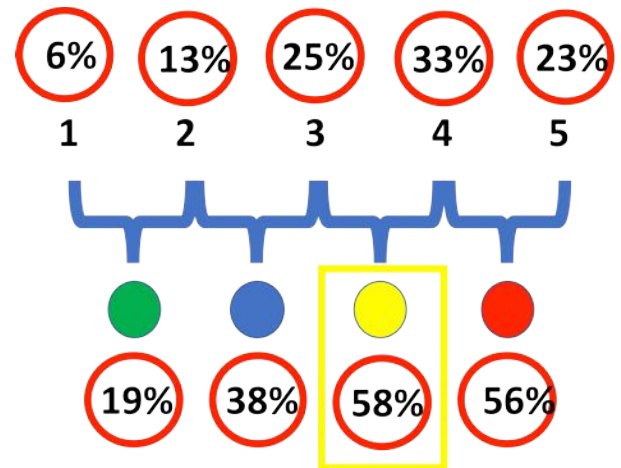
THE “LIVED EXPERIENCE” SURVEY RESULTS

The following process was used to analyze the results of the lived experience survey and to display those results in a visual way that could be easily understood by the members of the advisory committee and anyone else making reference to this plan.

Assume that the pie chart to the right represents the survey results in relation to the risk factor “homelessness”. 23.3 % of the respondents scored homelessness as “High” in prevalence while 6% rated “homelessness” as very low in prevalence.



In an effort to assign “weight” to the results, each of the two adjacent results were added together to create a new number that would then correspond to the 4 pillars of community safety and well-being planning explained on the previous page.



Example: Results 1 & 2 were summed resulting in 19% which means 19% of respondents felt homelessness as a risk factor in a specific community was either very low or low. This result aligns with what we would then refer to as a “green zone” community.

This same summing exercise was done for each combination 1&2, 2&3, 3&4, and 5&6. In this example the highest percentage produced by this process was 58% which aligns with the “yellow pillar”, representing risk intervention, mitigation and or elimination. In other words, the majority of survey respondents felt that homelessness was a serious risk factor which should be addressed. It was not in the “crisis” category yet, the “red zone” but it was serious enough that it should be considered as a risk factor that the advisory committee should consider addressing by developing a mitigation strategy within this years’ plan.

“There is one thing that every victim on this planet has in common and that is that just moments before being victimized they were merely “at risk” of becoming a victim. Upstream interventions reduce risk and prevent victimization.”

THE “LIVED EXPERIENCE” SURVEY RESULTS

After each risk factor category is weighted for each municipality, using the method explained in the previous pages, the results are then displayed graphically using the community safety planning pillars colour codes.

This provides “at a glance” clarity regarding the perceptions of people living in each community as it relates to the prevalence of each of the 29 risk factor categories.

The following model will be used to interpret the graphic.

McNab/Braeside, Arnprior & Whitewater Region respondents perceived homelessness as very high priority (Red Zone - crisis category).

The remaining respondents perceived the same risk fact as low priority (Blue Zone) and very low priority (Green Zone).



What this graphic is suggesting to the advisory committee is that 3 of the 7 municipalities could benefit from a homelessness intervention strategy. The committee was encouraged not to take on too many new goals during the first year of the community safety & well-being plan.

This model of planning is expected to continue perpetually. If your goal is optimum health, you would eat a healthy diet, exercise routinely, get an appropriate amount of sleep, and find ways to manage stress. If you lived this way for a year you would improve your health dramatically but you couldn't stop after a year and go back to your old habits. If long term wellness is your goal you would have to maintain your healthy habits forever.



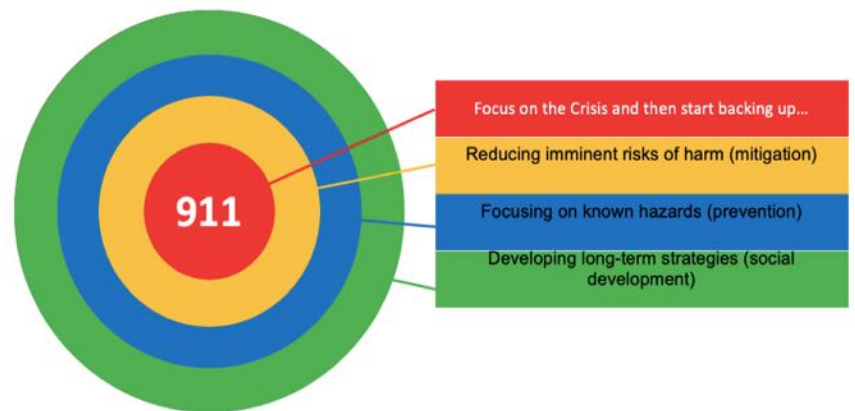
“It’s not what we do once in a while that shapes our lives. It’s what we do consistently.” Tony Robbins

THE “LIVED EXPERIENCE” SURVEY RESULTS

Special Note:

The following 4 pages provide a visual interpretation of 29 risk factors that were included in the survey. Each risk factor is colour coded to indicate the prevalence of the risk factor category as perceived by the survey respondents with respect to each of the nine municipalities. There is a considerable amount of research suggesting that our perceptions of the environment in which we live, are accurate. Even inaccurate perceptions should be addressed. Living in a state of anxiety or fear does not contribute to improved health and well-being.

Community Safety & Well-being planning uses a colour coded legend to identify the most appropriate type of intervention. A ‘red zone’ community is one that has a high demand for emergency resources such as police, ambulance, children’s services and other emergency response agencies.



LOW

HIGH

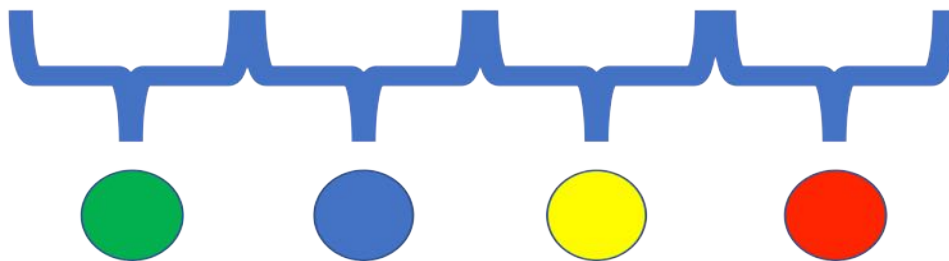
1

2

3

4

5



GREEN = Not prevalent, risk factor is not a concern at this time.

BLUE = Somewhat prevalent but not an immediate concern.

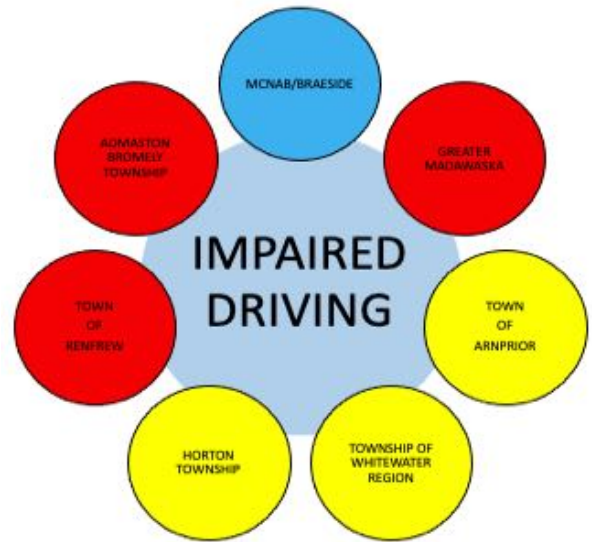
YELLOW = Significant prevalence requiring attention.

RED = High prevalence, a crisis requiring immediate attention.

THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



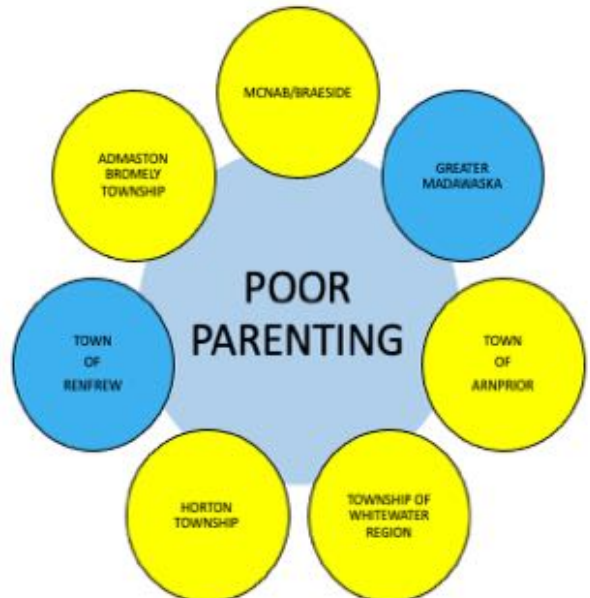
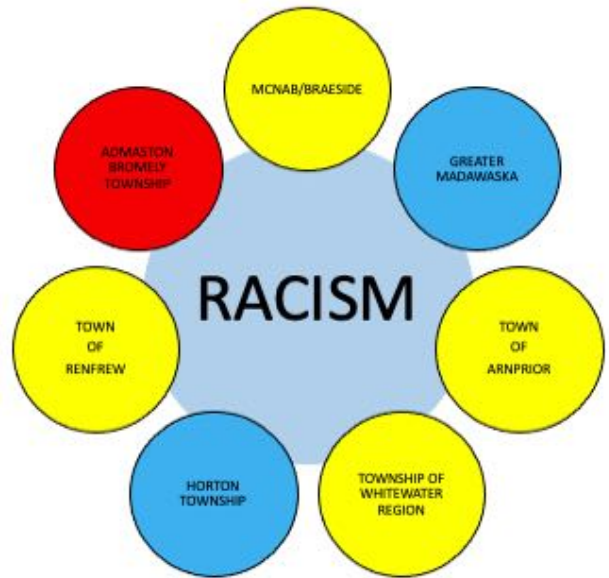
THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



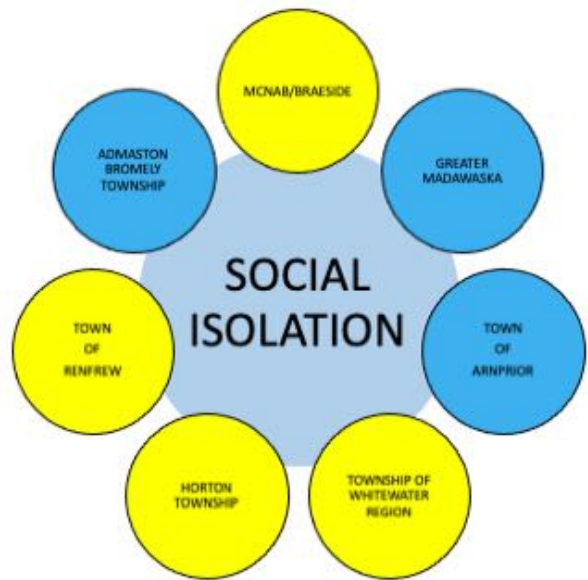
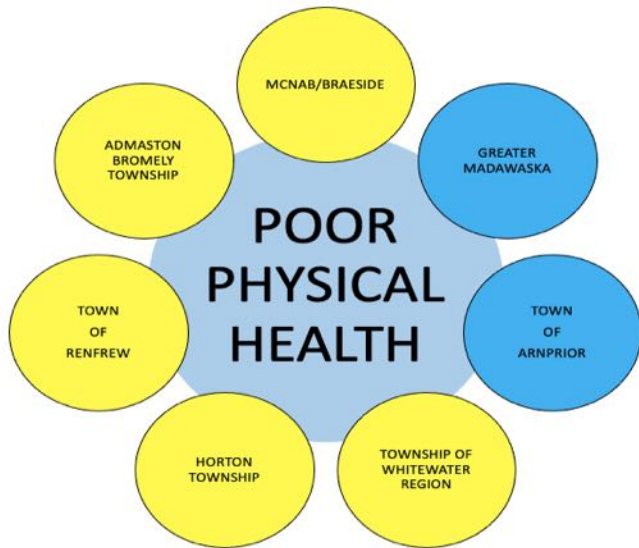
THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY

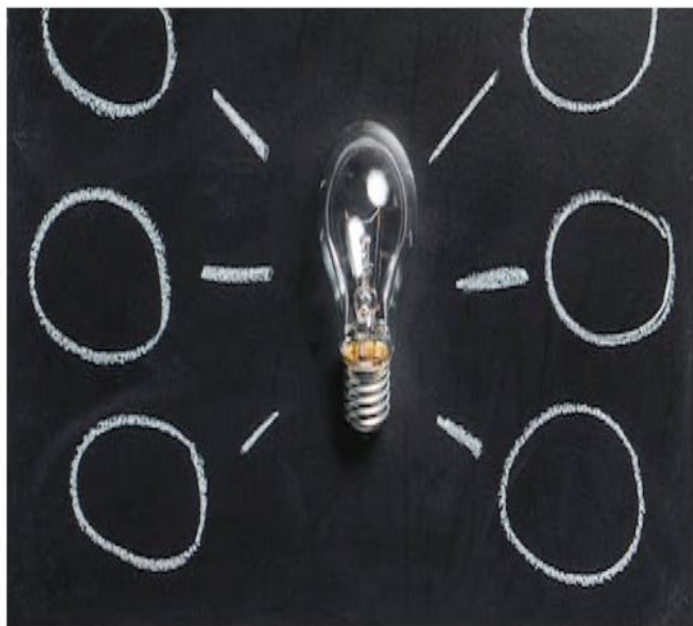


THE "LIVED EXPERIENCE" SURVEY GRAPHIC DISPLAY



THE "LIVED EXPERIENCE" SURVEY DATA SUMMARIZED

The following 3 pages contain a summary of the results of the Lived Experience Survey in relation to the 29 Risk Factor categories that were canvassed.



SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Mental Health Challenges

This risk factor was rated as **very high** in prevalence (crisis status) in every municipality except Greater Madawaska where it was rated as **high** in prevalence but not yet in the crisis category.

This tells our advisory committee that regardless of current programs and supports in place to address this risk factor, more could and should be done.



Risk Factor - Access to Appropriate Housing

This risk factor was rated as **very high** in prevalence in 5 of 7 municipalities, **high** in prevalence in 1 and **low** in Greater Madawaska.

This data suggests to our advisory committee that additional County wide solutions should be considered in addition to what is already in place.



Note: The red risk factors are creating a significant demand on emergency services. The harm to those exposed to those risk factors is significant and the cost of responding to downstream crisis by emergency services is high. These risk factors require immediate consideration.

SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Poverty

This risk factor was rated as **very high** in 5 municipalities and **high** in 1 other. Greater Madawaska rated this risk factor as **low**.

This data suggests to our advisory committee that additional County wide solutions should be considered in addition to what is already in place.



Risk Factor - Drug Addiction

This risk factor was rated as **very high** in 4 municipalities, **high** in 2 others and **very low** in Greater Madawaska.

This data suggests to our advisory committee that additional County wide solutions should be considered in addition to what is already in place.



Note: The red risk factors are creating a significant demand on emergency services. The harm to those exposed to those risk factors is significant and the cost of responding to downstream crisis by emergency services is high. These risk factors require immediate consideration.

SUMMARY OF GRAPHIC INTERPRETATION OF LIVED EXPERIENCE SURVEY RESULTS

Risk Factor - Basic Needs

This risk factor was rated as **very high** in 3 municipalities and **high** in 3 others. Greater Madawaska rated this risk factor as **low**.

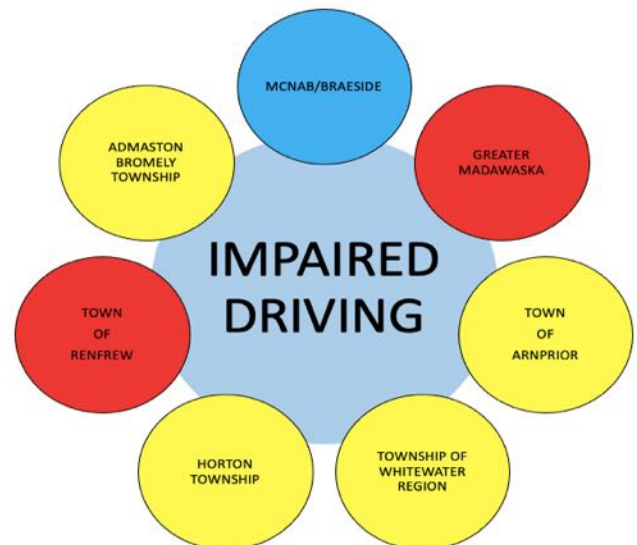
This risk factor is closely related to the “Access to Appropriate Housing” risk factor that shows up as the number 2 risk factor of concern. This data suggests that more can and should be done to address issues of marginalization in every community but 1.



Risk Factor - Impaired Driving

This risk factor was rated as **very high** in 2 municipalities, **high** in 4 others and **low** in McNab/Braeside.

This data suggests to our advisory committee that additional County wide solutions should be considered in addition to what is already in place.



Note: The red risk factors are creating a significant demand on emergency services. The harm to people exposed to those risk factors is significant and the cost of responding to downstream crisis by emergency services is high. These risk factors require immediate consideration.

RISK FACTORS PRIORITY FOCUS

With limited resources, it is important for communities to focus on what is most important first. The theory behind Community Safety and Well-being planning, which has been discussed in detail throughout this plan, is that risk factors in the Red & Yellow zones must be addressed first before shifting focus onto Blue and Green zone risk factors.

Once the Red & Yellow zone risk factors have been mitigated or eliminated, attention can appropriately shift toward the less prevalent and less harmful risk factors. It's a "First Things First" approach.



“Things which matter most, must never be at the mercy of things that matter least.”

An important phrase often repeated by the late Dr. Stephen Covey is that “things which matter most, must never be at the mercy of things which matter least”. It is a simple mantra that suggests individuals or groups should focus their time, energy, talent and money on things that are most important if they aspire to achieve the greatest impact.

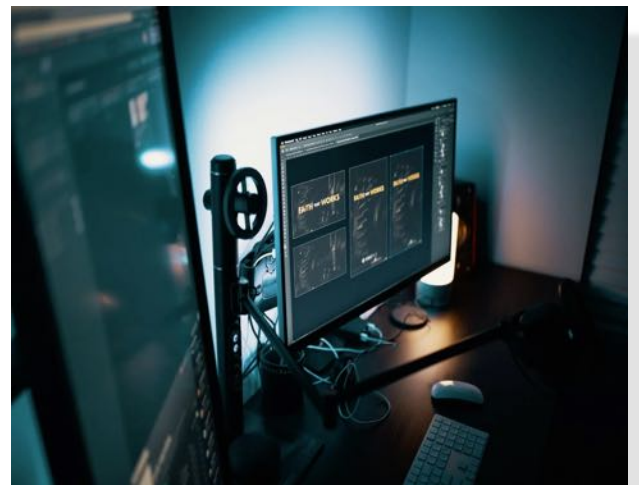
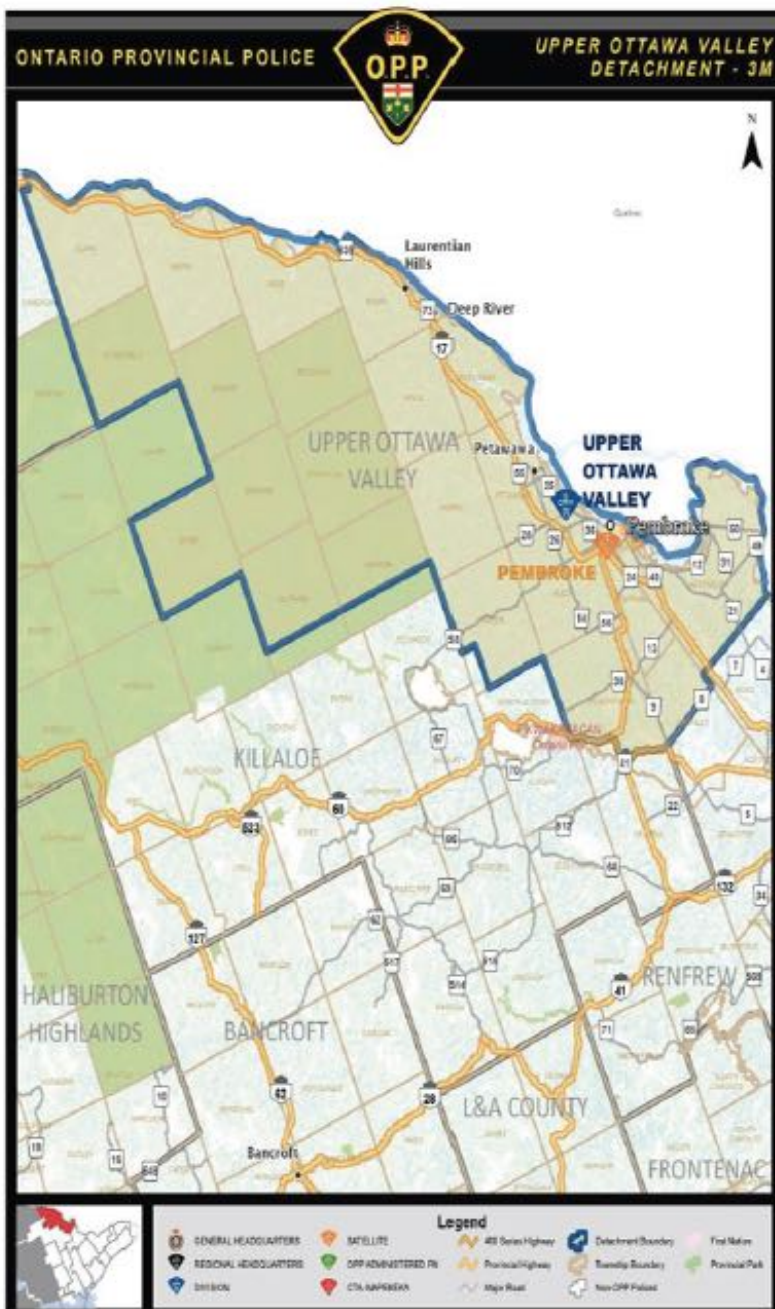
PRIORITY RISK FACTORS FOR 2023/24

Careful analysis of the Lived Experience Survey as well as the data provided by police, social services, health care and the risk tracking data gathered at the Situation Table, suggests the priority focus for this Community Safety and Well-being plan for 2023/24 should be on these **very high** and **high** priority risk factors.



POLICE DATA

Renfrew OPP



GEOGRAPHIC AREA

Cradled between the Ottawa River and Algonquin Park, the Upper Ottawa Valley Detachment is an area steeped in history, culture and beauty.

There are over 900 lakes and four major river systems in the Ottawa Valley from which it derives its well-deserved title as the Whitewater Capital of Canada.

Upper Ottawa Valley Detachment is responsible for providing policing services to the City of Pembroke, Town of Petawawa, Town of Laurentian Hills, Township of Laurentian Valley, Township of Whitewater Region, Head Clara & Maria Townships, North Algona Wilberforce Township and portions of Admaston Bromley Township.

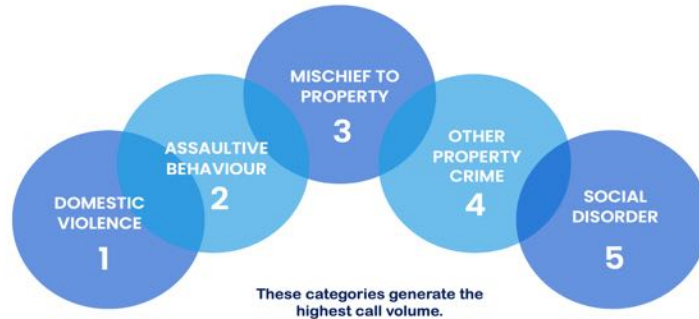
How Do Police Spend Their Time?



TOP 5 CALLS FOR SERVICE

ANALYSIS OF A 5 YEAR TREND IN CATEGORIES OF POLICE CALLS FOR SERVICE

Here's
What the
Data
Says...



What Does it Mean?

These types of human behaviours are frequently associated to “high demand neighbourhoods”, neighbourhoods where there is a high number of repeat calls for service for emergency services and higher levels of victimization due to crime and social disorder.

A neighbourhood can be an entire city or town, or it could be a particular street or apartment complex within a larger community.

When there is a concentrated population of marginalized groups, due to lifestyle conditions riddled with risk factors that prevent access to the social determinants of health and well-being, you will find significant calls for service in the police response categories listed above.

“For the most part, crime and anti-social behaviour result from insufficient access to the social determinants of health. For example, a person who is experiencing poverty and mental health challenges may act out in ways that are harmful to himself, herself, or others.”

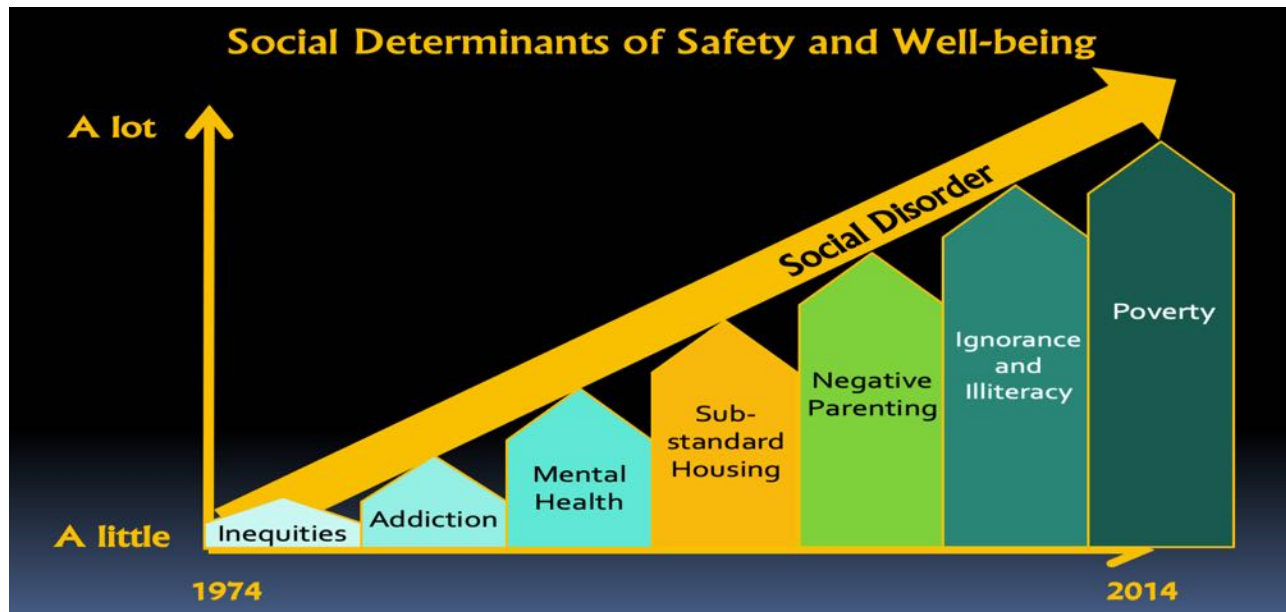
Dr. Hugh C. Russell
Transforming Community Policing
Mobilization, Engagement and Collaboration

“It is a Problem We Cannot Arrest Our Way Out Of!”

Inspector Scott Semple
Lennox & Addington OPP Detachment Commander

The Ontario Association of Chiefs of Police (OACP) defines **social disorder** as a “condition in which the behaviour and activities of people at a specific location lack sufficient control or order, deviating significantly from what would be considered by most to be comfortable, reasonable or safe.”

Hugh C Russell - Transforming Community Policing, Mobilization, Engagement & Collaboration
(Emond Publishing)



“What is driving social disorder up? As any police officer who has frequented a high-demand neighbourhood will tell you, “It’s mental health, addictions, poverty, negative parenting, and a host of other social ills.” These are known, in the health sector, as the **social determinants of health.**”

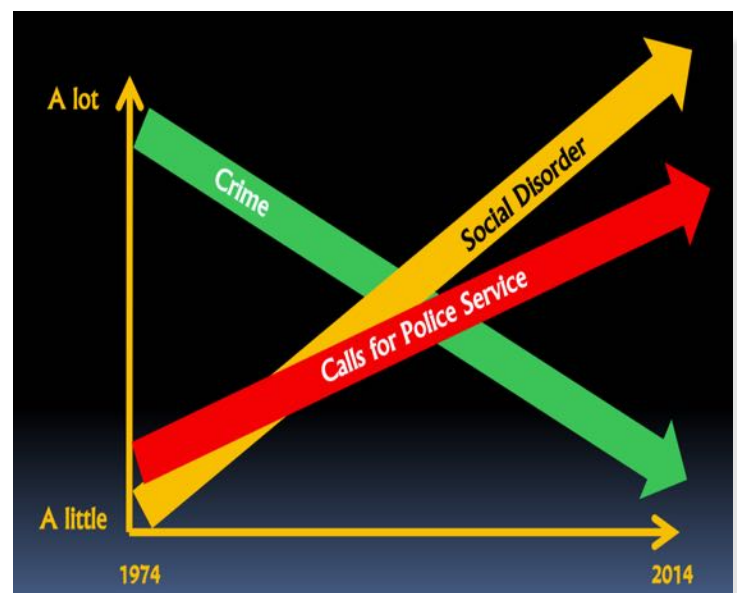
Hugh C Russell - Transforming Community Policing, Mobilization, Engagement & Collaboration
(Emond Publishing)

Despite the fact that major crime rates in Canada continue to fall, following a 40 year trend, calls for service to police and other emergency services continue to rise.

As social disorder increases, calls to emergency services continue to increase.

You can start to see why Community Safety is not solely a policing responsibility. So many other facets of society come into play.

If we want to improve community safety and well-being in our communities, we must address the **risk factors** that are driving **social disorder**.



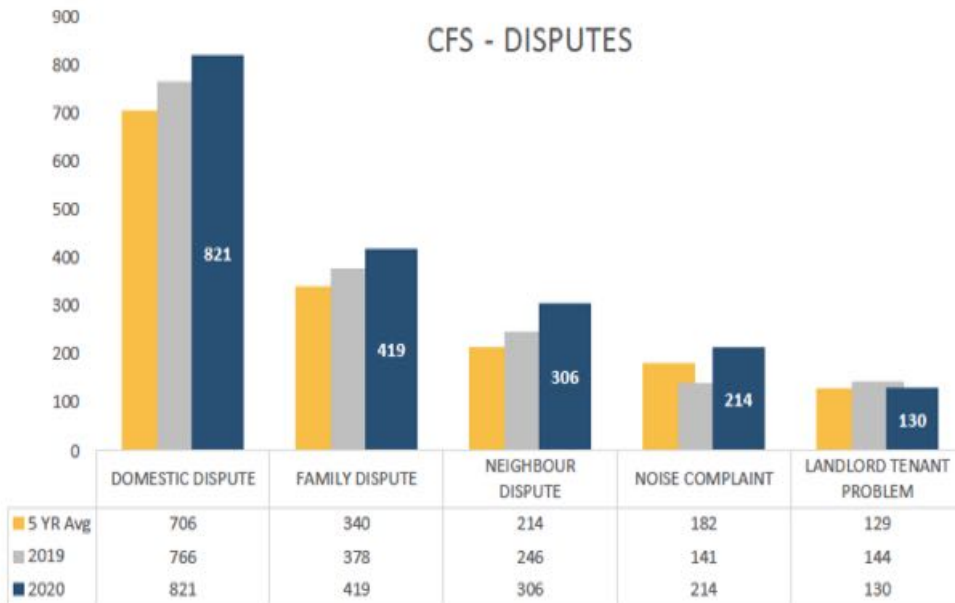
How Do We Fix It?

Communities that **invest** heavily in **social development** by establishing protective factors through improvements in things like health, employment and graduation rates, will **experience** the social **benefits** of **addressing the root causes of crime and social disorder**.

(Ontario) Provincial Community Safety & Well-being Planning Book 3 pg. 8



Police Calls For Service for Disputes, a Category of Social Disorder Where People in Our Communities are Unable to Get Along Resulting in Costly 911 Calls to Police and Other Emergency Response Agencies



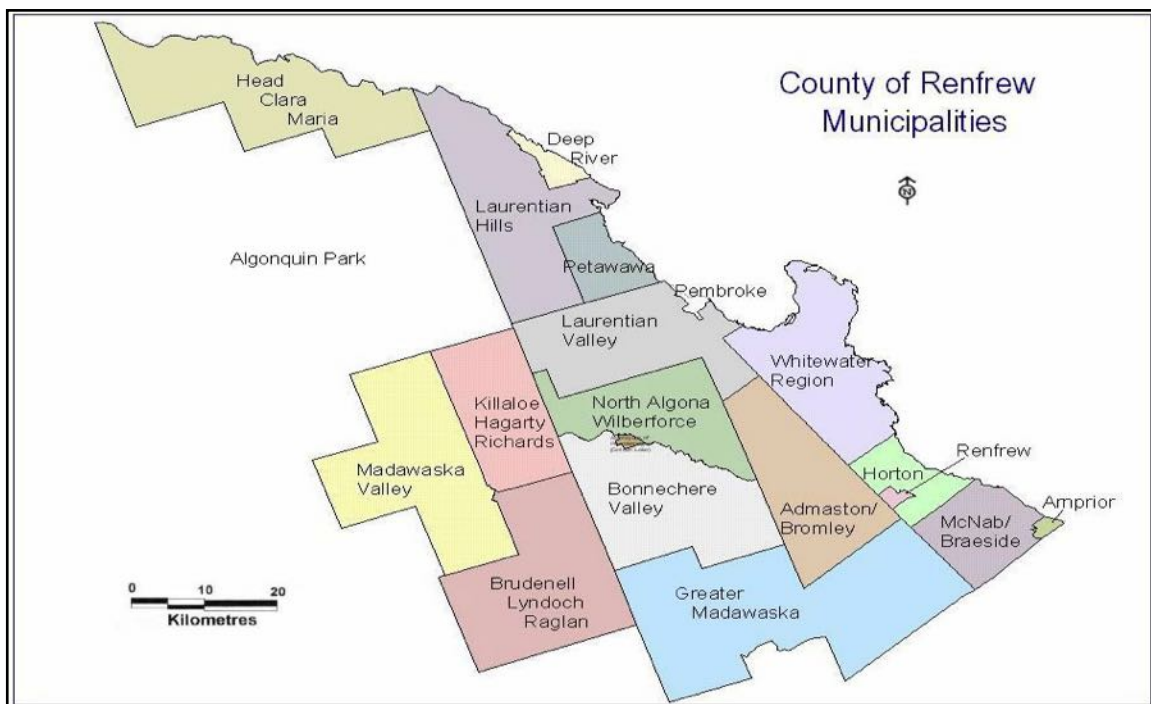
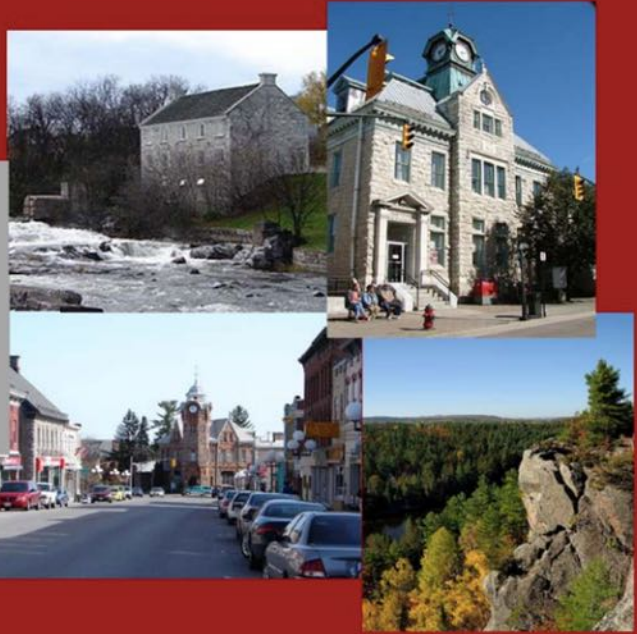
Social Disorder



Conclusion: The data provided by police is consistent with the priority risk factors identified in the lived experience survey. Although most of our communities are safe (Green Zone Communities), too many of our community members are still experiencing risk factors associated to **Mental Health & Addictions, Inadequate Housing, Domestic Violence and Poverty**.

SOCIAL SERVICES DATA

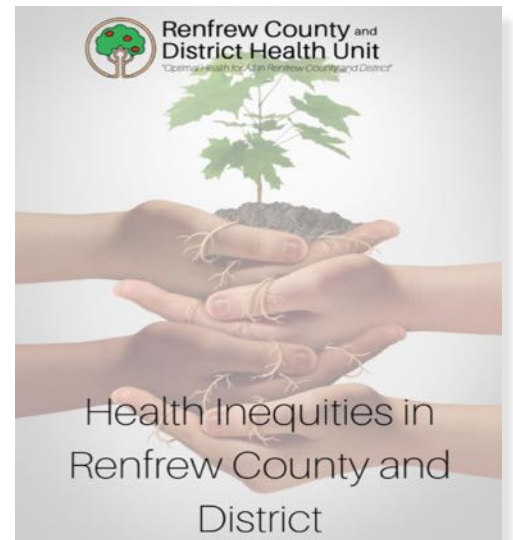
County of Renfrew



SOCIAL SERVICES DATA

Housing & Homelessness is and continues to be a priority issue for Renfrew County

In 2013, after considerable community consultation, the County of Renfrew adopted a ten-year Housing and Homelessness plan. This plan, entitled “A Place to Call Home”, helped to establish a clear picture of housing needs in the community at the time as well as strategies and actions to address these needs. Since adoption of the plan, the County has been working with community stakeholders from across the housing spectrum to improve outcomes for those in the community who are homeless, at risk of becoming homeless or who are seeking affordable housing. The County has also issued annual reports, documenting progress and highlighting key activities.



Housing is a cornerstone for any community and having adequate shelter is critical to enabling residents to live, work and participate. Given the geographic expanse of Renfrew County and the uneven distribution of a diverse population within it, there are a range of housing needs that exist, whether in terms of seniors, working families, low-income singles, or youth. Those who are homeless or at risk of becoming homeless are even more vulnerable. And while the housing market has responded to some of these needs, there are clear gaps that are not being adequately addressed. Housing affordability, suitability and adequacy are all on-going issues related to housing supply that can create challenges.

“When differences in health are systematic, avoidable and unfair and have the potential to be changed or decreased by social action, they are called health inequities. There are many things that local, provincial and national organizations can do together to reduce health inequities, improving the chances that everyone can achieve lasting good health.”

Report: County of Renfrew “Health Inequities in Renfrew & District County

SOCIAL SERVICES DATA

Homelessness is and continues to be a priority issue for Renfrew County

The County of Renfrew has partnered with **Built for Zero Canada (BFZC)** and local community groups to help reduce chronic homelessness. BFZC is an ambitious national change effort helping a core group of leading communities end chronic homelessness. **A By-Name List Survey** has been created to better know every person experiencing homelessness by name, to understand their unique needs, and to prioritize services and housing supports.



The development of a ten year Housing and Homelessness plan is also obliged under the *Housing Services Act (2011)*.

Homelessness is frequently associated to other **risk factors** such as poverty, unemployment, social disorder, domestic violence, addiction & substance use and mental & physical health challenges.

THE HOUSING CONTINUUM



SOCIAL SERVICES DATA



A Point in Time survey was completed in September of 2022 which provides a real time snapshot of housing and homelessness challenges in Renfrew County.

Number of people experiencing Homelessness.



Duration Status Homelessness.

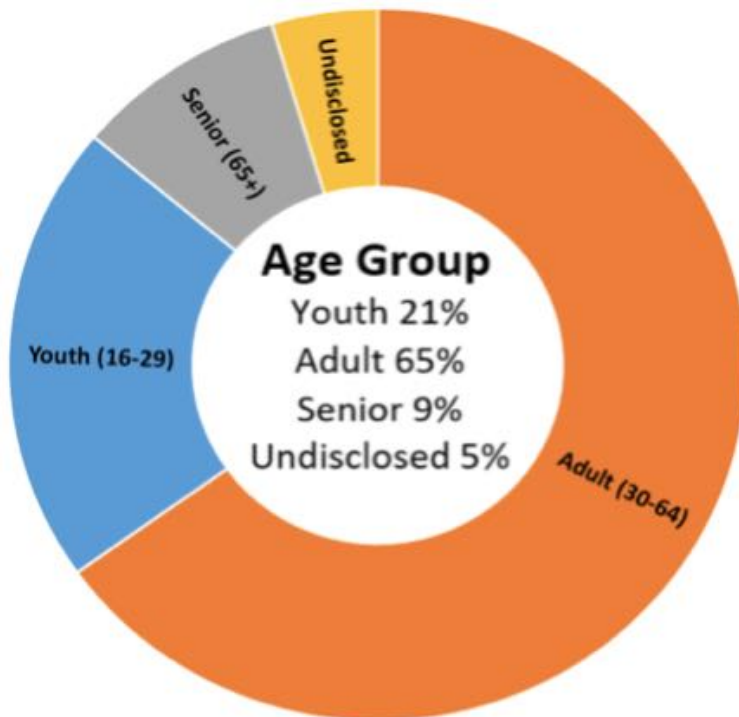
Causation Factors for Homelessness.



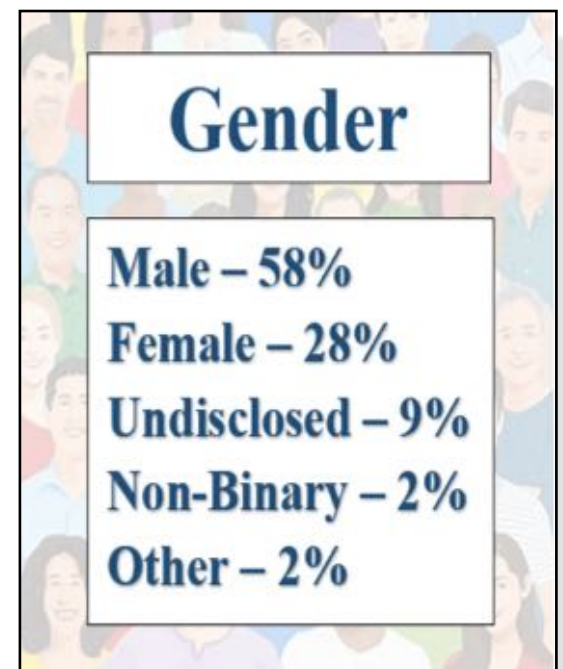
Reason for Homelessness



Point in Time Statistics Continued



It is important to note that the data contained in the infographics is a snapshot of homelessness at a moment in time. The number of people who are in fact homeless according to the definition, is likely significantly higher.



Revised Housing and Homelessness Plan (2019)

The goals and objectives of the current plan are as follows:

Goal 1: Housing persons who do not have a home

- Objective 1: Take a Housing First approach to addressing homelessness
- Objective 2: Improve access to housing and support needs by focusing on persons who are most vulnerable

Goal 2: Preventing homelessness and maintaining housing stability

- Objective 3: Reinforce homelessness prevention through emergency financial assistance programs
- Objective 4: Improve access to support services and programs through service 'hubs'
- Objective 5: Engage senior levels of government to help address identified local housing needs
- Objective 6: Increase housing awareness and promote housing stability through partnerships and education

Goal 3: Ensuring an adequate supply and choice of housing

- Objective 7: Retain and increase the affordable housing supply through effective strategies and planning policies
- Objective 8: Encourage development and investment in affordable housing through greater awareness of existing resources, models and tools
- Objective 9: Support affordable home ownership opportunities through continued investment

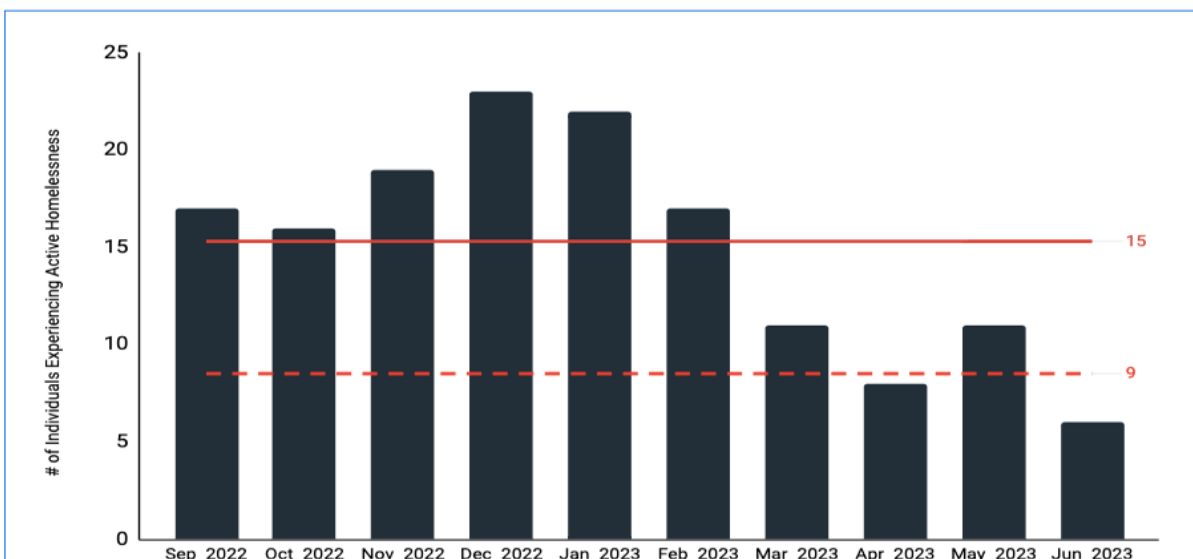
Goal 4: Improving coordination and capacity within the system

- Objective 10: Enhance the effectiveness of partners within the housing system through greater coordination
- Objective 11: Improve awareness of housing services and programs in the County of Renfrew
- Objective 12: Enhance capacity within the system through continued monitoring and assessment

Progress to Date

ACTIVE CHRONIC HOMELESS & BASELINE REDUCTIONS

This chart displays all active homeless data from the baseline date until the most recent month submitted.

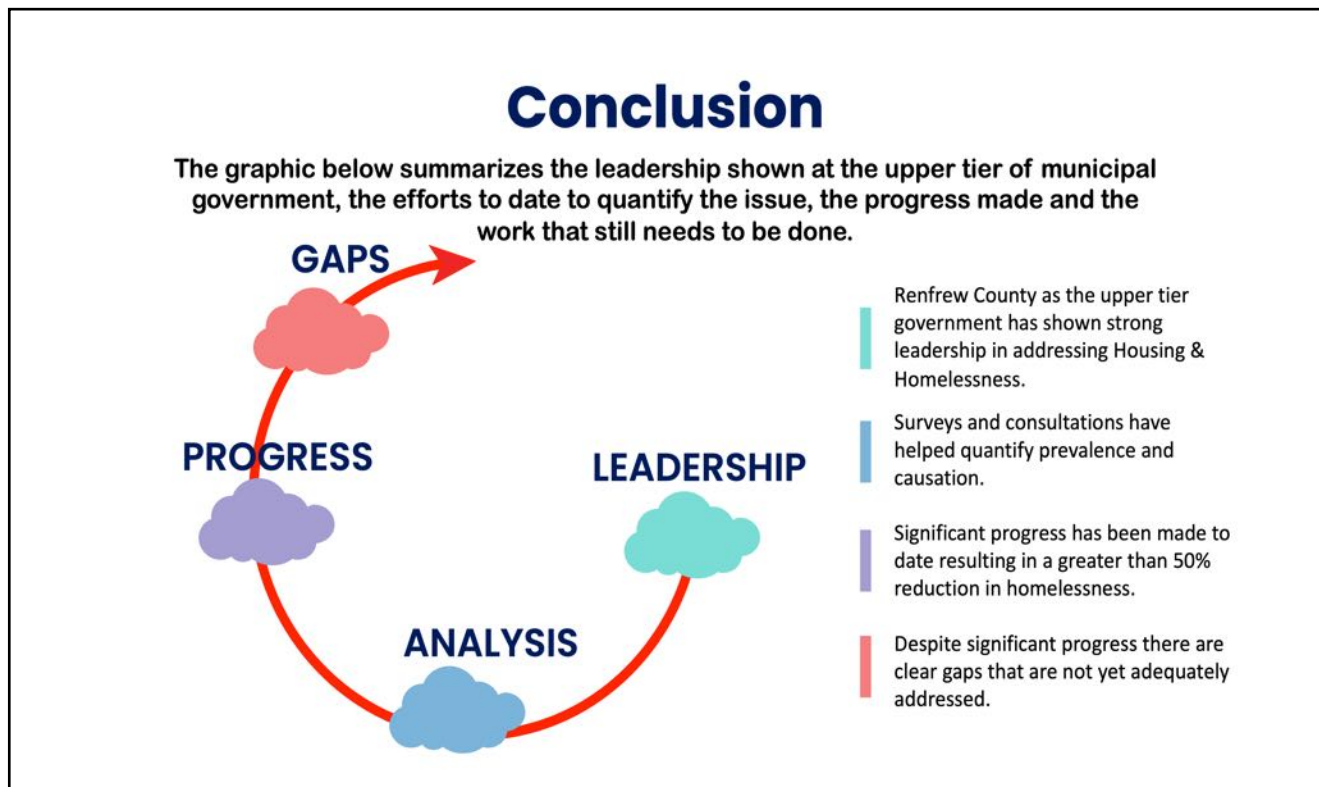


SOCIAL SERVICES DATA - CONCLUSION

While there is need for the County to help provide leadership in the housing and homelessness system, the HHP was envisioned as a community plan and as such, should reflect community efforts in pursuit of solutions to identified issues. This same philosophy should apply to HHP implementation by having the County assume a leadership role in coordination but having stakeholders take a more participatory role in system solutions. To assist in HHP implementation, a number of tools/approaches are contemplated including:

- **Developing an HHP-specific work plan** – To help support accountability and track progress on actions, a formal implementation plan for the HHP should be developed. While this could take the form of a tracking table, it should be integrated with departmental work plans to ensure necessary items are actioned and resourced. It is anticipated that some of these actions may fall under recurring tasks/roles already identified in the departmental work plan.
- **Coordinating with the Seniors Housing Strategy implementation work plan** – While an HHP implementation plan is essential for tracking purposes, those HHP actions that crossover to the Seniors Housing Strategy should be actioned accordingly in order to avoid duplication and ensure coordination of efforts and resources with other internal departments of the County.
- **Exploring opportunities for coordination with community stakeholders** – As a community-based plan, ownership of appropriate HHP actions by community partners should be encouraged to expand impact, leverage resources, engage stakeholders and build capacity. This supports a more collaborative systems approach that helps reinforce the coordination of functions that is embodied in HHP actions.

Five Year Review: Ten Year Housing & Homelessness Plan - Addendum Update June



SITUATION TABLE RISK TRACKING DATA COLLECTION



SITUATION TABLE DATA

The Province of Ontario under direction of the Ministry of the Solicitor General, maintains a data base known as the “RTD”, risk tracking database.

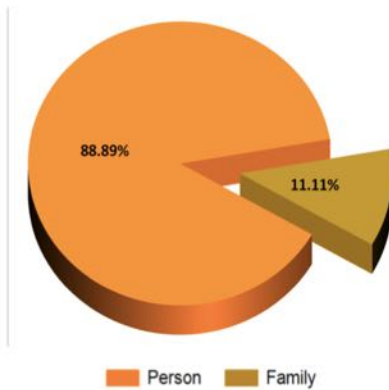
Every new situation brought to the attention of the table is given a number and specific data in relation to that situation is recorded in the RTD.

No personal information is recorded. The database tracks risk factors, broad demographics such as age category and gender and whether the intervention by the table members is successful in connecting people at risk to services that may reduce the level or risk they are facing.

RENFREW SITUATION TABLE RTD DATA



Breakdown By Discussion Type



Type	Discussions	Percentage
Person	80	88.89%
Family	10	11.11%
Total	90	100.00%

OVER A 5 YEAR PERIOD, THE MAJORITY OF SITUATIONS BROUGHT FORWARD TO THE TABLE INVOLVED INDIVIDUALS AS OPPOSED TO ENTIRE FAMILIES.

THE AGE GROUPS OF THE INDIVIDUALS BROUGHT FORWARD WERE COMMONLY BETWEEN 12-17, 30-39 AND 40-59 YEARS OF AGE.



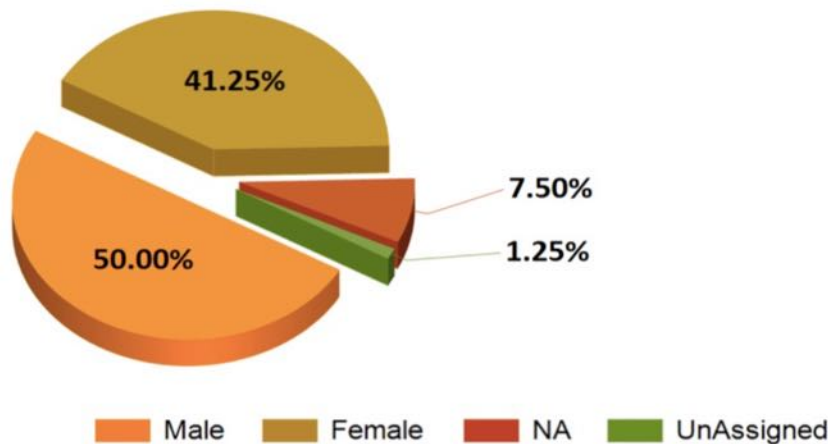
Age Group	Discussions
0-5 Years	0
6-11 Years	0
12-17 Years	15
18-24 Years	8
25-29 Years	3
30-39 Years	17
40-49 Years	0
40-59 Years	20

SITUATION TABLE DATA CONTINUED

THE TOP 5 MOST PREVALENT RISK FACTORS WERE MENTAL HEALTH ISSUES, ANTISOCIAL BEHAVIOUR, CRIMINAL INVOLVEMENT, SUBSTANCE ABUSE AND VICTIMIZATION

Top CSWB High Level Risk Priorities										
Year	Top 1		Top 2		Top 3		Top 4		Top 5	
2017	Mental Health and Cognitive Functioning	60	Criminal Involvement	56	Antisocial/Problematic Behaviour (non-criminal)	46	Substance Abuse Issues	28	Victimization	19
2018	Mental Health and Cognitive Functioning	32	Antisocial/Problematic Behaviour (non-criminal)	28	Substance Abuse Issues	21	Victimization	19	Criminal Involvement	15
2019	Mental Health and Cognitive Functioning	23	Substance Abuse Issues	23	Antisocial/Problematic Behaviour (non-criminal)	17	Criminal Involvement	15	Victimization	9
2020	Antisocial/Problematic Behaviour (non-criminal)	25	Mental Health and Cognitive Functioning	25	Criminal Involvement	24	Substance Abuse Issues	23	Victimization	15
2021										

Breakdown By Sex

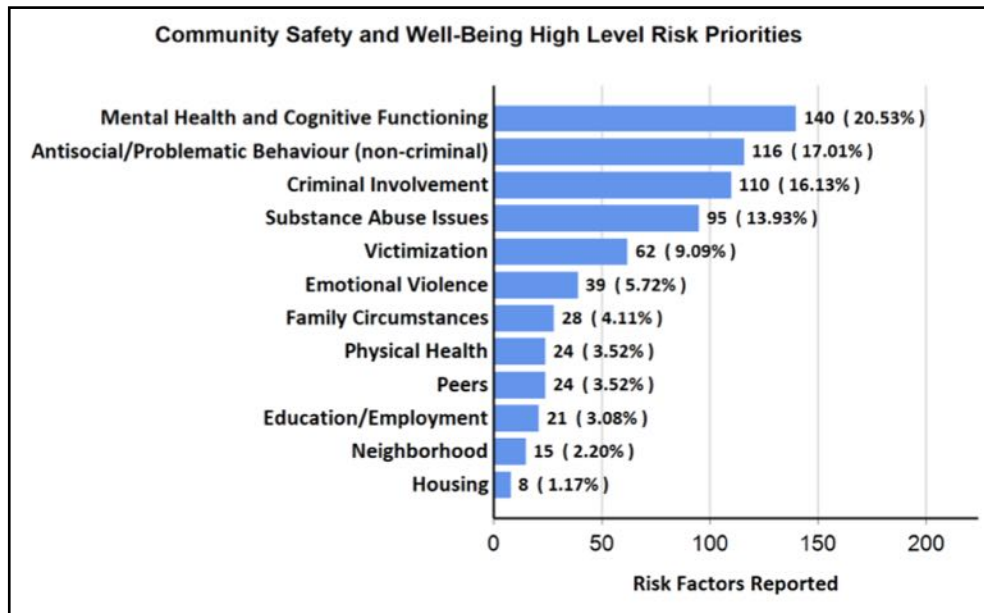


THE MAJORITY OF INDIVIDUALS BROUGHT TO THE ATTENTION OF THE TABLE WERE MALE AT 50% WITH FEMALES REPRESENTING 41.25%.

If you have ever looked at a young person in the context of their surroundings and said to yourself, "That poor kid doesn't stand a chance", then you understand risk factors and the power of their gravitational pull toward a life of potential suffering and crisis. People can and do overcome their negative environments but almost every success story told includes a role model of some sort, a coach, an aunt, a teacher, or parent of a friend, who took an interest in the child and helped steer them in a better direction. That is what the situation table tries to do, to interrupt and mitigate risk factors by introducing protective factors that just might alter the course of likely outcomes.

SITUATION TABLE STATISTICS

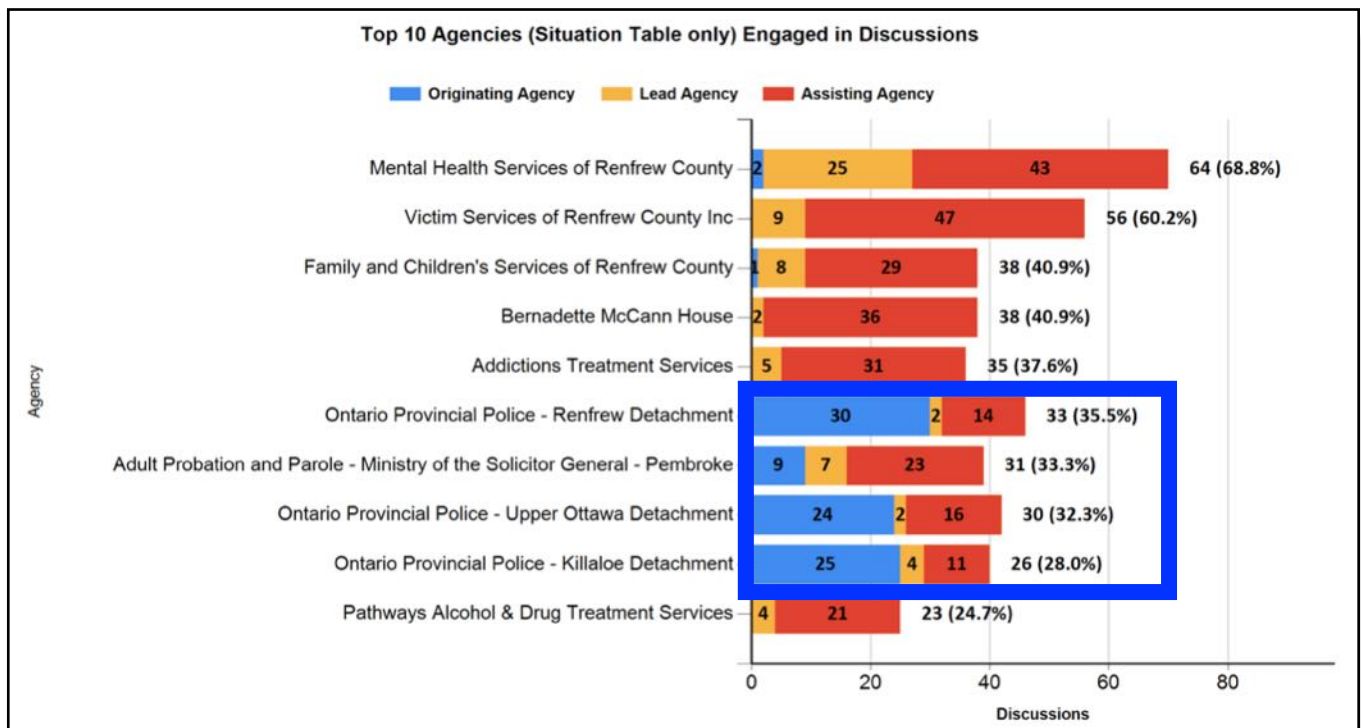
Overall Risk Information Report for Renfrew County From 4/1/2017 To 1/1/2021



Top Risk Factors:

The database tracks information specifically for use in the Community Safety and Well-being planning process.

Agency Engagement Report for Renfrew County From 4/1/2017 To 1/1/2021



Remember the statistic reported in the Police Data section. More than 75% of call for service to police fall into the category of social disorder which includes all of the risk factors listed above. Police are a 24/7/365 agency that sees the most risk. Police bring more situations to the table than any other agency. This is consistent with Situation Tables across the Province.

AGENCY THAT SEES THE MOST RISK

OF SITUATIONS BROUGHT FORWARD BY AGENCY
SINCE 01 APR 2017 to 01 JAN 2021

Agency (Situation Table only)	Originating Agency	Lead Agency	Assisting Agency	All (Originating, Lead, Assisting)	Total # of Discussions Engaged In	Percentage (Engagement out of 93 Discussions)
Mental Health Services of Renfrew County	2	25	43	70	64	68.8%
Victim Services of Renfrew County Inc	0	9	47	56	56	60.2%
Family and Children's Services of Renfrew County	1	8	29	38	38	40.9%
Bernadette McCann House	0	2	36	38	38	40.9%
Addictions Treatment Services	0	5	31	36	35	37.6%
Ontario Provincial Police - Renfrew Detachment	30	2	14	46	33	35.5%
Adult Probation and Parole - Ministry of the Solicitor General - Pembroke	9	7	23	39	31	33.3%
Ontario Provincial Police - Upper Ottawa Detachment	24	2	16	42	30	32.3%
Ontario Provincial Police - Killaloe Detachment	25	4	11	40	26	28.0%
Pathways Alcohol & Drug Treatment Services	0	4	21	25	23	24.7%
Total:	91	68	271	430	374	

This chart clearly depicts that the Ontario Provincial Police bring forward a significantly higher number of situations than any other agency. This is due to the fact that the police are open for business 24 hours a day, 7 days per week and 365 days per year.



Across the entire country the police have become the default response agency. Approximately 75% of the calls police respond to fall into the category of social disorder. Police have the largest lens on risk. They see more people facing acute elevated risk and therefore bring more situations to the table.



75% of Calls for Service to Police in Canada are for Social Disorder Incidents.

KEY COMMUNITY SAFETY & WELL-BEING INITIATIVES

1. SITUATION TABLE
2. THE RENFREW & AREA CONNECTION CENTRE
3. POLICE/MENTAL HEALTH & ADDICTIONS PARTNERSHIP
4. INTIMATE PARTNER VIOLENCE - POLICE RESPONSE



KEY INITIATIVE #1

THE SITUATION TABLE



THE SITUATION TABLE

THE RENFREW COUNTY COMMUNITY RISK WATCH SITUATION TABLE

At the heart of our Community Safety & Well-being plan sits the Situation Table, established in 2017 under the leadership of the Ontario Provincial Police in collaboration with a host of other support agencies who had a desire to work together more effectively to try and protect individuals and families from exposure to life altering crisis.

What is a Situation Table

The Situation Table is a group of front-line health, human, justice and emergency service workers who meet weekly to discuss individuals or families facing multiple risk factors that could result in crisis.

Front Line Case Worker

Over 20 agencies are currently participating.



Identify Risk

An individual or family is facing "acute elevated risk".

Upstream Intervention

A collaborative upstream intervention is planned to try and avoid crisis and reduce or eliminate risks.

The initiative is called the **Renfrew County Community Risk Watch Situation Table** and it is currently in its 6th year of operation. During this time many community members have been diverted from life altering event and life-threatening crisis due to the upstream intervention efforts of the Situation Table participants.



Our Webpage can be found at:
<https://www.renfrewcountycommunityriskwatch.com/>

New 'Situation Table' aimed at preventing a crisis before it happens

IMAGINE you develop a life threatening disease and you go to see your doctor. Imagine there is a new drug that will cure you completely, but your doctor is not aware of it. How would you feel about your doctor? Anger, frustration, disappointment, distrust, contempt? The list goes on and on.

Now imagine that the same doctor gets invited to a meeting once a week with other doctors, specialists, pharmacists, scientists and pharmaceutical representatives. At this meeting your case is discussed and your doctor learns about the new drug. The drug is then offered to you and the disease is cured. That is the power of collaboration.

We are doing something like that here in Lennox and Addington County. It is called a 'Situation Table' and once a week a variety of professional human service providers and community based organizations, including the police, meet to discuss individuals or families at risk and then develop a co-ordinated plan to try and help them.

The idea started in Glasgow, Scotland several years ago. Prince Albert, Saskatchewan, brought the concept to Canada about four years ago and today the idea is spreading like wild-fire across Ontario. Hastings County has established a Situation Table and have been meeting for a few months now. L&A County partnered with Kingston and Frontenac to establish two tables with regional oversight. The L&A Situation Table meets once a week on Tuesdays in Napanee and the Kingston/Frontenac table meets week-

ly in the city of Kingston. The joint initiative is called the KFLA Community Risk Watch.

These initiatives are fine examples of community collaboration. In fact, you can't talk about Situation Tables without talking about collaboration and you can't mention the word collaboration without someone saying, 'We already do that.' This is different. This is collaboration at a point intersecting far enough upstream to prevent compounding risk factors from manifesting in acute or chronic crisis.

Let me say that another way. Picture this. A mighty river comes to a Y and branches left and right. The left turn takes you down a beautiful, serene and calm section of the river. The right turn takes you toward a set of violent rapids and eventually a life threatening waterfall. You are part of a team of people responsible for rescuing those who take the right turn. The distance from the Y to the waterfall is about five kilometers. You and your team have just received word that two people in a canoe have just mistakenly taken the right turn. Where would you set up your rescue attempt?

The obvious answer is that you would not set up a hundred feet from the edge of the waterfall. But guess what? That's where policing is. And that is where the courts and the prisons and our probation and parole programs are. The reality is that this is where these programs need to be but, we have an opportunity to split our resources and send a second team much further upstream. If the second team fails the first rescue attempt, they will be far enough upstream to

attempt a second rescue effort and perhaps even a third. With a bit of luck, the two canoeists will be rescued long before they are ever placed in any real danger — in other words, long before they even get close to the waterfall.

That is what a Situation Table is. It is a team of people planning rescue efforts for individuals and families at risk. The focus is on upstream risk as opposed to downstream crisis. The mantra is risk-driven as opposed to incident driven. This project has been over two years in the planning phase and on Feb. 10, L&A County had its first Situation Table meeting. Getting to this point was no easy task and it would not have happened without the enthusiasm and energy and collaboration of our great community partners.

Currently we have Family and Children's Services, Addictions and Mental Health Services, Pathways for Children and Youth, Adult & Youth Probation, both the Algonquin Lakeshore and Limestone District School Boards, Interval House, Morning Star Mission, the Community Health Centre, Prince Edward/L&A Social Services, Victims Services and the OPP sitting at the Table. We are currently in the process of recruiting a few more partners to further enhance our collaborative capacity.

We don't know what we don't know, but together we are going to find out and together we are going to do something about it!

*Insp. Pat Finnegan,
Napanee OPP
Detachment Commander*

SITUATION TABLE - RISK FOCUSED - UPSTREAM

Renfrew County Community Risk Watch (RCCRW), formally known as the Renfrew County Situation Table, was established in 2017. It was founded with a mission to implement a proactive and collaborative approach to identifying acutely elevated risk situations that are currently, or have the potential to affect individuals, families and/or communities. Renfrew County Community Risk Watch encompasses all (17) municipalities within the county, as many partnering agencies provide their services on a county wide basis. Some of the services involved in this initiative fall under the following sectors: Justice, Health, Social Services, Education, Private and Government.



The entire focus is prevention. “If it is predictable then it is preventable.” If it is preventable then those of us who have the capacity should try to do something about it.

It isn't magic. It's just a group of people whose jobs or roles give them a lens on risk within the community. They get together once a week to see what if anything they can do to help individuals or families predicted to face crisis.



“ACUTE ELEVATED RISK”

HOW THE SITUATION TABLE WORKS

The Situation Table is a group of front-line health, human, justice and emergency service workers who meet weekly to discuss individuals or families facing multiple risk factors that could result in crisis.

A 4 Step Process is Used

Only cases of “Acute Elevated Risk” are brought to the table for discussion and intervention.

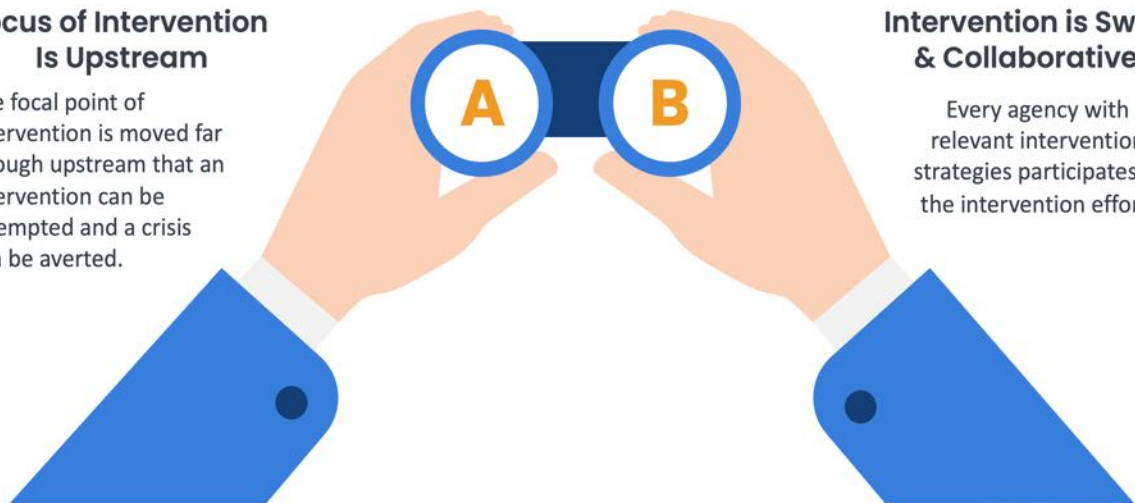


What is Acute Elevated Risk?

Acute elevated risk is a cluster of risk factors present in someone’s life that if left unchecked are likely to result in crisis. In other words, something bad is going to happen and it is going to happen sometime soon.

Focus of Intervention Is Upstream

The focal point of intervention is moved far enough upstream that an intervention can be attempted and a crisis can be averted.



Intervention is Swift & Collaborative

Every agency with relevant intervention strategies participates in the intervention effort.

SITUATION TABLE PRIVACY POLICY

The goal of the Situation Table is to bring awareness to existing programs and services within the community that are intended to help people at risk and prevent significant harms which often occurs in the form of crisis such as a drug overdose, crime victimization or a mental health apprehension.



THE 4 FILTER PROCESS FOR PRIVACY PROTECTION



The Privacy of those being helped is priority one. As such, information regarding the efforts of the Situation Table is tracked in a provincial database but the names, dates of birth and addresses of the individuals helped are not recorded.

When a new situation is brought to the table, the agency introducing the new situation uses “de-identified” information during the initial discussion. If there is consensus that the new situation meets the threshold of “Acute Elevated Risk” then a team of table members who can help are identified and the discussion stops. At the end of the meeting everyone leaves the room except those who self identified as likely able to help.

In other words, only those who think they can help will eventually hear information which will identify the person the group is trying to help. That team then remains together and develops a plan to try and help the individual at risk and that intervention plan is executed within 24 to 48 hours.



EXPLANATION OF THE 4 FILTER SYSTEM

Privacy is of paramount importance. The situation table applies “The 4 Filter” system to each new situation brought forward.



Filter 1: Internal agency screening. This is the stage at which an agency determines that there is an individual and/or family that has reached a level of AER and that the risk factors are beyond its scope/mandate to mitigate risk and that all traditional inter-agency approaches have been exhausted.



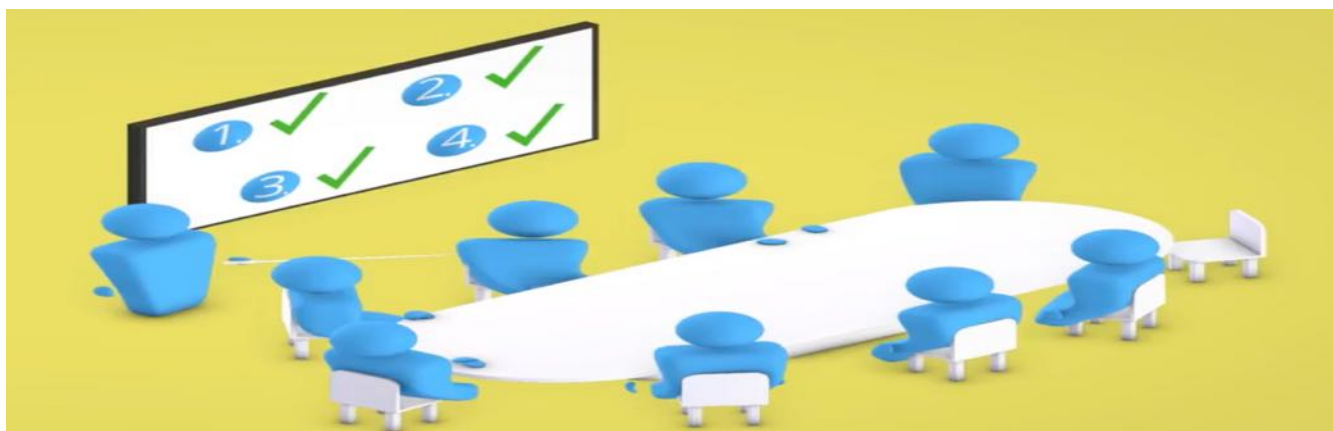
Filter 2: De-identified information. At this stage, the situation is presented to the table using only de-identified data. De-identified data refers to information that has no identifiers relating to the individual (name, date of birth, address, etc.).



Filter 3: De-identified discussion to identify intervening agencies. In this stage, it will be determined if the situation brought forward will be accepted into the table. If it is accepted, the RCCRW will determine which agencies will be required to participate in a full intervention-planning discussion, outside of the full table. Here, there will also be a lead agency determined.



Filter 4: Collaborative intervention planning among chosen intervening agencies. At this stage, identifying information will be shared only with those agencies deemed appropriate to intervene with the individual/family. This allows the professionals involved to consult their own databases to determine if they are familiar or already engaged with the individual/family. A plan will then be established to implement a risk mitigation intervention with the individual/family within 24-48 hours of the table discussion.



KEY INITIATIVE #2

THE RENFREW & AREA CONNECTION CENTRE



*Unity is strength... when there is teamwork and collaboration,
wonderful things can be achieved.*

Mattie Stepanek

“THE RACC” - RENFREW & AREA CONNECTION CENTRE



Pictured from left are Const. Tina Hunt, MCRT mental health workers Katie Golfcheskie and Jade Parks, Connection Centre admin Breanne Emon, Const. Jeff Cassidy, Jeff Scott of the Renfrew Police Services Board, Councillor Andrew Dick, Renfrew OPP Detachment Commander Dawn Ferguson, Mayor Tom Sidney and Const. Amanda Carruthers.

“It’s a one-stop shop for anyone seeking services in the area,” Renfrew OPP Detachment Commander Dawn Ferguson said. “They’re able to come in and connect with whatever service they need.”

Our Mission

To serve as a single collective voice for the common vision of developing a community-based and community-led hub in Renfrew.



Our Vision

To create a community-based and community-led hub offering multiple services and programs, including community gathering space, that meet the needs of youth and seniors, families and singles living and/or working in Renfrew and the surrounding area, enabling them to become fully engaged, healthy, socially included, and participating members of the community.

“THE RACC - RENFREW & AREA CONNECTION CENTRE

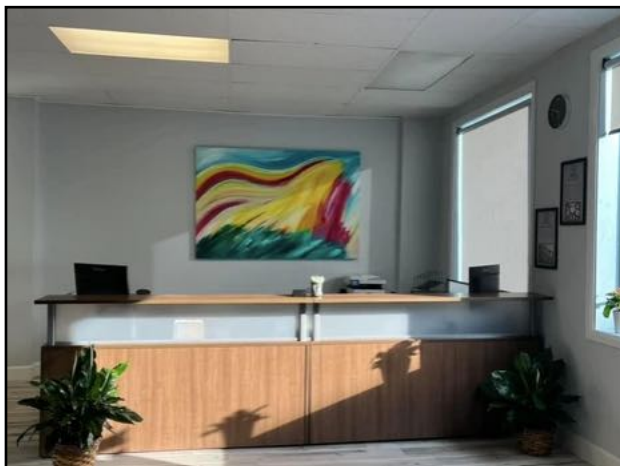
In April of 2023, the Renfrew & Area Connection Centre opened its doors to the community. A significant portion of funding for the centre was made possible by a Community Safety & Policing Grant. The grant was applied for by the Renfrew Police Services Board assisted by the Renfrew OPP Detachment.

The goal of the centre is to create a single point of access to programs and services for community members in need of those supports. The availability of supports is common but navigating access to those various supports and services can often be challenging.

The newly opened centre offers a connection point to a myriad of services in a central location with an atmosphere that is warm and inviting.

Jeff Scott, Chair of the Renfrew Police Services board gives high praise to a couple of key members of the Ontario Provincial Police, “I really have to give credit to Tina Hunt and Amanda Carruthers and the rest of the team for the transformation of the building to what it now is. It is designed to project a warm and welcoming feeling and certainly is a big change from what it was previously.”

At the RACC We Strive To:



info@renfrewandareaconnectioncentre.ca



(613) 432-3499



161 Raglan Street South, Renfrew ON K7V 1R2

“THE RACC - RENFREW & AREA CONNECTION CENTRE

LIST OF COMMUNITY PROGRAMS AND SERVICES AVAILABLE IN RENFREW & AREA

Mental Health Services of Renfrew County	Victim Services of Renfrew County
Family and Children's Services of Renfrew County	Ontario Probation and Parole
Renfrew & District Food Bank	Ontario Works - Renfrew County
Ontario Employment Resource Services	Ontario Disability Support Program (ODSP)

Community Housing	Bernadette McCann House
The Grind - Pembroke	Homeless Prevention Program
Columbus House	Mackay Manor
Addiction Treatment Services	Pathways Alcohol & Drug Treatment Services

Addiction Supportive Housing Program	Metis Nation of Ontario
Algonquins of Pikwakanagan Health Services	Women's Sexual Assault Centre of Renfrew County
RVH - Regional Assault Care Program	Carefor Health & Community Services
Renfrew County and District Health Unit	Calabogie and Area Home Support

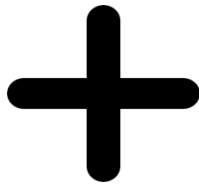
Seniors Home Support Renfrew & Area	Ottawa Valley Community Connections (OVCC)
Community Living Renfrew & District	L'Arche Amprior
Robbie Dean Family Counselling Centre	Phoenix Centre for Children and Families
Renfrew County District School Board	Renfrew County Catholic District School Board

EarlyON Renfrew Program	Renfrew County Community Risk Watch
Renfrew Public Library	

“I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship.” Brene Brown

KEY INITIATIVE # 3

POLICE / MENTAL HEALTH PARTNERSHIP



Most 911 Calls Have Nothing To Do With Crime. Why Are We Still Sending Police?

Nazish Dholakia Senior Writer

Apr 22, 2022



Social Disorder Trends Upward

At the same time, police services report increasing demands for emergency assistance, and increasing costs. What accounts for this disparity? The answer lies in the claims of Ontario police services, indeed police services all across Canada, that from 75-85 percent of their calls for service involve something other than chargeable offenses. These include occurrences like suspicious persons, family and neighbour disputes, and events in which serious safety issues arise -- like some addictions and mental illness calls. We use the label "social disorder" to characterize over 75 percent of all police calls for service. They are trending upward.

New Directions in Community Safety

Consolidating Lessons Learned about Risk and Collaboration

Hugh C. Russell and Norman E. Taylor

April, 2014

MAJOR CRIME IN CANADA HAS BEEN DECREASING SINCE 1992

DEMANDS ON POLICE ARE RISING



COST OF POLICING IS INCREASING

The cost of policing continues to rise year after year despite major crime rates decreasing.



CALLS FOR SERVICE ARE INCREASING

Despite decreasing major crime rates, calls to police continue to increase.



SOCIAL DISORDER CALLS ARE INCREASING

Over 75% of calls police respond to fall into the category of Social Disorder.

SO WHAT ARE WE DOING ABOUT IT?



**New
Partnership
Launched in
2020.**

Renfrew OPP and Pembroke Regional Hospital create mobile crisis response team

Meet the Mobile Crisis Response Team (MCRT)!

The Mobile Crisis Response Team (MCRT) is a collaborative partnership between the Pembroke Regional Hospital's Mental Health Crisis Team and the Ontario Provincial Police. The teams consist of two individuals – a uniformed OPP officer and a crisis worker, who will jointly respond to calls for service that are in relation to mental health, addictions, or an individual in crisis. This partnership allows for the officer to focus on safety, while the crisis worker can aid in de-escalating the situation by supporting the individual through appropriate crisis intervention and completing required assessments. A significant importance is also placed upon connecting individuals and families to appropriate community resources and completing follow-ups as required.



Katie & Cst. Amanda Carruthers



Jade & Cst. Jeff Cassidy

It's an **upstream** intervention that saves time, money, resources and most importantly it provides immediate (911) assistance to those in crisis, which is when they need support the most.

(MENTAL HEALTH) MOBILE CRISIS RESPONSE TEAM

Success to Date

Since its inception just three years ago the Mobile Crisis Response Team program has improved community safety and well-being and yielded several positive outcomes.



**Results
Observed to
Date**

Apprehensions

Police are making fewer apprehensions under the Mental Health Act.

Hospital Visits

Fewer clients are taken to hospital both voluntary & involuntary.

HRS In Custody

Significant reduction in police hours standing guard in hospital waiting rooms making those officers "unavailable" for other calls.

Use of Force

Fewer instances of police having to use force due to enhanced de-escalation.

Fewer Injuries

Fewer altercations resulting in safer outcomes for police, mental health workers and clients.

Police interactions with people suffering from mental health issues has drawn significant attention across the continent and around the globe. Early models had police officers take additional mental health response training. Dressed in civilian attire, these specialized officers would go on patrol waiting for a call for service that involved a person experiencing a mental health crisis.

Those models were not adopted in Ontario for obvious reasons. Police officers are trained in police response and mental health & addiction workers are trained in mental health & addiction issues. By building stronger relationships between the two response agencies better outcomes are being realized.

The police respond to deal with possible safety issues. The mental health workers respond to address the needs of the person suffering from a mental health crisis. Often, once it is safe to do so, police are able to leave the scene, leaving mental health workers and their clients in privacy to try and resolve the pending crisis.

Police still receive training in recognizing mental health disorders and de-escalation techniques but they don't try to become experts in mental health. That expertise is left to the appropriate agency and the highly trained workers they employ.

It's the right response, by the right people at the right time.



MOBILE CRISIS RESPONSE TEAM

“For a number of years police services started providing extra training to serving officers in an effort to increase their effectiveness when responding to calls involving people experiencing a mental health or addiction related crisis. Although well intended, this was a wrong headed approach that ignored the reality that trained mental health & addiction workers have far more to offer to a person in crisis than a police officer with some added skills. If your doctor was a full time police officer who took some medical training on the side, you would soon be looking for a new doctor. Having mental health & addiction workers respond to calls alongside police officers is the sweet spot. This approach gets it right and makes the best use of both agencies resources.”



**Inspector Dawn Ferguson
Detachment Commander RENEW OPP**

“In addition to creating a significantly better response for the person experiencing a mental health and or addiction related crisis, our officers and mental health & addiction workers are getting to know each other on a level never experienced before. It is such an improved relationship. Although that was not the initial goal it is a very real byproduct of this new collaboration and its importance cannot be understated.”

ADDITIONAL BENEFITS

The implementation of the program has been successful in diverting further Police contact and Hospital visits, unless determined that an apprehension under the mental health act is required.

When not responding to emergency calls the team conducts routine wellness checks with their clients, allowing them to build rapport and trust in an upstream effort to improve their mental health and overall wellness.

THE MOBILE CRISIS RESPONSE TEAM IS AVAILABLE 7 DAYS PER WEEK AND CAN BE DISPATCHED 24 HOURS PER DAY IF REQUIRED.

KEY INITIATIVE # 4 IMPROVED RESPONSE TO INTIMATE PARTNER VIOLENCE & IMPROVED RESPONSE TO VICTIMS



“There is one thing that every victim on the planet has in common. Just minutes before they became a victim, they were merely at risk of becoming a victim. That is our opportunity to prevent.”

Patrick Finnegan - Upstream Communications

INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

'These deaths don't end': Inquest hears community ideas for tackling partner violence

By Noushin Ziafati • The Canadian Press
Posted June 23, 2022 12:00 pm - Updated June 23, 2022 4:18 pm



Mourners hold a candlelit vigil in remembrance of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam in Wilno, Ont. on Friday, Sept. 25, 2015. Justin Tang / The Canadian Press

On September 22nd, 2015 something tragic happened in rural Ontario in the heart of Renfrew County. Three women, Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam were murdered in cold blood by a man with whom each had had a previous intimate partner relationship.

Nothing we do will bring any of them back to their families and their loved ones but much can be and was in fact learned from the circumstances that lead up to their deaths. An inquest held under the authority of the Ontario Coroner's Act resulted in **86 recommendations** for change.

Not all of these recommendations are within the scope of influence of our communities and our community organizations and institutions but many of them are. This section of the plan deals primarily with an improved police response to intimate partner violence as envisioned by Upper Ottawa Valley OPP Detachment. This pilot is being closely monitored by the Renfrew OPP Detachment to determine which aspects of the pilot could or should be implemented by the Renfrew OPP.

CKW INQUEST RECOMMENDATION #30

Provide specialized and enhanced training of police officers with a goal of developing an IPV specialist in each police detachment.

New Civilian Victim Specialist Position Created

A brand-new position at the UOV OPP is being created in response to the inquest recommendations and as part of a natural evolution in improved police response. This is a civilian position which will have the primary focus of working closely with high-risk victims of crime like those frequently encountered in intimate partner violence investigations. The job description is lengthy and many of the knowledge, skills and abilities are directly responsive to specific recommendations from the CKW Coroner's inquest held in June of 2022.

The chart on the next page correlates KSA's with specific inquest recommendations.

INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

VICTIM SPECIALIST JOB DESCRIPTION ALIGNMENT WITH CKW INQUEST RECOMMENDATIONS

		Victim Specialist Knowledge, Skills & Abilities
Recommendation	R8, R16, R29, R30, R50	Assist & understand needs of victims, witnesses & survivors.
	R12, R15, R30, R43, R50	Provide services such as needs assessment, crisis intervention, provision of information, support & referrals to victims services
	R8, R12, R13, R16, R29, R30, R42	Knowledge of Federal and Provincial victims Bill of Rights, Criminal Justice System, Mental Health Laws, Relevant Federal, Provincial & Municipal Statues, Victim Quick Response Program, Indigenous Culture & Traditions, Victim Confidentiality and Privacy, Trauma Informed Response in Supporting Victims
	R12, R15, R29, R30	Effective Communication Skills both oral and written.
	R8, R29, R30	Empathetic listening skills - ability to understand & respond appropriately and treat people with respect and compassion.
	R9, R12, R13, R30, R36, R42, R43, R44, R50	Ability to liaise and maintain relationships with local, Provincial and Federal human services, non-profit organizations, and other stakeholders.
	R13, R16, R30, R43, R44	Assist in crime prevention initiatives in an effort to minimize ongoing victimization.

UOV O.P.P. WILL PILOT A CIVILIAN POSITION FOR POTENTIAL ADOPTION BY OTHER OPP DETACHMENTS INCLUDING RENFREW O.P.P.

“We continue to train our investigators in a myriad of investigative techniques including those specific areas referred to by the CKW inquest. This includes special training in trauma informed approaches to intimate partner violence investigations. We continue to focus on expanding and enhancing our relationships with relevant community partners and most importantly, the quality of communication that occurs between our officers and these key partners. I will be watching closely to see the results of the new civilian position being piloted by the Upper Ottawa OPP detachment with a view to adopt a similar model in our detachment. Our focus is on enhanced response to victims of crime and increased accountability for those who perpetrate violence within our communities.”



Inspector Dawn Ferguson
Detachment Commander Renfrew OPP

CKW INQUEST RECOMMENDATION #10

Encourage that IPV (intimate partner violence) be integrated into every municipality’s community safety and well-being plan.

INTIMATE PARTNER VIOLENCE RESPONSE / REFORM

The Lived Experience Survey ranked Domestic Violence, now more commonly known as Intimate Partner Violence, as Very High in 1 municipality, High in 5 municipalities and Low in 1 municipality.

Police statistics on intimate partner violence shows UOV Detachment as frequently among the highest in Eastern Ontario.

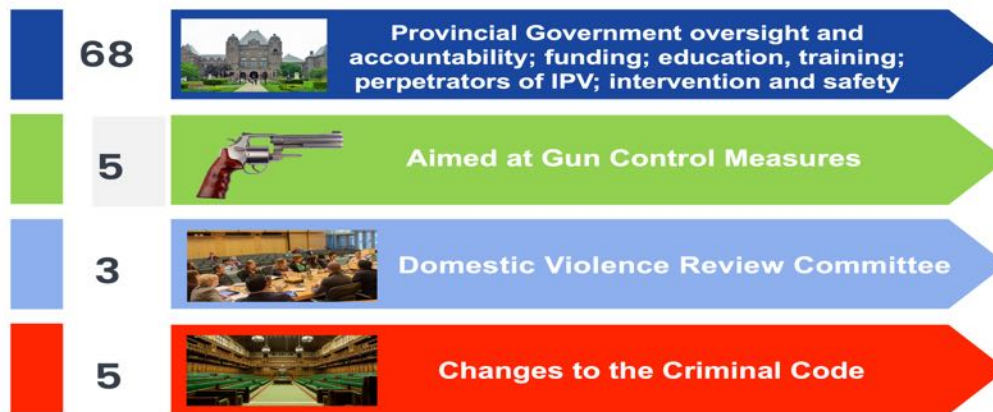
Once the Lighthouse Document is completed the Advisory Committee will engage in the Keep, Drop, Create exercise described on previous pages. Following that, the 86 inquest recommendations will be reviewed with keen interest in an effort to encourage every community partner to help reduce the prevalence of intimate partner violence in our communities.

LIVED EXPERIENCE SURVEY RESULTS BY MUNICIPALITY



86 INQUEST RECOMMENDATIONS

The CKW Coroner's Jury made 86 Recommendations which are summarized by category below:



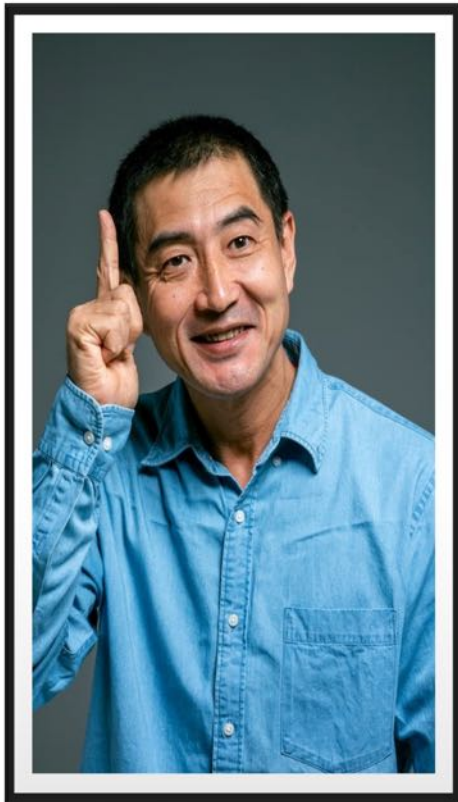
Risk Factors are related. The prevalence of one risk factor has an impact on others. Intimate partner violence does not occur in a vacuum. There is often a combination of risk factors that contribute to the environment where the violence occurs.

Following the Keep, Drop, Create exercise the Advisory Committee will make decisions about which priority risk factors should be addressed. Any effort to mitigate or eliminate any one of the risk factors will have the potential to reduce the prevalence of other risk factors. Efforts to decrease the prevalence of poverty, drug addiction, access to appropriate housing and mental health challenges will no doubt contribute to a reduction in intimate partner violence.



CONCLUSION

The following pages contain a summary of the next steps in the Community Safety and Well-being Planning process.



THE PATH FORWARD AT A GLANCE



⇒ 01

DATA SETS REVIEWED

In addition to common data sets a Lived Experience Survey was conducted resulting in identification of Priority Risk Factors.



⇒ 02

INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.



⇒ 03

LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



⇒ 04

KEEP, DROP, CREATE EXERCISE

The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.



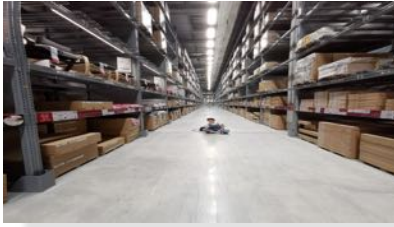
⇒ 06

SITUATION TABLE AWARENESS

Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.

THE PATH FORWARD IN DETAIL

Note: Step 1 has already been completed.



INVENTORY PROGRAMS/SERVICES

An inventory of current programs & services with Goals, Performance Indicators & Results will help avoid redundancy of human & economic resources.

It didn't make sense to create anything new until we had a clear understanding of what was currently available to our communities through existing programs and services. It would be hard to imagine a company like Ikea ordering another shipment of towels without knowing exactly how many towels were currently in stock. The type, size, colour and material are also relevant features that would need to be known before a new shipment of any type of towel would make sense.

Inventories such as this have been attempted in the past. There have been hard bound booklets printed that attempted to accomplish such an inventory of programs and services. Due to the predictability of constant change, these booklets became outdated shortly after they were printed. To do this effectively, we need a digital document that lives online and can be updated in real time.

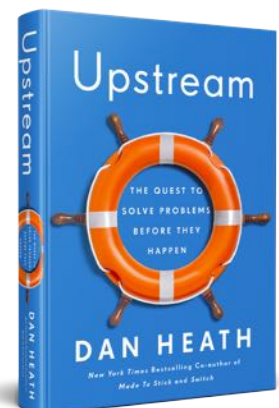
When accessing this resource, the user should not be concerned with version numbers as they would be assured that at the moment of access, the resource document they are accessing is the most up to date version.

To the extent that it is possible, each program or service should have some clearly identifiable goals, some performance indicators and some measurable results.

Measuring results can be a challenging undertaking when the goal is prevention. It is difficult to measure what doesn't happen and this challenge needs to be taken into account.

“With downstream work, success can be wonderfully tangible, and that’s partly because it involves restoration. Downstream efforts restore the previous state. *My ankle hurts - can you make it stop? My laptop broke - can you fix it?* But with upstream efforts, success is not always self evident.”

“Getting short term measures right is frustratingly complex. And it’s critical. In fact, the only thing worse than contending with short-term measures is not having them at all.”



LIGHTHOUSE DOCUMENT

A companion to the CSWB plan, this will be a searchable document containing the results of the Programs/Services Inventory, available online to the Public.



04

KEEP, DROP, CREATE EXERCISE
The Lighthouse Document will help the advisory committee identify redundancies and gaps before creating mitigation strategies to address the Priority Risk Factors.

On January 7th, 2008, Shelly Jamieson was appointed Secretary of the Cabinet, Head of the Ontario Public Service. When speaking to a group of government employees in Kingston, she emphasized that in order for government to be effective it had to be “nimble”.



She explained that becoming nimble involved an important exercise that she referred to as “Keep, Drop, Create”. She said, “We need to decide what things we are currently doing that we should keep doing (keep). Then we need to decide what things we are currently doing that we should stop doing (drop). And finally, we need to figure what we are not doing that we should be doing (create).”

She stated that many organizations that engage in this exercise often add new things to what they currently do but fail to “drop” the things that are no longer effective. This creates a snowball effect that makes the organization the exact opposite of nimble, they become large and cumbersome.

The Advisory Committee is going to engage in this exercise prior to creating anything new in an effort to avoid redundancies of human and economic resources. The Lighthouse Document will serve as an important guide, a compass of sorts that will allow the Advisory Committee to make informed, evidence-based decisions about what should happen next.

If and when gaps are identified, implementation teams will be formed and tasked with developing a strategy to bridge the gaps by adding protective factors and reducing or eliminating risk factors. It will be critical at this stage to consult and include those with lived experience who are affected by the decisions being made. The very best solutions to community problems come from within community.



Most of us have had the experience of first-time ownership and the sense of responsibility and engagement that results. You probably didn’t care about your parents car half as much as the very first one that you could truly call your own, even if your parents drove a Cadillac and your first car was an “old clunker”.

When we involve community in the effort to solve community problems, we create a sense of ownership and pride. We create a sort of sovereignty that gives communities the confidence and the will to act and take ownership of their own community safety and well-being initiatives. That is exactly what Ontario’s Mobilization and Engagement Model of Community Policing tries to do. It is about getting someone to do something that makes themselves or others safer. When we form implementation teams to address priority risk factors we will need to keep this important concept in mind. That is why lived experience is so important to the solutions we propose to community safety and well-being improvement efforts.



⇒ 05

COMMUNITY CONNECTION CHAMPIONS

Each municipality will establish local Community Safety teams. Connection Champions will be trained in Community Development.

When first invited to participate in the development of a Joint Community Safety and Well-being Plan, a number of the smaller municipalities expressed concern that their specific needs might be eclipsed by the needs of the larger communities. This is a fear that is founded in historic truth. Many smaller communities know too well what happens when an amalgamation occurs. The lone cries of the smaller communities are often not audible over the roar of the larger crowd. This consequence is often unintentional, but it happens just the same, leaving those in the smaller communities wary of future group efforts.

A practical way to avoid this is for each municipality to form its own Community Safety Committee. These small but mighty committees should include people who are connected and engaged with community, and they must include people with lived experience.

These Community Connection Champions will be trained in four specific themes relating to community development.



COMMUNITY CONNECTION CHAMPION TRAINING

To be effective in their roles, each Connection Champion should be trained in the following: 1) Ontario's Mobilization and Engagement Model of Community Policing, 2) The Principles of Community Safety & Well-being Planning (4 Pillars of Intervention), 3) Situation Table Awareness, Access & Function, and 4) Asset Based Community Development known as ABCD, an innovative and wildly successful model for community building.

The Connection Champions will channel community concerns to the Advisory Committee which makes decisions (Keep, Drop, Create) guided by the Lighthouse Document. The Advisory Committee reports to Council who are legislated to engage in Community Safety & Well-being Planning.



“Successful community development depends on sovereignty, a community’s authority to make decisions for themselves.”

Cormac Russell - Asset Based Community Development



⇒ 06

SITUATION TABLE AWARENESS

Situation Table awareness training will be delivered to a myriad of organizations on how to make a referral to the Table and what outcomes could result in doing so.

SITUATION TABLE AWARENESS/ACCESS & FUNCTION

Situation Tables have been functioning in Ontario for just over 7 years. When they were established, each participating organization was asked to identify an employee/member who would agree to attend the weekly meetings. These Situation Table members were trained prior to being permitted to participate in a live meeting.

What is missing is organizational awareness. An employee from a school board may attend weekly Situation Table meetings but are all teachers and education staff aware of what the Situation Table does and how to make an appropriate referral to the Table? The answer to that question is “no they are not”.

Training is currently being developed to address this issue. Once completed, it will increase referrals to the Table and enhance our ability to identify situations of “acute elevated risk” which in turn will allow the Situation Table members to respond with upstream intervention strategies aimed at preventing the acute evaluated risk from manifesting in downstream crisis.

Situation Table Awareness Training

Situation Table Awareness Training will focus on education people in a myriad of organizations, services and institutions on key aspects relating to the existence of the Table, it's mandate, how to engage it and what to expect.



“We don’t know what we don’t know. The Situation Table is a way of sharing our knowledge with each other so that we can take upstream action to try and make our community and it’s members healthier, happier and safer.”

MESSAGES FROM MUNICIPAL LEADERS



Message from the Police Services Board Chair - Jeff Scott

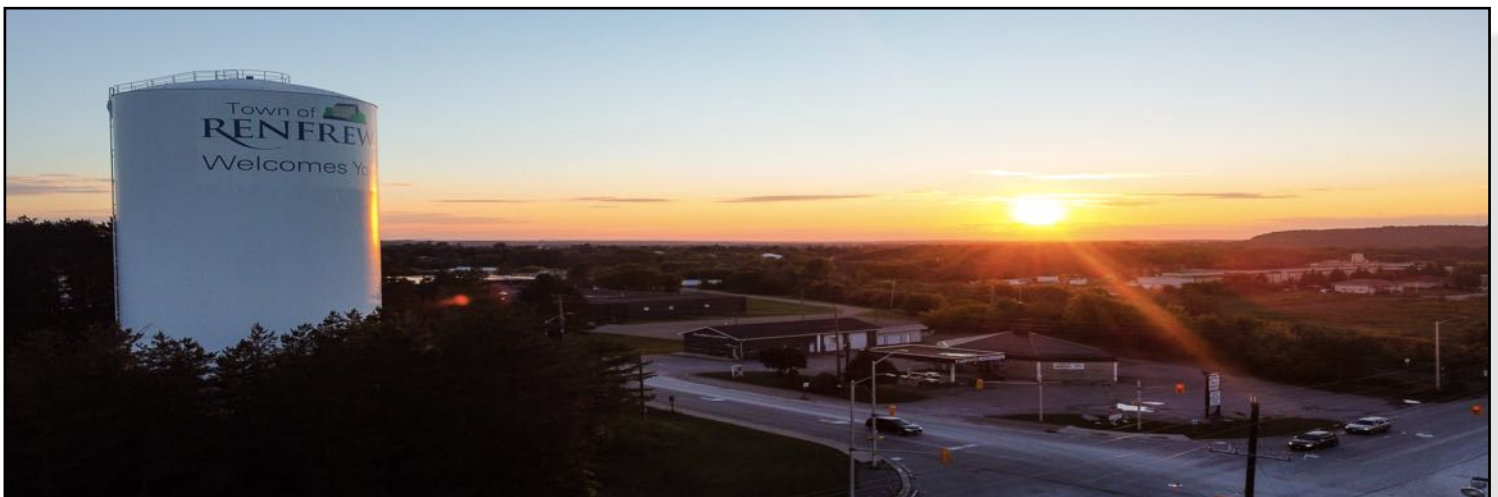
Thriving communities are essential for human health and well-being. We have a primal desire to belong to something bigger than ourselves. When we live in healthy and safe communities everybody wins. Unfortunately, life does not treat everyone equally and there are members of our community who have through circumstances beyond their control, been exposed to risk factors that have made safety and well-being a challenge far greater than it ever should be.

Our Community Safety & Well-being plan provides a foundation and a philosophy for achieving improved safety and well-being for everyone. It showcases the great work already being done in our communities and identifies the risk factors being face by our most vulnerable citizens.

The Lighthouse Document will provide a one stop shop of available programs and services. This information is critical and will help us make the best use of our current resources and prevent redundancy when new programs and services are being considered. I am proud of our communities and the partners who work hard to keep them healthy and safe. I look forward to the full implementation of this plan and the benefits that will be achieved for all members of our community. I am confident that this plan will serve as moral compass to guide each of us as we embark on this worthwhile and challenging journey.



Jeff Scott - Chair Renfrew Police Services Board



Message from Mayor Tom Sidney Town of Renfrew



Renfrew
INC. 1858 Bridging Charm and Convenience

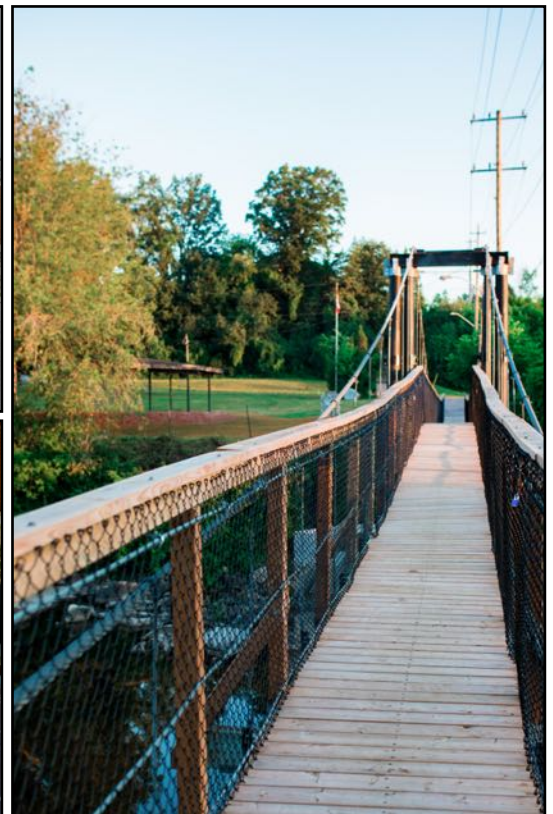
The Town of Renfrew looks forward to implementing this plan to ensure the safety of residents and enhance the quality of life in Renfrew.

On behalf of Renfrew Town Council, I want to thank the Renfrew Police Services Board and everyone involved in the development of the Community Safety and Wellbeing Plan. Your dedication to the well-being of our community is invaluable.

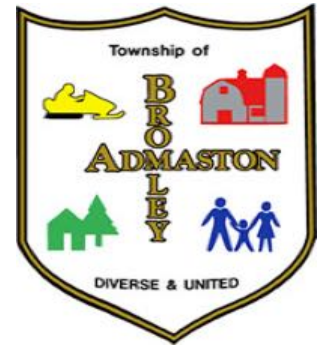
This plan will act as a living document and evolve with the changing needs of our Town. Renfrew is committed to being a safe and inclusive community.



Tom Sidney, Mayor of Renfrew

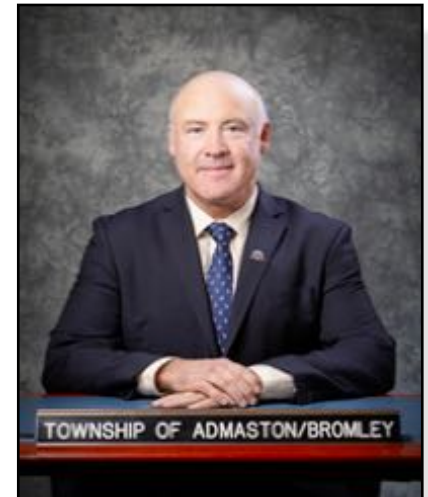


Message from Mayor Michael Donohue Township of Admaston/Bromley



An oft-quoted axiom holds that those who have only a hammer at their disposal view every issue as a nail. As our communities and societies evolve in both scale and complexity, so too must the delivery of public sector services evolve.

This Community Safety and Well Being Plan sets the foundation of how we – the collective we – respond not just to the safety and security of our communities, but also to each of the individuals within. It expands upon the Situation Table model that was empowered to erode the compartmented silos that existed across police, social, education and health services; it will further reduce barriers and leverage the incredible value of collaboration across sectors.



**Michael Donohue, Mayor
Township of Admaston/Bromley**

It is imperative that the plan be an evergreen, or living, document. It is incumbent upon municipalities and all stakeholders to commit to continual review and renewal. Our aspirational goal must be providing safe and inclusive communities such that each individual can realize their full potential.



Message from Mayor Neil Nicolson Whitewater Region



On behalf of the Council of the Township of Whitewater Region, I want to recognize and thank the partners for their efforts and work in developing the Community Safety and Well Being Plan. The Township supports a collaborative effort to ensure that those in need will receive the right response, at the right time, by the right service provider.

This strategic document will provide quantifiable outcomes along with performance measures to assess the effectiveness of the plan.

The Township, along with the help of partners, will continue the development and implementation of initiatives which support and benefit our community and respond to local issues.



Neil Nicolson, Mayor Whitewater Region & Member of the Community Safety & Well-being Planning Advisory Committee



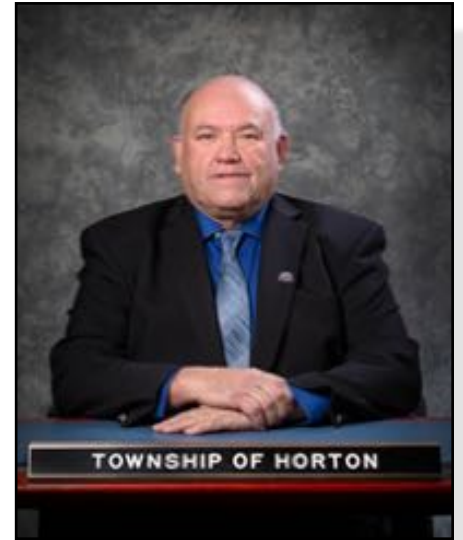
Message from Mayor David Bennett - Horton Township



On behalf of Council and the residents of the Township of Horton, I'd like to thank everyone who provided time, commitment, and value in the development of the Community Safety and Wellbeing Plan.

The safety of our community is paramount and with the creation of this strategic document, it creates the steps in how to support and respond to the safety and security of the Township of Horton as well as our other municipal partners.

I look forward to working with all partners involved to ensure the plan is effective and efficient in making our community as a whole healthier and safer.



**David M. Bennett, Mayor of
Township of Horton**

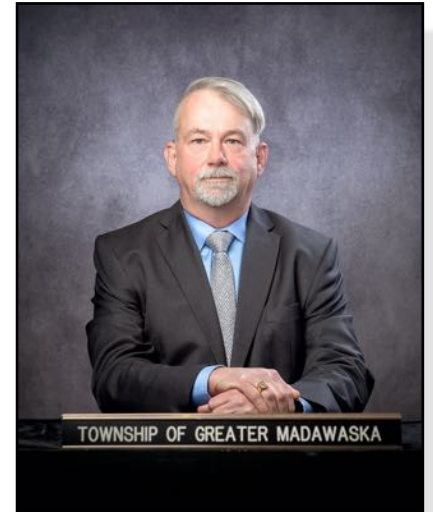


Message from Mayor Rob Weir Township of Greater Madawaska



The Council and Community of the Township of Greater Madawaska want to recognize and thank the partners for their efforts and work in the collection and correlation of data that is contained within this document.

Public safety, well-being, and inclusion are integral pillars of a thriving municipality, forming the bedrock of a harmonious and resilient community. The safety of residents is paramount, encompassing protection from crime, accidents, and emergencies. Greater Madawaska prioritizes public safety not only to foster a sense of security among its residents but also to attract businesses and investment, contributing to overall economic growth. Furthermore, the emphasis on well-being ensures access to healthcare, education, and social services, promoting the physical and mental health of individuals.



**Rob Weir, Mayor
Township of Greater Madawaska**

Inclusion is equally crucial, as a diverse and inclusive municipality celebrates the richness of its community and ensures that all voices are heard and valued. By embracing diversity, municipalities can harness the collective strength of their residents, fostering innovation and creativity. Ultimately, a municipality that places a premium on public safety, well-being, and inclusion lays the foundation for a vibrant and sustainable community where every individual can thrive.



Message from Mayor Lisa McGee Town of Arnprior



On behalf of the Council of the Town of Arnprior, I wish to express how pleased we were to partner with our seven local neighbouring municipalities in Renfrew County, police services/boards and various other sectors, including health/mental health, education, community/social services, and children/youth services to see the creation of the Community Well-being and Safety Plan. This partnership encouraged strong collaborative working relationships by the sharing of information and strategies that are essential in minimizing risk factors and improving the overall well-being of our communities. We thank all those whose contributions resulted in the Plan.



**Lisa McGee, Mayor
Town of Arnprior**

One of our key Strategic Planning initiatives for our community is to be more than just a place to reside; we aim to create a vibrant community where everyone feels safe, healthy, and deeply connected to their neighbours.

Our commitment extends beyond the basics of a well-functioning town; it is about fostering a sense of belonging and fulfillment among our residents. Our goal is to create a supportive environment that encourages healthy lifestyles, stimulates cultural growth, and strengthens the social fabric of our town.

I look forward to working with all involved in ensuring our Plan is as efficient and effective as possible in making our community safer and healthier.



Message from Mayor Mark MacKenzie Township of McNab/Braeside



On behalf of the Council of the Township of McNab/Braeside, I want to laud the efforts of the many partners who have worked tirelessly to develop this workable Community Safety and Well Being Plan. Pointing many departments of various levels of government and agencies in the right direction, the Plan is poised to improve the safety and quality of life for citizens across the County for years to come.

The issues facing society can sometimes feel daunting. With a better understanding of the roles of different agencies, police services, health care and social professionals, coordinated efforts will improve the social fabric right where we live. Emphasizing an understanding of root causes and being proactive, this Plan outlines how difficult situations can be addressed before they escalate.

Our Township Council and Staff look forward to participating in this wide collaborative effort by directing resources and efforts in the most beneficial way towards a safer and healthier society.

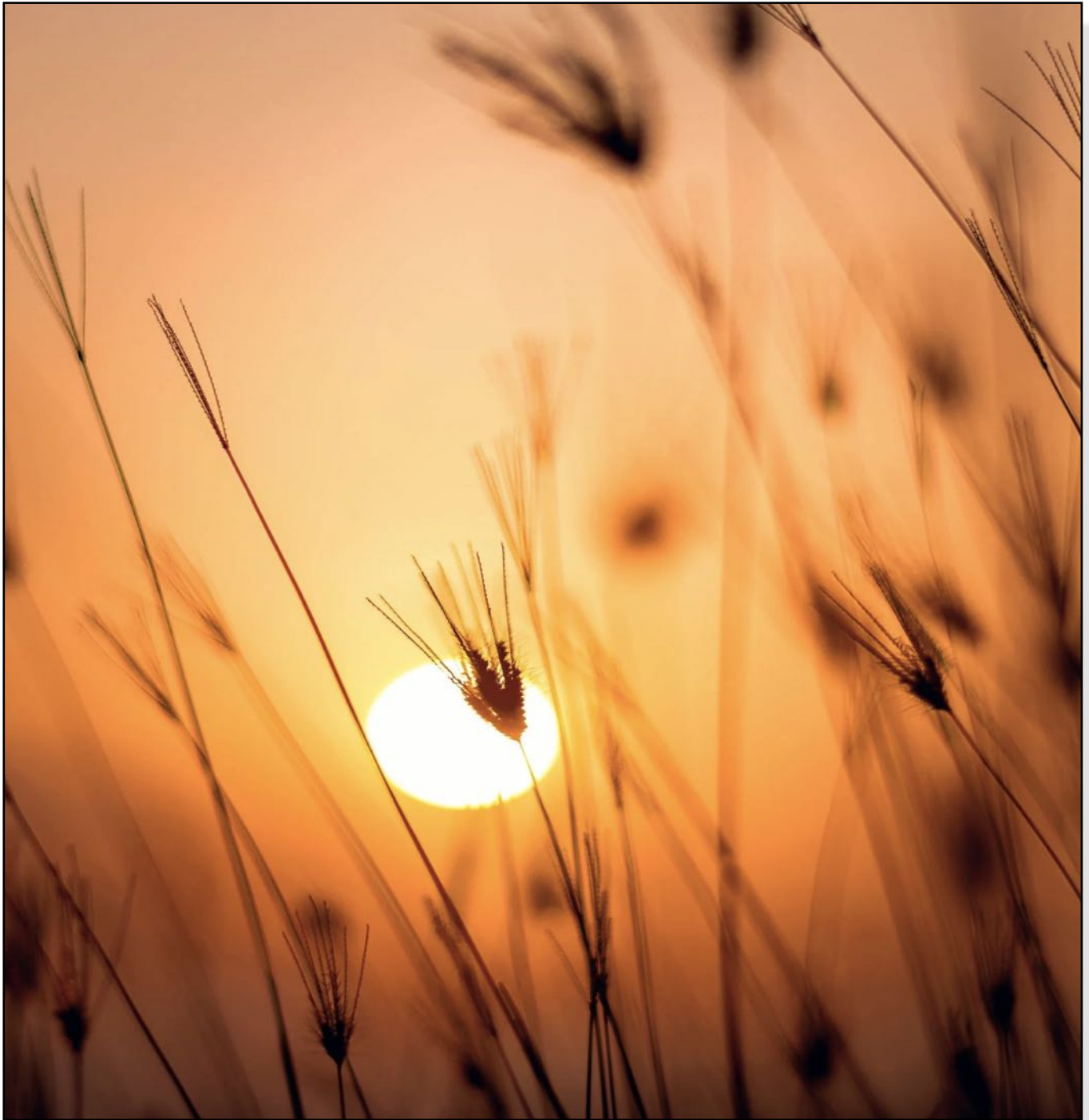


**Mark MacKenzie, Mayor
Township of McNab/Braeside**



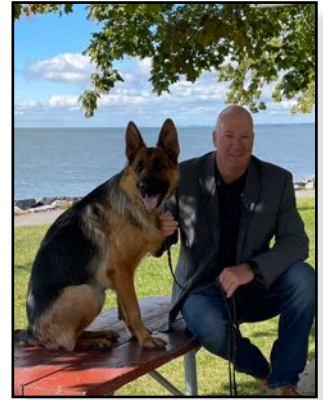
CONCLUSION

AUTHORS COMMENTS



Some Final Thoughts...

My name is Pat Finnegan and I am the author of this plan. To say that I have some first hand experience with risk factors is indeed an understatement. I spent thirty years as a police officer and during that time I saw my fair share of grief, loss, and suffering. Sadly, many of the tragedies I witnessed were preventable. I retired from the Ontario Provincial Police in 2017 and became a professor at Loyalist College in the policing program.



In 2007 my house caught fire due to a faulty installation of the fireplace. Yes, it was in fact preventable, but the contractor took some short cuts and 17 years after the initial installation our house caught fire and was destroyed. We got out safely and we rebuilt. My wife and I and our three young children lived in 5 different places during the 9 months it took to rebuild.

During the development of this plan I was diagnosed with stage 4 cancer and was told that I would not likely survive the summer of 2022. I underwent extensive treatments and fought like hell for two years and here I am.

During that fight I continued to work on this plan. Even when I could only see out of my left eye because the massive cancer tumour on my right eye was completely blocking my vision, I continued to do my best to move the needle on this project forward.

The amazing, unconditional support I received from numerous council members and members of the advisory committee played a key role in my healing journey and for that I will be eternally grateful. In particular I would like to thank Jeff Scott for his unyielding patience, kind words, encouragement and support. I believe that I am still here because I have more to contribute. I made a promise to God to spend my remaining days in the service of others. Safety and well-being for all community members continues to be a passion that gets me out of bed in the morning and keeps me thinking about a better future for all.

Downstream intervention models are easy to measure because they primarily involve restoration, trying to put things back together after they are broken, like rebuilding a house after a fire. Upstream interventions are more difficult to measure because we are dealing with things that did not happen, hopefully as a result of our proactive efforts.

Downstream response simply attempts to restore things to the previous state. Upstream efforts are intended to create a different reality altogether.

I hope this plan becomes a touchstone for new ways of thinking about community safety and well-being. I hope that people approach the next steps in this plan with a good heart and an awareness that everyone has a story and despite where that story has led them, they have unique gifts and talents that can be engaged to make our own corners of the world a better place to live, work, play and raise our families.

I am committed to continue to volunteer as a community safety and development consultant for the next few years. If you have thoughts or ideas about this plan and the next steps proposed I can be contacted at patrickthomasfinnegan@gmail.com.

It would be my pleasure to engage with you on any topic relating to improving safety and well-being in your community.