CSKA

Community Safety Knowledge Alliance

Community Safety & Well-Being

Concept, Practice, and Alignment

by Dr. Chad Nilson

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COMMUNITY SAFETY AND WELL-BEING
Concept, Practice, and Alignment

May 2018

written by:

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commissioned by:

Community Safety Knowledge Alliance
Research to Practice to Alignment

About the Paper

This paper was commissioned by the Community Safety Knowledge Alliance for the purposes of improving our shared understanding of the concept, current practices, and policy alignment efforts surrounding the emerging community safety and well-being movement in Canada.

This paper largely draws on the experience and knowledge of the author who, as a community-engaged scholar with the University of Saskatchewan's Centre for Forensic Behavioral Science and Justice Studies, as a founding partner of the Global Network for Community Safety, and as a multi-sector collaboration specialist at the Living Skies Centre for Social Inquiry, has led various research, advising, and evaluation projects.

About Community Safety Knowledge Alliance

CSKA is a non-profit organization that supports federal and provincial governments and the broader community safety and well-being sector in their drive toward new and effective models for, and approaches to, community safety and well-being. Through its four lines of business (research, evaluation, technical guidance and support, and professional development) CSKA mobilizes, facilitates, and integrates research and the development of a knowledge base to inform how community safety-related work is organized and delivered. More particularly, its work:

- informs and improves professional human service practices across the community safety system;
- informs alignment within the sector; and
- improves safety and well-being outcomes at the individual, family, community, and policy levels.

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REVIEWER ACKNOWLEDGMENTS

In an effort to achieve a fair and balanced perspective on the content described herein, a panel of academics, advocates, practitioners, policy leaders, and subject matter experts was invited to review the paper. Feedback from this panel contributed greatly to the refinement and strengthening of this paper. The Community Safety Knowledge Alliance extends sincere appreciation to each of the following reviewers for their time, insight, and contributions to this work.

CHIEF EXECUTIVE OFFICER'S MESSAGE

In recent years, there has been growing commitment among government, community-based, academic, and private sectors to think differently about human service delivery, when and how it is applied, and in what configuration it is delivered. Across Canada we have seen social innovations in collaborative risk-driven intervention, multi-sector coordinated support, and systems-focused solution building, among others. While we have witnessed great enhancements to integrated service delivery, the identification of shared outcomes, and the alignment of our human service systems, we have not taken stock of what is really happening within this movement toward community safety and well-being.

We commissioned this paper to bring together all that we currently know about the emerging field of CSWB. In doing so, we are able to share a comprehensive perspective of the key concepts, practices, and alignments that are cornerstone to this paradigm shift in human service delivery, community planning, and whole-of-system commitment to reducing vulnerability.

Dr. Chad Nilson was asked to lead this pivotal piece of work because of his rich experience in researching, evaluating, and supporting many of the social innovations driving this movement forward. Our team is confident that this conceptual paper will contribute to an improved understanding of community safety and well-being.

Sincerely,

Cal Corley
Chief Executive Officer
Community Safety Knowledge Alliance, Inc.

SUMMARY

Paper Purpose	The purpose of this paper is to provide a conceptual base understanding of *Community Safety and Well-Being* (CSWB). The current paradigm shift in Canadian human services—away from siloed, reactionary measures and towards upstream, multi-sector collaborative initiatives—is becoming increasingly recognized as CSWB. However, it is problematic that this newly emerging field of social innovation lacks the broadly accepted conceptual framework required to build continuity in practice, consistency in measurement, and clarity for future planning and policymaking. As summarized below, this paper contributes several fundamental components to such a framework.
Understanding CSWB	CSWB embodies an element of interaction between community outcomes and social infrastructure that is enhanced through multi-sector collaboration. It is the space within which human services define and pursue shared outcomes that the likelihood of measured success in CSWB is highest.
	Conceptual Definition: A targeted, aggregate result of our broader human service system that is achieved through collaborative generation of pragmatic solutions, evidence-based innovations, and shared community outcomes. It is the state at which the composite needs of a community's collective safety and well-being are achieved. Such needs are met when conditions of risk are mitigated, vulnerability is reduced, and the occurrence of harm is nil.
	*Practical Definition: The c*ombined outcome from the greatest absence of crime, addiction, mental suffering, violence, poverty, homelessness, sickness, injury and/or other social harms that a community can collectively achieve.
Focus Concepts	Three main focus concepts are important to CSWB: *risk*, *vulnerability*, and *harm*. Elevations in risk lead to increases in vulnerability, which leads to harm, which, if not properly mitigated, then leads to further re-elevations of risk. In the current paradigm shift toward a state of community safety and well-being, the multi-sector collaboration of human services is designed to address risk and vulnerability before harm occurs. Where harm does occur, collaboration is used to mitigate the impact of that harm on further elevations in risk (for definitions of these concepts see Table 2).
CSWB Traits	- Multi-sector collaboration - Community mobilization - Shared problem ownerships - Shared measurement - Sustainable commitment - Shared outcomes - Risk mitigation - Pragmatic solutions - Evidence-based innovation
CSWB in Practice	- Collaborative risk-driven intervention - Multi-sector monitoring and mitigation - Collaborative systemic solution building - Community safety and well-being planning - Community safety teams - Problem solving courts - Bi-sector response teams - Multi-sector coordinated support
CSWB Goals of Alignment	- Strengthen resolve through a client-centred configuration of human service delivery - Reduce service duplication among shared target groups and service areas (both from the government and non-government sectors) - Narrow system gaps by broadening sector mandates - Foster front-line service collaboration by engaging in collaborative leadership - Pursue shared outcomes that are driven by shared ownership and shared service delivery

1. INTRODUCTION

In reflecting on the growing experience of social innovation[1] in Canada, the McConnell Foundation's Stephen Huddart (2017) observes that reaching our preferred goals for modern society requires us to challenge the status quo in human service delivery. In expressing this observation, he writes the following:

> Improving outcomes for vulnerable people, creating agile, responsive institutions, and unlocking capital that is currently absorbed by service delivery models that worsen problems they were intended to solve, are goals we can all support, and which social innovation is designed to achieve. (p.2)

One emerging effort that challenges the status quo in human service delivery and that fosters both pragmatism and responsiveness in our social institutions is the growing national embracement of a conceptual approach to multi-sector human service delivery becoming known as *Community Safety and Well-Being*.

Traditionally, terminology such as crime prevention, harm reduction, safe schools, and chronic disease care, has been used by stand-alone sectors in exploring innovative health and social solutions to enduring community problems. By recognizing the utility of multi-sector collaboration, however, community safety and well-being (CSWB) has allowed for a system-wide focus on the many interrelated root causes of different social, health, justice, and community-based issues. Fundamentally, CSWB is a concept that unites multiple human service sectors under a collaborative pursuit of shared outcomes. By fate or design, our current environment of social innovation in Canada has evolved to embrace complexity, scale, and systems perspectives (Huddart, 2017). As such, now more than ever is the time to begin framing all that is involved with community safety and well-being.

As a concept, CSWB is certainly inspired by ongoing work in the more established domains of social innovation (Huddart, 2010), collective impact (Kania & Kramer, 2011), community mobilization (Treno & Holder, 1997), upstream intervention (Braga & Weisburd, 2012), and what some describe as public health approaches to crime prevention (Lang, 2015). The difference between CSWB and these other inspirations, however, is that CSWB lacks the sound conceptual base from which to launch ongoing research, constructive criticism, and theoretical development. In fact, despite being described by some (Nilson, 2017a; Sawatsky, Ruddell & Jones, 2017; Taylor, 2016) as a *paradigm shift* in human service delivery and despite its current use by government to guide policy and investment (Government of Saskatchewan, 2017; Ontario Ministry of Community Safety and Correctional Services, 2017), there is no common set of definitions, norms, assumptions, or parameters which are inherent to a strong theoretical base (Asher, 1984). This becomes problematic for academics, advocates, practitioners, and policymakers who right now are converging around nothing more than a shared notion. In relying merely upon a shared notion, we face a risk of discontinuity in measurement, policy, and practice that can become very threatening to such a new and unestablished field.

In the absence of recognised theory or, for that matter, any clear agreement on the concept of CSWB, this paper takes a few courageous steps. These steps were taken not so much with the intent of setting the 'final word' on CSWB, but rather to solicit further dialogue among academics, advocates,

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[1] Social innovation is any initiative that challenges and, over time, contributes to changing the defining routines, resource and authority flows or beliefs of the broader social system which is introduced (Westley & Antadze, 2010, p. 2).

practitioners, and policymakers on some important components to our understanding of CSWB. In essence, these steps can be characterized by the following contributions made by this paper:

- Definition of CSWB
- Determination of CSWB focus areas (risk, vulnerability, harm)
- Foundation for a *CSWB Index* based upon shared outcomes
- Introduction of a typology for CSWB models of practice
- Structure of CSWB for human service alignment
- Suggestions for maintaining momentum of CSWB

To support these contributions, this paper begins by examining CSWB in two parts: (1) what is known about 'community safety' and (2) what is known about 'well-being'. Following this, a discussion on CSWB emphasizes how CSWB is much more than the sum of its parts—as multi-sector collaboration, risk, shared outcomes, and the intersection between human service delivery and social conditions each create important dimensions for CSWB stakeholders to recognize. In defining CSWB, this paper highlights the importance of pragmatic solutions, evidence-based innovation, and shared community outcomes. Each of these elements are important to the sub-section of this paper where measurement of CSWB—and in particular, the introduction of a *CSWB Index*—is described as a principal tool for further refinement and specification of CSWB.

Moving from concept to practice, this paper presents a brief scan of different multi-sector collaborations that fit under a CSWB umbrella. To organize this long list of initiatives, a *Typology of CSWB Models of Practice*—which identifies eight different models of CSWB practice—is proposed. To further our understanding of these CSWB models, this paper presents comparative perspectives of each model along dimensions of *focus*, *linkage*, *risk*, and *spheres of influence*.

To close this paper, we move from practice to alignment. Alignment of government priorities, policies, practices, resources, mandates, and outcomes at municipal, provincial, territorial, and national levels is critical to the sustainability of the human service innovations possible through a CSWB framework. This alignment process, relatively unmapped at this current juncture, will become critical as we progress toward a state of community safety and well-being in Canada.

Overall, this paper is written largely from the perspective of a community-engaged scholar. However, while academic in nature, this paper does offer considerable clarification and practical illustrations that will be useful in supporting the work of advocates, practitioners, and policymakers. As such, this paper is aimed at a wide audience of CSWB stakeholders from the academic, advocacy, practitioner, and policy domains.

2. UNDERSTANDING THE CONCEPT

The concept of CSWB is rather new to the academic, advocacy, practitioner, and policy communities. Overall, very few authors (Ontario Ministry of Community Safety and Correctional Services, 2017; Nilson, 2014 2017a; Russell & Taylor, 2014a; Taylor, 2016) have written on the matter. In fact, to date very few attempts have been made to define the concept. One partial exception is my own very limited effort to describe the concept while speaking at the *Interactive National Dialogue on Research, Evaluation, and Analysis of Hub/Situation Tables in Canada* event held in Toronto (Nilson, 2017b). While there, I defined CSWB as "the state at which the composite needs of a community's collective safety and well-being are achieved". In an effort to further specify matters, the Ontario Ministry of Community Safety and Correctional Services (2017) described CSWB as:

> The ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression. (p.54)

Later in this paper, I expand my original definition to include a more reflective explanation of what the current CSWB movement represents (see Table 2).

Among existing writings on the topic, most observers tend to describe current CSWB activities (Nilson, 2015a; Russell & Taylor, 2014a) or future opportunities (Ontario Ministry of Community Safety and Correctional Services, 2017) in CSWB. To date, there has not been any definitive work that articulates the conceptual understandings of CSWB. In contrast, however, the singular concepts of 'community safety' and 'well-being' have been thoroughly explored by their respective measurement and practitioner communities. Although examined in isolation of one another, some of the past work in community safety and well-being will help to inform our understanding of what CSWB entails.

2.1. COMMUNITY SAFETY

The earliest published reference to the term 'community safety' is traced back to England in 1986 (Squires, 1999). At the time, the British Government had deliberately fostered a shift in thinking from 'crime prevention' to 'community safety'. The purpose of this shift was to widen the responsibility of crime prevention beyond just police and to account for the social and situational aspects of criminality that are affected by organizations, families, individuals, and risk (Morgan, 1991). Around this time, the England and Wales Local Government Management Board described community safety as:

> The concept of community-based action to inhibit and remedy the causes and consequences of criminal, intimidatory and other related anti-social behaviour. Its purpose is to secure sustainable reductions in crime and fear of crime in local communities. Its approach is based on the formation of multi-agency partnerships between the public, private and voluntary sectors to formulate and introduce community-based measures against crime. (as cited in Squires, 1999, p. 2)

Despite theoretical criticism that this approach is a panacea (Crawford, 1994), the shift toward community safety expanded in England and Wales with local governments stepping up to lead collaborative approaches to reducing risk among those most vulnerable. According to Squires (1999), some of the major enablers of this shift to a community safety paradigm include:

1. The rediscovery of community and the resurgence of localism.
2. The growth of crime and the failure of crime prevention.
3. Left Realism and the shift from crime to victimization, fear and risk.
4. 'New managerialism', consumerism and the accountability deficit.
5. Success of substance misuse strategies based on public health concepts.
6. Recurrent crisis of anti-social behaviour among youth. (p. 3)

Similar to progress in England, the genesis and growing support for community safety in North America also stemmed largely from the lack of progress in the crime prevention domain (Shaw, 2001). As Shaw (2001) explains, despite large increases in expenditures to police, courts, and the correctional system, crime remains high in many communities. The result has been a lack of confidence in the criminal justice system and a shift towards broader, solution-based, upstream approaches to social issues that require inputs from multiple human service sectors. Fueling this shift is the fact that many community safety initiatives are based upon pragmatic, evidence-driven approaches to mitigating the risks which undermine individual and community safety. Unlike the funding of many crime prevention programs that have historically gone unevaluated, community safety initiatives have emerged largely in the context of measurement (Sherman et al., 1997).

In her efforts to help government and community leaders in the U.S. understand this shift towards community safety, Shaw (2001) identifies five observations of change:

- there has been a shift from a relatively narrow focus on crime prevention to the broader issue of community safety and security as a public good.
- there is a developing consensus about the need to work for community safety by tackling the social and economic conditions which foster crime and victimization.
- there has been a change from seeing crime as the primary responsibility of the police to recognizing that governments, communities and partnerships at all levels need to be actively engaged.
- there is a recognition of the crucial role which local municipal leaders play in this process by organizing and motivating coalitions of local partners to create healthy and safe communities.
- increasing evidence shows that intervention targeting risk factors can be effective and efficient in reducing crime and other social problems. (p. 15)

Much of the momentum towards community safety has also been supported by lessons learned in public health. Dating back to the 1990s, researchers (Mercy, Rosenberg, Powell, Broome, & Roper, 1993; Wong, Catalano, Hawkins, & Chappell, 1996) were able to highlight the strengths and relevance of a public health approach to addressing crime. Lessons in public health have also been found to support efforts to address violence (Moore, 1995), gang activity (Gebo, 2016), youth violence (Welsh, 2005), elder abuse (Pillemer & Frankel, 1991), drug trafficking (Rogeberg, 2015), child abuse (Newberger, 1991), and anti-social behavior (Department of Health, Social Services, and Public Safety, 2010).

To explain the utility of a public health approach to crime prevention, the Australian Institute of Criminology (2003) outlines four steps to designing a public health response to crime-related problems: a) define and monitor the extent of the problem; (b) identify the causes of the problem; (c) formulate and test ways of dealing with the problem; and (d) apply measures that are found to work. Consistently, these steps form the major public health approaches to community safety in parts of Canada (Ontario

Public Health Association, 1999), the United States (Centers for Disease Control, 2015), the United Kingdom (McManus, 2014), Australia (Department of Health, Social Services, and Public Safety, 2010), and Asia (Shiraishi, 2011).

Despite the steady transition to a community safety perspective in many developed nations, there remains inconsistency in what constitutes 'community safety'. For example, summarizing the World Health Organization's Collaborating Centre for Community Safety definition (cited in Mohan, 2000), community safety is considered to be injury prevention, including intentional injuries like violence and suicide, as well as unintentional injuries such as traffic accidents, fires, and natural disasters where preventative action is led by the community. Slightly broader in understanding, Coopers and Lybrand (as cited in Squires, 1999) describe community safety as "improvements in the quality of life of residents by reference to a wide range of social issues, the tackling of certain risks and sources of vulnerability and development of policies on a broad range of fronts" (p. 2). Mackay Regional Council (2017) in Australia defines community safety as:

> The right of all individuals living, working or visiting Mackay to go about their daily life without fear or risk of harm or injury; and the shared responsibility of government agencies and all other people in the community to ensure this is possible. (Para 1)

Measuring Community Safety

One of the challenges in having no clear consensus on the definition of community safety is that measurement becomes difficult. According to Whitzman (2008), there is an imprecision of community safety not only at a scholarship level, but also at a governance level, and in particular between different levels of government. Similarly, Kiedrowski, Petrunik, MacDonald, and Melchers (2013) note that even within single sectors (e.g., police) there is variation in the indicators used to monitor community safety. This, in turn, causes an additional challenge of inconsistent data collection across the community safety system. To mitigate these types of problems, large-scale assessments of priority variables and available data are required.

To illustrate, the City of Los Angeles (2011) undertook an extensive effort to establish a set of indicators for community safety that were measurable in 104 zip codes of the city. Through a research and consultation process the research team identified a total of 1,400 indicators of community safety. Through data availability checks, partner consultations, and a review of leading research, the researchers decided upon 18 of these indicators. The result was a *Community Safety Scorecard* that represents a snapshot comparison of zip codes based upon four main dimensions: safety, school, risk factors, and protective factors. As Table 1 shows, each of these dimensions is measured using several different indicators.

Table 1. Los Angeles Community Safety Scorecard List of Dimensions and Indicators

DIMENSION	INDICATORS
Safety	gang-related crime
	violent crime
	child abuse
School	high school academic performance
	high school truancy
	middle school academic performance
	middle school truancy
	high school graduate rate
Risk Factors	percent families in poverty
	percent unemployment
	percent single parent families
	percent high school students scoring below basic in English
	percent middle school students scoring below basic in English
Protective Factors	violence prevention services rate
	youth violence prevention non-profit revenue per capita
	percent high school teachers with full credentials
	percent middle school teachers with full credentials
	percent active voting population

The effort to develop community safety indicators in Los Angeles represents one of several attempts by researchers to overcome the challenges of measuring community safety. Other efforts to develop community safety indicators focus on the partnership between police and local government (Department for Communities and Local Government, 2008), rural community safety (Ceccato, 2015), social factors and government actions (Palmer, Clough, & Griffin, 2007), drug use (Safe in the City Partnership, 2015), and collaboration (Russell & Taylor, 2014a), to name a few. Overall, many of the indicators developed in the realm of community safety, like those in public health, focus on whole-of-government approaches to community safety (Lee & Herborn, 2003).

2.2. WELL-BEING

As a concept, well-being is not particularly new to the field of social science. In fact, over the last few decades, there has been a steady growth of discussion on the topic (e.g., Diener, Suh, Lucas, & Smith, 1999; Keyes, Schmotkin, & Ryff, 2002; Stratham & Chase, 2010; Seligman, 2011). Early observers (Ryff & Keyes, 1995) of the concept pointed out that getting to a single, consistent definition has always been challenging. More recently, some scholars (Forgeard, Jayawickreme, Kern, & Seligman, 2011) argue that the matter still largely remains unresolved. In fact, some (Thomas, cited in Dodge, Daly, Huyton, & Sanders, 2012) argue that well-being is "intangible, difficult to define, and even more difficult to measure" (p. 222).

One of the main reasons for this difficulty is that there is a strong divide between objective understandings like 'monetary strength' and subjective understandings like 'quality of life' (Berger-Schmitt & Jankowitsch, 1999). Traditionally, well-being has been defined in the former perspective, focusing on measures of income or assets. Early challengers (Sen, 1979) to this thinking, however, argue that resource-based understandings of well-being ignore the functioning and capabilities that individuals enjoy. As Chaaban, Irani and Khoury (2016) describe, 'functions' refer to the basic life distinguishing

conditions (such as health status, education, and nutrition), and 'capabilities' address the possibilities and opportunities available to that individual.

In an attempt to mitigate this debate, Nussbaum and Sen (1993) suggest that the concept itself includes both material and other aspects of an individual's quality of life. Advancing this position further, Dodge et al. (2012) argue for a multi-faceted perspective of well-being that centres on a state of equilibrium or balance that can be affected by life events and challenges. As such, they define well-being as the "balance point between an individual's resource pool and the challenges faced" (p. 230). To explain further, Dodge and colleagues describe that:

> Stable well-being occurs when individuals have the psychological, social, and physical resources they need to meet a particular psychological, social, and/or physical challenge. When individuals have more challenges than resources, the [balance] dips, along with their well-being, and vice-versa. (p. 230)

The definition provided by Dodge and colleagues embraces strengths of simplicity, universality, optimism, and a basis for measurement. These qualities make for easier dialogue on the matter and help researchers overcome a problem that Christopher (1999) describes as focusing on single dimensions or descriptions of well-being rather than on actual definitions.

In recent years, more observers have now argued that well-being is a multi-dimensional construct (e.g., Diener, 2009; Michaelson, Abdallah, Steuer, Thompson, & Marks, 2009; Stiglitz, Sen, & Fitoussi, 2009). Matching this in practice, policymakers have increasingly adopted holistic and integrated approaches that address social, economic, physical, and community development issues together rather than in isolation (Christakopoulou, Dawson, & Gari, 2001). Much of this effort to focus on multi-dimensional aspects of well-being stems from the composite nature of environmental, social, health, crime, and economic problems affecting communities (OECD, 1998).

Aside from examining the multi-dimensional nature of well-being, scholars have also examined how one aspect of community well-being can impact another. For example, there has long been an established linkage between economic well-being and health (Burchell, 1994; WHO, 1998). Others (Putnam, 2000) highlight the linkage between measurements of social capital and subjective well-being, while some (Helliwell, 2002) suggest that the quality of a community's social norms and institutions have strong impacts on well-being—even beyond the more extensively studied effects flowing through better health and higher incomes.

Measuring Well-Being

In measuring well-being, the multi-dimensionality of the concept has had considerable influence over indicator development. In fact, Chaaban et al. (2016) argue that because of the multiple dimensions of well-being, no single indicator alone is sufficient to accurately reflect well-being. Instead, a group of indicators with different units of measurement must be applied.

Of course, with the use of multiple indicators for well-being comes the need for a multi-dimensional measurement structure (Boncinelli & Casini, 2014). To summarize one perspective (Rosenbaum, 2002), the mere process of collaboration, establishing shared outcomes, complex service integration, and diversity of outputs, that are inherent to collaborative social innovation, makes evaluation of these efforts quite challenging. Similarly, others (Sansfacon, Barchelat & Oginsky, 2002) find that it is difficult

to measure intervention outcomes in well-being, such as integration of human services, or the development of shared understanding of problems and the changes necessary to address those problems.

In trying to overcome these difficulties, the measurement community has advocated for a balanced approach to developing indicators for well-being. As Helliwell (2002) observes, there is good reason to use both individual and community-level variables in determining well-being. Others (Noor, Gandhi, Ishak, & Wok, 2012) emphasize that because well-being is multi-dimensional, indicators themselves need to represent the diversity of interventions being applied to affect well-being. Finally, Jeffery et al., (2006) suggests that not only is it important to develop proper indicators for well-being, but also the indicators and operationalization of those indicators must be relevant and useful to communities.
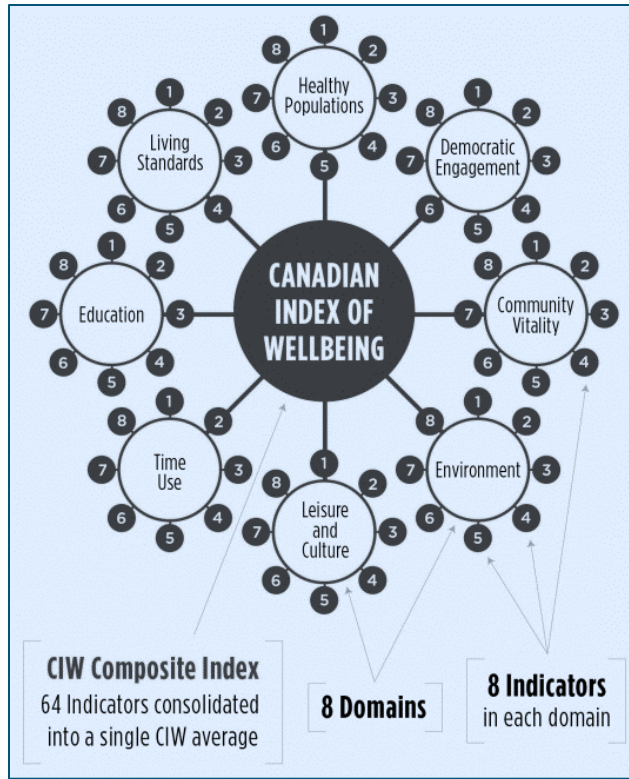
One of the most influential efforts to develop indicators for well-being was a comprehensive composite index that recognizes the contributions of various domains of life to well-being (Stiglitz et al., 2009). Known informally as the Fitoussi Commission, the Commission on the Measurement of Economic Performance and Social Progress recommends that indicators for well-being represent all dimensions of civic, personal, business, and family life. The key components of this index include safety and security, health, education, housing, environment and living space, employment, community and social life, civic engagement, life satisfaction, and income.

Following release of the Fitoussi Commission's report, there was an increase in development and refinement of well-being indicators. Several scholars began to develop indicators for specific application in developing and developed countries. For example, in developing well-being indicators for application in Malaysia, Noor et al. (2012) identified the following: resiliency, safety, savings, healthy lifestyle, time with family, work-family balance, importance of religion, number of bedrooms at home, debt, and childcare.

As work on developing indicators for well-being continued, there also began an assessment of indicators, their respective weights, and the impact of certain indicators on the measurement of overall well-being. In their assessment of the United Nations' Human Development Index, for example, Chaaban et al. (2016) felt that the effect of income was too strong. As such, they developed the Composite Global Well-Being Index to be less sensitive to the effects of income than the Human Development Index. Using both subjective survey data and objective socio-economic indicators, the Composite Global Well-Being Index includes dimensions of safety and security, health, education, housing, environment and living space, employment, income, life satisfaction, community and social life, and civic engagement.

One aspect of relevance to community safety and well-being is the impact of human service delivery systems on individual, family, and community outcomes. Over the past decade, the University of Waterloo has housed the Canadian Index of Well-Being (2017), which accounts for key leverage points on the human service system that have a positive impact on the well-being of Canadians. This index is built around eight separate domains: community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use. As Figure 1 shows, each of these domains has a series of indicators that were developed through consultations with human service professionals, human service clients, and vulnerable families.

Figure 1. Domains and Indicators of Canadian Index of Well-Being

(Source: Canadian Index of Well-Being, 2017)

2.3.   COMMUNITY SAFETY AND WELL-BEING

To some degree, the CSWB concept represents a merger of two separate fields: 'community safety' and 'well-being'. After all, it does combine the multi-dimensional elements of well-being with a broader understanding of community safety. However, unlike past understandings of these singular concepts, CSWB is much more than a measurable characteristic or condition of an individual, family, or community. Instead, CSWB embodies an element of interaction between community outcomes and social infrastructure that is enhanced through multi-sector collaboration. It is the space within which human services define and pursue shared outcomes where the likelihood of measured success in CSWB is highest.

> It is the space within which human services define and pursue shared outcomes, where the likelihood of measured success in CSWB is highest.

As a concept, community safety and well-being is relatively new. While many multi-sector collaborative activities that contribute to CSWB have been around for decades (e.g., case management, healing circles), the collective description of these various efforts under the CSWB label did not come about until recent work (over the past decade) in Ontario (Ontario Ministry of Community Safety and Correctional Services, 2013; Russell & Taylor, 2014a) and Saskatchewan (Nilson, 2014; Taylor & Taylor, 2015). As

Figure 2 illustrates, a number of events are considered to have influenced the shape and momentum of the CSWB movement in Canada. Clear in this image is the fact that the term 'community safety and well-being' took some time to formally appear in its current conceptualization. While Saskatchewan paved the way for the development of CSWB practices like the Hub and COR (Centre of Responsibility) models, much of the early language and momentum around the concept of CSWB emerged in Ontario.

Figure 2. Timeline of Key Contributions to Development of the CSWB Movement in Canada

YEAR	EVENT
2008	Global findings from the *Institute for Strategic International Studies* revealed that accounting for both risk factors and partnerships can help build capacity in policing (ISIS, 2008).
2009	*Future of Policing Strategy* identified the need for policing in Saskatchewan to align, integrate, and mobilize with other human service agencies (Taylor, 2010).
2010	Prince Albert Police Service shared a business plan for community mobilization that called for modeling emerging trends on a variety of evidence-based models in crime reduction and overall community safety and well-being (Prince Albert Police Service, 2010).
2011	Evidence compiled by the *Saskatchewan Police and Partners Strategy* suggested that collaborative risk-driven interventions were both promising and possible in Saskatchewan (SPPS Enterprise Group, 2011).
	Prince Albert Hub Model was founded as a multi-sector collaborative opportunity to detect risk, share information, and deploy rapid interventions (McFee & Taylor, 2014).
	Government of Saskatchewan released the *Building Partnerships to Reduce Crime* document that advocated for a public health approach to mobilizing community partners (Saskatchewan Ministry of Corrections, Public Safety & Policing, 2011).
2012	Samson Cree Nation in Alberta launched the first replication of the Hub Model outside of Saskatchewan (Nilson, 2016b).
2013	FOCUS Rexdale in Toronto became the first of dozens of Hub/Situation Tables to be launched in Ontario (Ng & Nerad, 2015).
	Ontario Ministry of Community Safety and Correctional Services released a report urging communities to take a collaborative risk-driven approach to community safety and well-being (Ontario Ministry of Community Safety and Correctional Services, 2013).
2014	The first evaluation of the Hub Model described collaborative risk-driven intervention as a social innovation in community safety and well-being (Nilson, 2014).
2015	Saskatchewan Ministry of Justice launched the *Crossroads Project* to examine new transformations towards community safety and well-being (Taylor & Taylor, 2015).
	Community Safety Knowledge Alliance was formed as a government-supported non-profit organization with the mandate of fostering community safety and well-being research, practice, and alignment (CSKA, 2017).
2016	*Journal of Community Safety and Well-Being* was launched by CSKA to provide a forum for research and evidence focused on innovations in community safety and well-being (Taylor, 2016).
2017	Community Safety Knowledge Alliance hosted a national dialogue event in Toronto focused on measuring community safety and well-being (Nilson, 2017c).
	Ontario Ministry of Community Safety and Correctional Services released a report designed to support communities in developing community safety and well-being plans (Ontario Ministry of Community Safety and Correctional Services, 2017).
2018	Ontario Legislative Assembly drafts Bill 175 that mandated municipalities to engage in community safety and well-being planning (Legislative Assembly of Ontario, 2018)

As the timeline in Figure 2 suggests, much of the formal written dialogue on CSWB first appeared in efforts to explain what was happening with respect to the Hub Model of collaborative risk-driven intervention (Nilson, 2014; Ontario Ministry of Community Safety and Correctional Services, 2013). Another early appearance of the concept was in the efforts of the Ontario Working Group for Collaborative Risk-Driven Community Safety—a network of police and human service officials aiming to build capacity for collaborative safety initiatives in Ontario. In gathering lessons learned from collaborative initiatives across Ontario, the Working Group's technical writers (Russell & Taylor, 2015) administered a survey to 33 Ontario communities engaged in multi-sector collaboration. Findings from the survey were able to explain a surge of interest toward CSWB. In particular, the researchers were able to trace this surge in interest back to the following:

- The lack of sustainable success from issue-based, single-agency, or bi-lateral partnerships in local problem-solving.
- The increasing costs of emergency response.
- Increasing recognition that most problems result from the confluence of multiple risk factors.
- The absence of adequate protective factors that cut across the institutional boundaries of professional sectors.
- The emergence of integration initiatives like Ontario's *Health Links,* which is designed to co-ordinate care for Ontarians with multiple health risks. (p. 32)

In concluding their findings, the Ontario Working Group (Russell & Taylor, 2015) highlighted the growing momentum of CSWB initiatives in Ontario. They also observed that while collaborative risk-driven intervention (e.g., Hub Model) was certainly the impetus for recent dialogue on CSWB, many other CSWB initiatives had begun. Some of these include upstream prevention, collaborative social development, systemic solution building, and comprehensive community planning.

Defining Community Safety and Well-Being

As a social construct, CSWB accounts for several meanings at different levels. On a systemic level, it evokes thought of system-wide approaches to improving human service delivery outcomes. At the operational level, it captures the essence of multi-sector collaborative efforts to reduce risk, vulnerability, and ultimately, harm. On an individual level, it suggests a level of personal safety and security combined with stability in mental health, physical health, food security, housing, and financial capacity.

When looking at CSWB at the operational level, in particular, there are three additional concepts—*risk*, *vulnerability*, and *harm*—that require consistent understanding, application, and measurement. In a cyclical fashion, each of these concepts is linked through a causal relationship. Elevations in risk lead to increases in vulnerability, which lead to harm, which, if not properly mitigated, then leads to further re-elevations of risk. In the current paradigm shift toward a state of community safety and well-being, the multi-sector collaboration of human services is designed to address risk and vulnerability before harm occurs. Where harm does occur, collaboration is used to mitigate the impact of that harm on further elevations in risk.
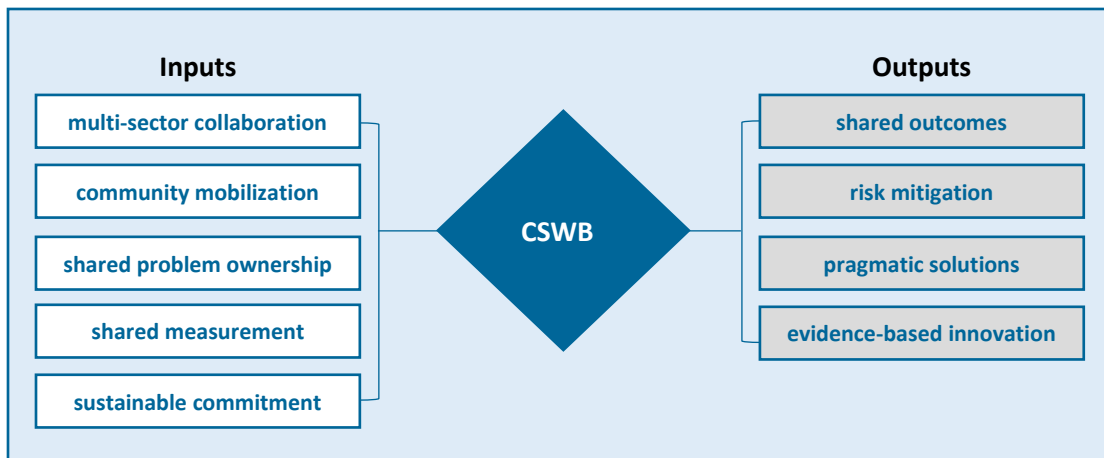
Considering the relationship between risk, vulnerability, harm, and CSWB, Table 2 proposes original definitions for each concept.

Table 2. Definitions of Key Concepts in Community Safety and Well-Being

CONCEPT	DEFINITION
Risk	A condition characterized by instability in safety and well-being that can exist in unitary or composite form and which contributes to the vulnerability of individuals, families, and communities.
Vulnerability	Represents an increased probability—heightened by situational, personal, and/or systemic circumstances—for harm to occur because of acute elevations, high levels, or chronic conditions of risk.
Harm	Any physical, sexual, psychological, emotional, or economic injury or damage—whether it be intentional or unintentional—that affects the safety and well-being of individuals, families, or communities.
Community Safety and Well-Being	*Conceptual:* A targeted, aggregate result of our broader human service system that is achieved through collaborative generation of pragmatic solutions, evidence-based innovations, and shared community outcomes. It is the state at which the composite needs of a community's collective safety and well-being are achieved. Such needs are met when conditions of risk are mitigated, vulnerability is reduced, and the occurrence of harm is nil.
	Practical: The combined outcome from the greatest absence of crime, addiction, mental suffering, violence, poverty, homelessness, sickness, injury, and/or other social harms that a community can collectively achieve.

To further explore the difference between a simple merger of 'community safety' and 'well-being' and the growing CSWB movement in Canada, it may help to examine a few key elements. Based upon my own work in the CSWB field (Nilson, 2014; 2015a; 2016a; 2017a; 2017b), as well as my reflections on the work of others (Ontario Ministry of Community Safety and Correctional Services, 2017; Russell & Taylor, 2014a, 2015; Sawatsky, Ruddell, & Jones, 2017), I propose some key elements that may help to stimulate further conceptual dialogue and measurement of the CSWB construct. As shown in Figure 3, CSWB involves the pursuit of certain outputs including shared outcomes, risk mitigation, pragmatic solution-building, and evidence-driven innovation. It is fueled by inputs of multi-sector collaboration, community mobilization, shared problem ownership, shared measurement, and sustainable commitment.

Figure 3. Inputs and Outputs of Community Safety and Well-Being

Multi-Sector Collaboration

Among the five inputs listed in Figure 3, perhaps the most critical is multi-sector collaboration. Due to the multi-dimensionality of CSWB, collaboration becomes a major tool in establishing shared outcomes, mitigating risk, building pragmatic solutions, and designing evidence-based innovation. Supporting this, Barton, Watkins, and Jarjoura (1997) argue that most responses to social problems involve prevention and intervention efforts that target one specific problem (e.g., crime). However, overlapping risk and protective factors validate the advocacy for comprehensive strategies that focus on multi-sector collaboration aimed at improving community safety and well-being.

In defining multi-sector collaboration, past observers (Berg-Weger & Schneider, 1998) share that collaboration "is an interpersonal process through which members of different disciplines contribute to a common product or goal" (p. 98). Claiborne and Lawson (2005) further specify that collaboration is a form of collective action that involves multiple agencies working together to address mutually-dependent needs and complex problems. Finally, Bronstein (2003) explains that collaboration is a partnership process that involves "interdependence, newly-created professional activities, flexibility, collective ownership of goals and reflection on process" (p. 299).

When examining the strength and longevity of collaboration, past research has shown that several different factors can come into play. As Daley (2009) argues, efficiency and effectiveness of collaboration depends, in part, upon the past collaboration experience of partners and, in part, upon the structural incentives to collaborate with others. Another relevant factor is function. In their examination of community-based health and human services, Bolland and Wilson (1994) were able to find that interorganizational collaboration is consistently stronger in service-based collaboratives than it is in planning-based collaboratives. In addition to function, the impetus for collaboration also matters. As Brummel, Nelson, and Jakes (2012) explain, even if collaborative planning is mandated, it does not guarantee effective and sustainable interorganizational relationships. Other factors shown to impact collaboration include knowledge sharing between partners (Boughzala & Briggs, 2012), communication (Broom & Avanzino, 2010), marketing of the collaborative (Austin, 2008), organizational characteristics of the partners (Lehman, Fletcher, Wexler, & Melnick, 2009), trust between partners (Weaver, 2017) and both non-spatial and geographic proximity of partners to one another (Knoben & Oerlemans, 2006).

Once multiple sectors begin to collaborate, they often experience a number of benefits. Some of these include legitimation of an issue, attraction of broader support, and creation of synergy (Kaye & Crittenden, 2005). Other benefits include the closure of service gaps and increases in partnership capacity, which according to Nowell and Foster-Fishman (2011), builds greater community resiliency to the social problems that the collaborative partnership was designed to reduce in the first place. Perhaps the most common benefits of multi-sector collaboration include the broadened understanding of an issue (Sanford et al., 2007) and the diversified knowledge and skills to address the issue more effectively (Hulme & Toye, 2005).

In contrast to the benefits of multi-sector collaboration, there are also a few challenges. Some of the more common challenges mentioned in the literature include differences in prioritization between the partners (Margolis & Runyan, 1998); barriers to information sharing (Munetz & Teller, 2004); difficulties with shared measurement (Davis, 2014); power and autonomy to fulfill obligations (Byles, 1985); and the general costs of collaboration itself (e.g., time, funding) (Kaye & Crittenden, 2005).

Regardless of these challenges, there has been a marked increase in collaboration being used as a strategy for improving human service outcomes in Canada (Abramovich & Shelton, 2017; Addiction and Mental Health Collaborative Project Steering Committee, 2014; Hardy, Lawrence, & Phillips, 2006; Lee, 2011; Osborne & Murray, 2000), the United States (Cross, Dickman, Newman-Gonchar, & Fagan, 2009; Davis, 2014; Zahner, Thomas, & Siemering, 2014), and the United Kingdom (Christian & Gilvarry, 1999; Leathard, 2003; Morris, 2010). Some of the human service outcomes achieved through collaboration concern the areas of sexual health (Landers, Pickett, Rennie, & Wakefield, 2011), community school support (Anderson-Butcher, Lawson, Iachini, Flaspohler, & Bean, 2010), interpersonal violence (Banks, Hazen, Coben, Wang, & Griffith, 2009), youth development (Barton et al., 1997; Hernandez-Cordero, Ortiz, Trinidad, & Link, 2011), population aging (Hee Chee, 2006), child protection (Darlington & Feeney, 2008), health promotion (Leurs, Mur-Veeman, Schaalma, van der Sar, & de Vries, 2008), home care (Dodd et al., 2010), special needs education (Farmakopolous, 2002), community-based mental health (Fieldhouse, 2012), housing (George, Chernega, Stawiski, Figert, & Bendixen, 2008), addictions (Treno & Holder, 1997), primary health (Lewis, 2005), and employment support (Lindsay, McQuaid, & Dutton, 2008), to name a few.

Of course, despite the increased use of collaborative models in human service delivery, there remains a growing call from various human service fields to increase multi-sector collaborative approaches that contribute to community safety and well-being (Bassett, 2015; Canadian Nurses Association, 2011; Jack, 2010; Podnieks, 2008; Scott, Wagar, Sum, Metcalfe, & Wagar, 2010; Smoyer-Tomic, Klaver, Soskolne, & Spady, 2004; Stewart, 2015; Webster, 2016).

Measuring Community Safety and Well-Being

When it comes to measurement, there are considerable differences between the state of measurement in CSWB and the state of measurement in the singular fields of community safety and well-being. To begin, the latter two fields tend to be concepts that capture a *condition* and whose study has largely been driven by development of indicators (Boncinelli & Casini, 2014; City of Los Angeles, 2011; Stiglitz et al., 2009). In contrast, the field of CSWB is largely focused on *action* and so most measurement of CSWB to date has largely been focused on program evaluation (Bonta et al., 2004; City of Calgary, 2009; Hornick et al., 2005; Kisely et al., 2010; Newberry & Brown, 2017; Nilson, 2017d, 2017e; Public Safety Canada, 2014).

To expound on this, most of the measurement work in the collaborative risk-driven intervention domain of CSWB has been developmental (Nilson, 2014, 2015a) or formative (Babayan, Landry-Thompson, & Stevens, 2015; Brown & Newberry, 2015; Lansdowne Consulting, 2016; Litchmore, 2014; Newberry & Brown, 2017; Ng & Nerad, 2015; Nilson, 2016a, 2016b, 2016c, 2017a) in nature and therefore focuses on measurements like 'service mobilization' and 'achieved target group'. As such, very few evaluations (Newberry & Brown, 2017; Nilson, 2017a; Sawatsky et al., 2017) have been able to track some of the outcomes typical of a summative review (e.g., risk reduction).

Similarly, many of the evaluations in the CSWB areas of multi-sector coordinated support (Nilson, 2017b), crisis response teams (Kirst et al., 2015; Kisely et al., 2010), domestic violence teams (Corcoran & Allen, 2005; Nilson, 2016d), service-based support collaboratives (Bruns, 2015), offender reintegration programs (Bellmore, 2013; Cherner, Aubry, Kerman, & Nandlal, 2014), and collaborative community prevention (Dumaine, 2005; Giwa, 2008) have also been mainly formative in nature with limited measurement of short- or long-term outcomes that would be valuable in building broader indices of CSWB.

According to evaluation experts (Alkin, 2011; Patton, 2015), this lack of outcome measurement is largely the symptom of CSWB being a relatively new field. When initiatives are in their developmental stages, much of the evaluation focus is on building the initiative and reaching a point of consistency and continuity. This will then allow for more formative approaches to evaluation that help to understand fidelity and performance of the model. Recognizing this limitation in the CSWB literature however, both evaluators (Newberry & Brown, 2017; Nilson, 2016c, 2017c) and CSWB advisors (Taylor, 2017) have challenged the broader measurement community to begin developing valid and reliable indicators to measure CSWB across Canada.

One effort to begin framing potential indicators for CSWB is the Ontario Working Group for Collaborative Risk-Driven Community Safety. In their review of indicators in the community safety and well-being domains, Russell and Taylor (2014b) reveal that many available indices originate from large, high-level national databases from which local data are difficult to retrieve. The research team also noted that there are differences between 'performance measures' and 'outcome measures' that many collections of indices do not account for. To try and overcome some of these issues, Russell and Taylor provide a risk-based set of proposed indicators for CSWB that fall into one of four different domains: social development, prevention, risk mitigation, and emergency response (see Table 3).

Table 3. Suggested Risk-Based Indicators by Domain Type – Ontario Working Group

DOMAIN	RISK-BASED INDICATOR TYPE	
Social Development	social isolation withdrawal reduction in social supports reduced social control disengaged/fractured community stagnant economy poverty and inequitable income distribution unemployment	literacy/lack of knowledge insufficient access to infrastructure sub-standard housing child illness reproductive illness parenting personal and community illness
Prevention	public complacency about CSWB crime and social disorder victimization of vulnerable populations smoking-related addiction or illness substance abuse and drug-related crimes alcohol-related social disorder illness	gang membership, violence and drugs traffic and road hazards poor housing development preventable injuries school-age bullying
Risk Mitigation	acutely-elevated risk recidivism road and traffic accidents	harm at school illness and disease mental health issues
Emergency Response	crime, violence, anti-social behaviour non-emergency calls for service gang membership and activity	substance abuse victimization

(Source: Russell & Taylor, 2014b)

Another attempt to inform CSWB measurement is an evaluation framework prepared for the Ontario Working Group on Collaborative Risk-Driven Community Safety (Nilson, 2015b). In that work, evaluation topics were split into three different evaluation types: developmental, formative, and summative (see Table 4).

Table 4. CSWB Evaluation Topics by Evaluation Type – Ontario Working Group

TYPE	TOPICS		
Developmental	problem innovation creation vision	conceptualization principles leadership communication	ownership objective evolution
Formative	identifying a need determining capacity forming partnerships developing a plan	change implementation satisfaction	benefits challenges improvement
Summative	impact on service providers impact on services	impact on community safety impact on clients	impact on well-being sustainability

(Source: Nilson, 2015b, p. 12)

A more recent effort to explore indicators of CSWB was the *Interactive National Dialogue on Research, Evaluation, and Analysis of Hub/Situation Tables in Canada* event held in Toronto in January of 2017. During the event, participants discussed different opportunities for measuring CSWB. To lead the discussion, four domains were proposed: collaboration, service mobilization, risk reduction, and both sector-specific and aggregate indicators of CSWB. To highlight some of the examples listed by participants, Table 5 summarizes suggestions by indicator group.

Table 5. Suggestions for Indicators by Indicator Group – CSWB Measurement Event

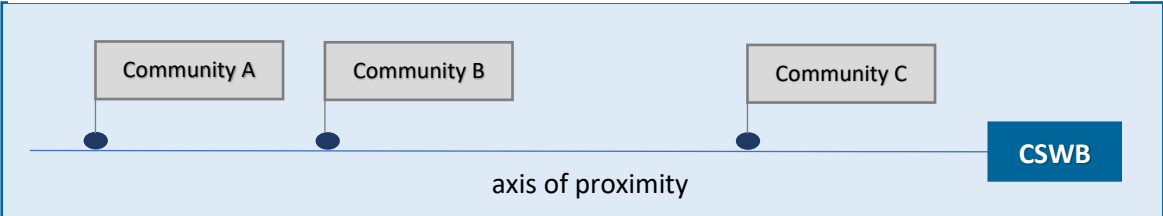| INDICATOR GROUP	SUGGESTED INDICATORS	
Collaboration	• continuum of collaboration • change in the level of collaboration • change in collaborative behavior • understanding of collaboration • value of collaboration • client file transfers	• agency-to-agency referrals • shared clients • information sharing • communication • shared goal-setting • shared measurement
Service Mobilization	• service connection • service engagement • offer of service	• service delivery • client intake
Risk Reduction	• reduced risk factors • adoption of service plan • supports in place	• threat removed • feeling of support
CSWB – Sector specific	• mental health • physical health • housing stability • employment • personal safety	• community involvement • school engagement • sobriety • treatment progress • order compliance
CSWB – Aggregate	• reduced vulnerability	• complexity of risk

(Source: Nilson, 2017c, p. 30)

Calling for a Community Safety and Well-Being Index

As measurement practices remain fairly limited in CSWB, there is value in assessing and focusing our current efforts around developing indicators for CSWB. Past efforts (Nilson, 2015b, 2017c; Russell & Taylor, 2014b) have helped us see the truly multi-dimensional nature of indicators relevant for measuring CSWB. Despite their contributions to the measurement of this evolving field, past suggestions of CSWB indicators lack four key components required for accurately measuring CSWB. The first is comparability between communities (or nations) where similar data are available. The second is recognition of the aggregate nature of multi-dimensional outcomes in CSWB. The third is a direct line of sight between client outcomes at the individual level and community outcomes at the aggregate level. The fourth is attention to multi-sector collaboration and its impact on human service outcomes.

To overcome these challenges, we must conceptualize CSWB as a final outcome. We must also accept that community progress toward CSWB can be examined and compared along an *axis of proximity* to that outcome. A community's proximity to CSWB can be measured using aggregate indicators of the shared outcomes that ultimately embody CSWB. Typically, these outcomes stem from economic, health, social, safety, and environmental spheres of communities. As shown in Figure 4, a community's absolute proximity to CSWB (as an outcome), as well as its relative proximity to other communities along that axis, are both measurable.

Figure 4. Illustration of Community Differences along CSWB Axis of Proximity

When combined, these aggregate indicators of shared outcomes from the economic, health, social, safety, and environmental spheres can be used to form a *Community Safety and Well-Being Index*. This index combines the top indicators from each respective sphere to assess an overall level of CSWB.

From an efficiency perspective, there is considerable merit in pursuing such an index approach. As others (Nardo et al., 2005; Saisana & Tarantola, 2002) contend, such indices simplify multi-dimensional issues to ease complicated government decisions, reduce the size of indicator lists, and allow for comparisons between different geopolitical units (e.g., cities, countries). Another benefit is that multi-dimensional indices bring realization to social conditions or problems that may otherwise go undetected until a crisis occurs (Stiglitz et al., 2009).

> **CSWB Index:** aggregation of shared outcome indicators from the economic, health, social, safety, and environmental spheres of communities.

One challenge of this approach, however, is that combining single sphere outcomes into one large and complex index does not equate to actually establishing *shared outcomes*. Should this paper lay out an array of shared outcomes for communities to pursue, we would be defying some of the major principles of social innovation. To paraphrase Stephen Huddart (2017), we want to avoid having the 'measurement
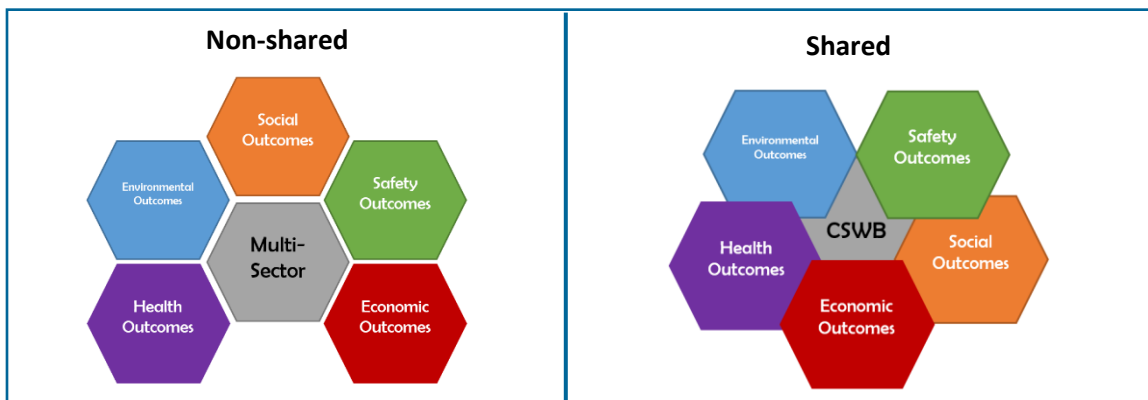
tail' wag the 'social innovation dog'. In other words, as tempting as it is to present an established framework for measuring shared outcomes, doing so would preclude the real work of human service practitioners to determine what outcomes they feel are shared. Of course, we would also be remiss if we did not take into account the actual outcomes that funders are willing to fund.

Another challenge in creating a broader index is that even if we are able to mitigate the subjective judgement that often accompanies indicator selection, there remains the arbitrary process of designing a weighting scheme (Sharpe, 2004). In designing such a scheme, we are faced with the difficulty of choosing to weigh all indicators the same, which artificially inflates some indicators, or to weigh each indicator based upon its level of impact on community safety and well-being, which comes with additional problems in subjectivity (Kelley, 1991).

To mitigate these concerns and, at the same time, hopefully entice other measurement contributions to this emerging field, there is an opportunity to develop a *CSWB Index* that accounts for shared outcomes of human service partners while also accounting for the collective impact of human service partners on these outcomes. This opportunity is supported by much of the energy behind the CSWB movement in Canada—a movement that stems from the commitments of agencies to find ways to build mutually-beneficial capacity to generate shared outcomes while also contributing to home agency mandates and priorities. From an analytical perspective, this means that the measurement community must redefine many of its existing single sector indicators to reflect a genuine collaborative understanding of CSWB.

To illustrate, Figure 5 shows how the non-shared outcomes of conventional multi-sector approaches compare to the shared outcomes of CSWB. The non-shared image represents outcomes that are close in proximity, are relatively symmetric, and are equally accounted for in the overall measurement approach (i.e., list of indicators). In contrast, the shared image shows that not only are the outcomes proximal, symmetric, and equally represented in this hypothetical measurement matrix, but also their overlap represents an opportunity for measuring the combined impact of these shared outcomes.

Figure 5. Comparing Conventional Non-Shared Outcomes to CSWB Shared Outcomes

While still theoretical at this point, there is considerable promise in moving towards a shared outcomes approach in measuring CSWB. In related fields, such as *collective impact* (Kania & Kramer, 2011) and the role of *networks* in the collective survival of communities (Gilchrist, 2009), scholars and practitioners alike have heralded the value of using shared outcomes in measuring multi-sector collaboration. Not only will shared outcomes foster the much-needed sense of shared ownership among partner agencies,

but it will also allow for measurement of the interactive effect of collaborative human service delivery on the composite risks which prompted CSWB in the first place.

3. PRACTICE

CSWB initiatives are becoming the focus of local (City of Red Deer, 2016), regional (Halton Region, 2017), provincial (Ontario Ministry of Community Safety and Correctional Services, 2017; Russell & Taylor, 2015), federal (Public Safety Canada, 2014), national (Canadian Association of Chiefs of Police, 2012; Canadian Municipal Network on Crime Prevention, 2017), and First Nation (Nilson, 2016b) policy and program leaders. Shaped and nourished through initiatives of multi-sector collaboration, CSWB challenges conventional human service processes to become more fluid, integrated, and less sector-specific.

Initially, some of the flagship practices within this movement have been collaborative risk-driven intervention (e.g., Hubs and Situation Tables), multi-sector coordinated support (e.g., inter-sectoral case planning, wraparound, intervention circles), collaborative systemic solution building (e.g., COR), and CSWB planning (e.g., strategies, frameworks). However, as the concept of CSWB has grown, it only seems appropriate to include other pre-existing multi-sector collaborations under the CSWB umbrella. While many of these initiatives are definitely unique to one another, they do share the common inputs of multi-sector collaboration, community mobilization, shared problem ownership, and sustainable commitment, as well as the common outputs of shared outcomes, risk mitigation, pragmatic solution building, and evidence-driven innovation.

Some of the other multi-sector collaboration initiatives explored in preparation of this paper include service-based collaboratives (Bruns, 2015; Cherner et al., 2014; Mears, Yaffe, & Harris, 2009; TRiP, 2016), addictions and housing initiatives (Tsemberis, 2011), police and mental health crisis teams (Belleville Police Service, 2007; Chandrasekera & Pajooman, 2011), health and education partnerships (Buchanan, 2008), complex case management (Clark, Guenther, & Mitchell, 2016; Fraser Health, 2017; Gaetz, 2014), police and domestic violence teams (Corcoran & Allen, 2005; Nilson, 2016d), emergency response partnerships (Murray, 2015), restorative justice programs for both youth and adults (Bonta et al., 2004; Wilson, Cortini, & McWhinnie, 2009; Latimer, Dowden, & Muise, 2001), community safety and well-being action teams (Nilson, Kalinowski, Hunter, Taylor, & Taylor, 2016), court diversion programs and problem-solving courts for both youth and adults (Werb et al., 2007; Hornick, Boyes, Tutty, & White, 2005; Fischer & Jeune, 1987), Aboriginal partnerships (Hubberstay, Rutman, & Hume, 2014; Public Safety Canada, 2014), community safety teams (City of Calgary, 2010; Hogard, Elis, & Warren, 2007; City of Edmonton, 2013), police prevention initiatives (Giwa, 2008; Dumaine, 2005; Walker & Walker, 1992), and multi-sector harm reduction programs (van der Meulan, Claivaz-Loranger, Clarke, Ollner, & Watson, 2016; Cooper, Moore, Gruskin, & Krieger, 2005; Kerr, Small, & Wood, 2005).

Past evaluations of multi-sector collaborative approaches have highlighted key strengths including more rapid access to services and improved responsivity of those services to client needs (Cherner et al., 2014; Gray, 2016; Lansdowne Consulting, 2016; Rezansoff, Moniruzzaman, & Somers, 2013), improved information sharing among participating organizations and greater interagency awareness (Gossner, Simon, Rector, & Ruddell, 2016; Bellmore, 2013; Lipman et al., 2008), enhanced community/school engagement (Lafortune, 2015; Cooper, 2014), and reduced risk/vulnerability of clients and families (Gray, 2016; Kirst et al., 2015; Augimeri, Farrington, Koegl, & Day, 2007).

Recent scans of multi-sector collaboration (Braga & Weisburd, 2012; Hayek, 2016; Nilson, 2017e; Przybyiski, 2008; Public Safety Canada, 2012; Stewart, 2016; Struthers, Martin, & Leaney, 2009) have produced comprehensive inventories of different multi-sector collaboration initiatives. These and other efforts have allowed for broad access to an array of information on programs, projects, and opportunities within the multi-sector collaboration domain.

To narrow down this broad field of multi-sector collaboration in the human service sector, a *Typology for CSWB Models of Practice* is proposed. For the purpose of this paper, these models are conceptualized as the following:

- collaborative risk-driven intervention
- multi-sector coordinated support
- bi-sector response teams
- multi-sector monitoring and mitigation
- community safety teams
- problem solving courts
- community safety and well-being planning
- collaborative systemic solution building

Not all of the literature on these models defines each respective model as a contributor to CSWB. In fact, it would not be unreasonable to assume that many practitioners working within these models do not currently see themselves as contributing to CSWB. However, the journey to create these social innovations, the purpose and goals behind each model, and the multi-sector collaborative nature of each model make for suitable categorization under a framework of CSWB.

To introduce each model, Table 6 presents a *Typology for CSWB Models of Practice* including a brief description, a list of outcomes identified in literature, and Canadian examples of each model. Precise background information on these models can be found in recent work sponsored by Public Safety Canada (Nilson, 2017e) and The Regina Intersectoral Partnership (Nilson, 2017b).
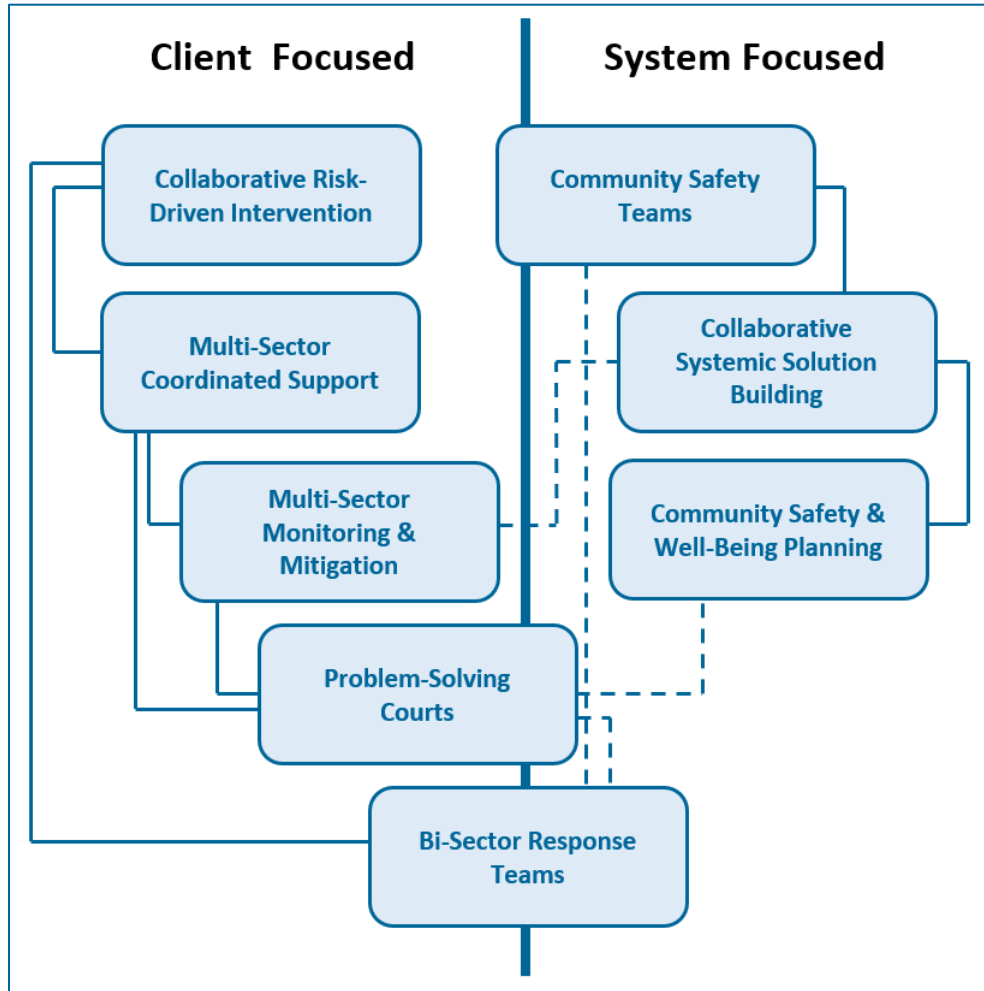
Table 6. Typology for CSWB Models of Practice: Descriptions, Outcomes and Examples

MODELS	DESCRIPTION	OUTCOMES	EXAMPLES
Collaborative Risk-Driven Intervention	Disciplined process of risk detection, sharing of limited information, and deployment of rapid intervention to mitigate acute elevations in risk.	Improved service access; reduced risk; appropriate service engagement.	Prince Albert Hub, Collaborate Barrie, Prince Edward Island Bridge, Muskoday Intervention Circle, Surrey Mobilization and Resiliency Table, Durham Connect
Bi-Sector Response Teams	Dual agency collaboration before, during, or after incidents to provide safety planning, risk mitigation, and access to support.	Improved response capacity; reduced vulnerability; reduced harm during crises; appropriate service access.	Montreal Support Team for Psychosocial Emergencies, Medicine Hat Safe Family Intervention Team, Prince George RCMP Car 60, Saskatoon Police & Crisis Team
Multi-Sector Coordinated Support	Consent-based comprehensive coordination of services and supports for vulnerable individuals over a longer period of time.	Awareness of needs; increased protective factors; reduced risk factors; improved stability; decreased vulnerability.	The Regina Intersectoral Partnership, Wraparound Edmonton, Manitoba Jordan's Principle Circle of Care, Hamilton Intensive Case Management for Seniors at Risk
Multi-Sector Monitoring and Mitigation	Permanent multi-sector collaborative support for chronic high-risk individuals and families.	Increased stability; reduced harm; continuous service contact; ongoing troubleshooting.	Red Deer Community Wellness Initiative, Bringing Lethbridge Home, Fraser Health Intensive Case Management Teams
Community Safety Teams	Multi-agency assessment of community safety concerns and development of pragmatic and sustainable solutions.	Reduced aggregate risk; decreased community problems; improved neighbourhood safety.	Edmonton Public Safety Compliance Team, Nova Scotia Safer Communities and Neighbourhoods, Lethbridge Public Safety Unit
Problem Solving Courts	Multi-sector support process to address causes of criminal and harmful behaviour including but not limited to diversion and case management	Increased service access; decreased criminal stigma; improved compliance; improved disclosure; reduced risk; reduced recidivism.	Vancouver Downtown Community Court, Newfoundland Mental Health Court, Battlefords Domestic Violence Treatment Court, Winnipeg Mental Health Court
Community Safety and Well-Being Planning	Community-wide effort to understand community needs, mobilize resources, and develop strategic community plans.	Increased multi-sector awareness of community needs and challenges; fostering of shared goals and objectives.	Halton CSWB Plan, Red Deer Community Safety Strategy, SAFE Brantford, Greater Sudbury CSWB Plan, Kenora CSWB Plan, Bancroft CSWB Plan
Collaborative Systemic Solution Building	Multi-agency collaboration around opportunities to improve the human service system by developing solutions to systemic problems.	Improved resource access; narrowed service gaps; reduced duplication; improved efficiency; improved efficacy.	Prince Albert Centre of Responsibility, Durham Connect In-Action Teams, Thunder Bay Centre of Responsibility

(Source: Modifications of Nilson, 2017b, 2017e)

To show the comparative relationships between each of these models, Figure 6 plots the models across two dimensions: *focus* and *linkage*. On the left side are multi-sector collaboration models that focus on the needs of individuals; on the right side are models aimed at impacting the broader human service system. To reflect linkages between the models, solid lines represent active cooperative engagements between the models (e.g., Hub referral to a case management structure), while dotted lines represent an opportunity for further exploration of linkages between respective models (e.g., problem-solving courts could play a role in CSWB planning).

Figure 6. Network of Multi-Sector Collaboration Models That Fit Under CSWB Umbrella

As mentioned throughout this paper, another defining feature of CSWB is the emphasis of risk in facilitating upstream opportunities to reduce vulnerability and, ultimately, harm. Quite often, front-line practitioners, advocates, and policymakers treat CSWB models as interchangeable when they are not (Building Partnerships to Reduce Crime, 2014; Nilson, 2017b). In addition to differences in function, design, purpose, and agency membership, CSWB models differ along what I propose to be a *Spectrum of Risk in Collaborative Human Service Delivery*.

After conducting several evaluations of collaborative risk-driven intervention (Nilson, 2014, 2016a, 2016b, 2017a), multi-sector coordinated support (Nilson, 2016d, 2017b), and collaborative systemic
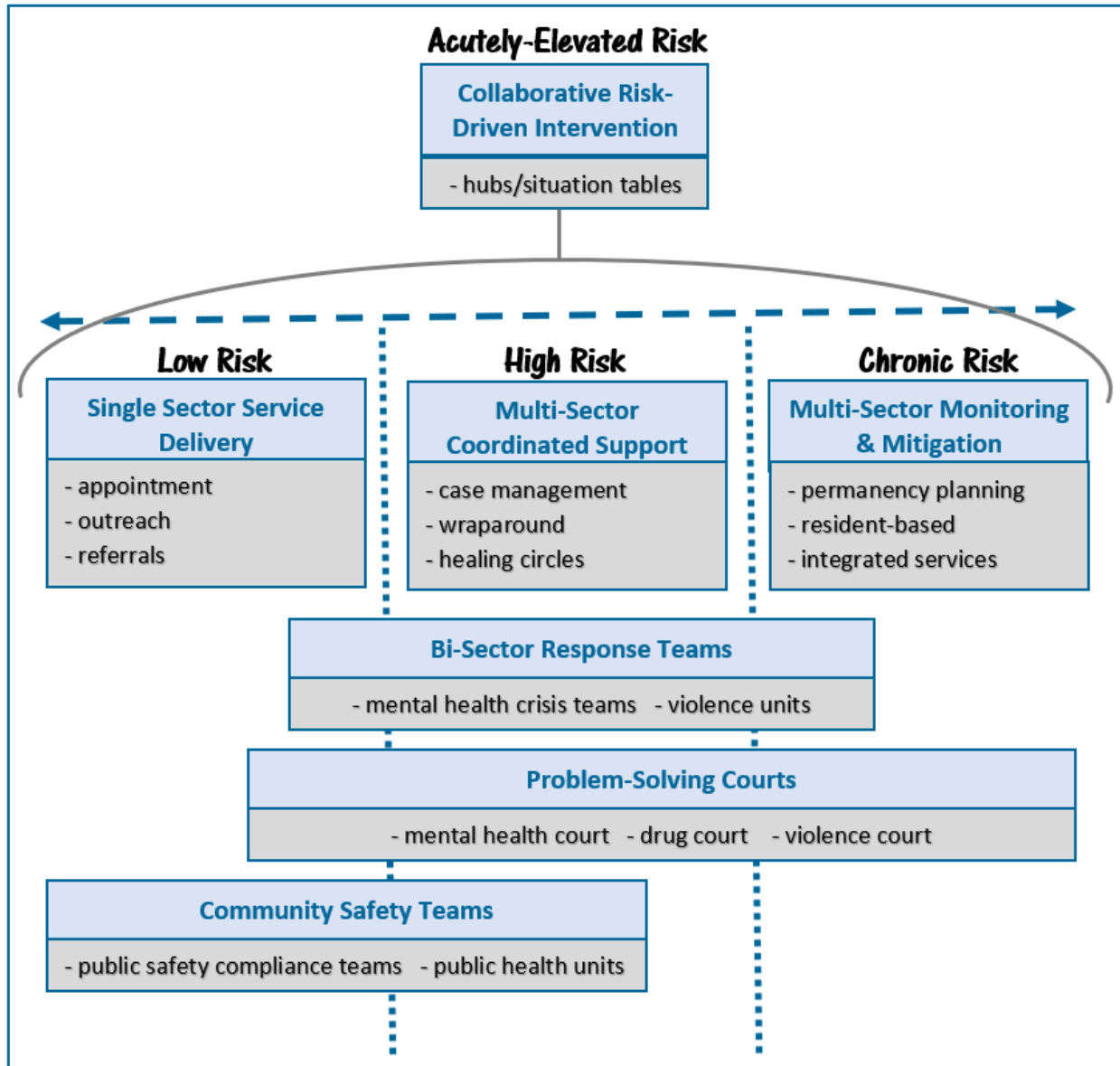
solution building (Nilson, 2015a), as well as conducting extensive outreach with CSWB stakeholders (Nilson, 2017e; 2017f) and reviewing the work of other CSWB scholars (Babayan et al., 2015; Braga & Weisburd, 2012; Brown & Newberry, 2015; Cooper et al., 2005; Correctional Service of Canada, 2008; Fischer & Jeune, 1987; Gossner et al., 2016; Hayek, 2016; Hornick et al., 2005; Kerr et al., 2005; Lansdowne Consulting, 2016; Litchmore, 2014; Newberry & Brown, 2017; Ng & Nerad, 2015; Przybyiski, 2008; Public Safety Canada, 2013; Rezansoff et al., 2013; Stewart, 2016; Struthers et al., 2009; van der Meulan et al., 2016; Werb et al., 2007), I have discerned that examining different CSWB models within a dimension of risk will not only help to differentiate between CSWB models, but will also help foster further alignment of our emerging CSWB system.

To illustrate this spectrum of risk, Figure 7 shows six of the eight models originally identified in Table 6. These six models are included in this discussion of risk because of their orientation toward client-focused activities. Drawn horizontally across Figure 7 is a dotted line with arrows representing the spectrum of risk. On one end of the spectrum is *low risk* and on the other end is *chronic risk*. Between these two ends of the spectrum is *high risk*. Overarching all three levels of risk is an *acute elevation in risk*, which could just as easily happen at the low, high, or chronic levels of risk.

In examining Figure 7, we can see that low-risk needs can be met through single sector service delivery. This would involve individuals or families seeking support from a single agency (e.g., counselling, life skills, diagnosis). When risk levels become higher, there is a composite nature of risk which increases demands for a multi-sector response to risk. At this level, multi-sector coordinated support processes (e.g., wraparound, case management) are required to stabilize the client and gradually build independence from the human service system. When vulnerable individuals reach a chronic state of risk, there is little chance that they will ever reach a level of independent stability. As such, techniques in multi-sector monitoring and mitigation are used to integrate services, meet basic needs of the client, and troubleshoot or mitigate issues as they arise.
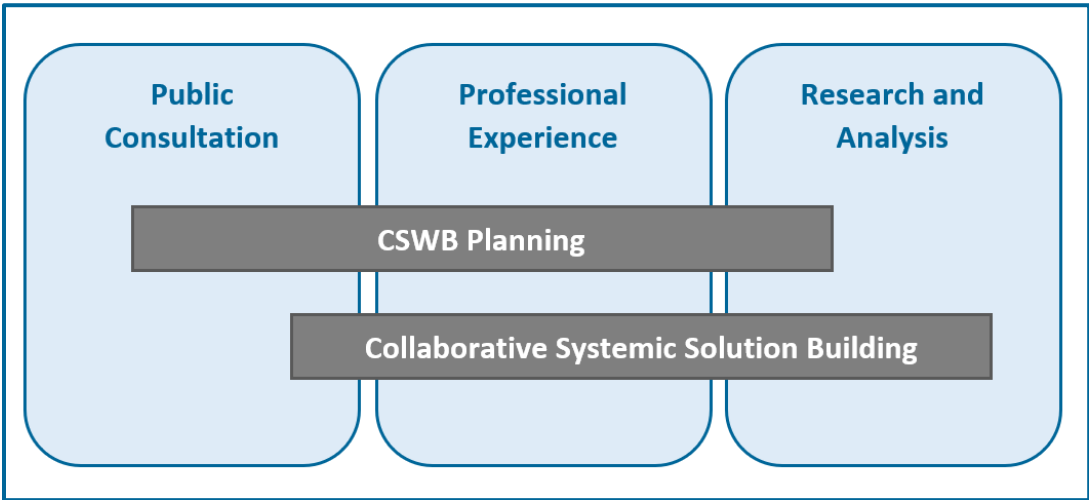
Moving to the other CSWB models in Figure 7, collaborative risk-driven intervention (e.g., Hub and Situation Tables) becomes relevant when there is an elevation of risk at one level. When such elevations are detected, rapid interventions are deployed to mitigate risk before harm occurs. Spanning all three levels of risk, bi-sector response teams (e.g., police-mental health response units) become involved when additional support on a particular type of problem (e.g., mental health, domestic violence) is required. Similarly, problem solving courts are also positioned to manage ongoing case support and vulnerability reduction plans for low, high, and chronic levels of risk. Finally, to address contributors to low and high-risk situations, community safety teams (e.g., safety compliance units) are deployed with the intent of preventing harm and further manifestations of risk.

Figure 7. Spectrum of Risk in Collaborative Human Service Delivery

While client-focused models of CSWB can be compared across dimensions of linkage and risk, system-focused models can be examined across spheres of influence. Past studies on CSWB planning (Ontario Ministry of Community Safety and Correctional Services, 2013, 2017) and collaborative systemic solution building (Nilson, 2015a) suggest that there are multiple sources of influence for the direction of these models. Based upon this insight, it is fair to propose that each of these system-focused models can be examined across three spheres of influence: public consultation, professional experience, and research and analysis. As Figure 8 shows, CSWB planning is mostly influenced by public consultation and professional experience, with some support from research and analysis. In contrast, collaborative systemic solution building is most influenced by professional experience and research and analysis.

Figure 8. Spheres of Influence in CSWB Planning and Systemic Solution Building

Overall, this review of past practices in CSWB provides us with the opportunity to not only better conceptualize CSWB as a social construct, but also begin to see how important multi-sector collaboration in human service delivery is to CSWB. In order to advance our abilities to pursue further progress in social innovation, there is a need to discuss the role of alignment in human service delivery. The next section of this report presents an overview of possibilities for CSWB alignment moving forward.

4.   ALIGNMENT

In his inaugural 'Editor's Welcome' in the *Journal of Community Safety and Well-Being*, Norm Taylor (2016) describes how Canada must confront the challenge of retooling its public service toward more collaborative, preventative, and comprehensive approaches to meet social needs:

> We have erected high functioning silos, but we are discovering that they are much too expensive to sustain. We built them to serve the many complex needs of a post-modern world, many of them dedicated to serving the most vulnerable, the marginalized, the victimized, and often the more troubled members of our society. But, with the utmost respect to the professionals who do the now necessary work of guiding the lost and confused clients of our services, can we really take pride in the fact that one of the more popular job titles to emerge in recent years is that of the system navigator, among many similar variations on that same theme (e.g., clinical navigator, patient navigator, community navigator, health care navigator, nurse navigator)? (p. 2)

Much of the sentiment in Taylor's commentary is representative of formal and informal discussions on CSWB across Canada. Overcoming many of the barriers to CSWB and ensuring sustainable multi-sector partnerships to maintain a CSWB approach does require re-alignment of government priorities, policies, resources, mandates, and outcomes. Of course, accomplishing such a feat is not so easy.

In describing common experiences in alignment, Risser, O'Neill and Cain (2011) highlight a number of challenges. First, because it often sits within a sphere of innovation, alignment typically requires whole-of-government approaches. To get the level of support required for such commitment, the successful alignment of initiatives often end up being an expression of political will. Another challenge is that public sector governance is usually ill-suited to whole-of-government approaches because of multiple institutional dimensions that tend to get in the way (e.g., silos, resources). Finally, during aggressive alignment campaigns, tension often results between those pursuing outcomes and goals and those focused on institutional mandates.

To overcome these challenges in alignment, there are several factors that increase the likelihood of success. According to policy researchers (Freitas & Tunzelmann, 2008), there are three dimensions of activities required within government-supported innovation: vertical and horizontal knowledge of objectives across the system; specific supports to foster implementation of innovative activities; and local or central implementation of such activities. Other observers (Risser et al., 2011) suggest that successful alignment of government supports for innovation requires clear vision; stakeholder buy-in; linkages that are understood; shared ownership; awareness of the initiative; and cultures which are permeable to change.

When pursuing alignment, there is also a need to change the policy measurement tools we are accustomed to utilizing. As some analysts (Christakopoulou et al., 2001) describe, "policy makers need to have the information to understand fully specific areas and to establish comprehensive baselines against which future changes can be measured" (p. 321). Others (Cross et al., 2009) suggest that successful alignment also requires measurement and reporting on the state of collaboration. Ongoing assessment of the alignment will allow for improvements and reveal benefits that are important for validation of the innovation.

Further to this discussion on changes in measurement, in a recent lecture I delivered to the Saskatchewan Chapter of the Canadian Evaluation Society, I urged the analytical community to be less apprehensive of abandoning our conventional indicators when developing measurement tools for application in a CSWB space. The reason for this is because many of our traditional indicators (e.g., reported crime, emergency room visits, relapse) are sector-specific and do not account for the multi-dimensional nature of collective outcomes generated through CSWB initiatives. Instead, my suggestion was to pursue an agenda of shared measurement where indicators are indeed aggregate measures of the impact CSWB initiatives are having on such things as risk and vulnerability. My arguments are supported by some of the work around shared measurement, which stems from the field of collective impact (Cabaj, 2015; Kania & Kramer, 2011).

4.1.   Dialogue on Alignment

Just as we have seen CSWB activities occur before an organized demand for such efforts, progress toward alignment has also started to precede formal demands from the academic, advocacy, practitioner, and policy domains. One of the earliest documented overtures for broader discussion on alignment of our human service system came from Saskatchewan. In providing the framework for a long-term provincial policing strategy in Saskatchewan, Taylor (2010) concluded that principled (rather than functional or structural) themes should guide the province in future police planning around the notions of alignment, integration, and mobilization. In particular, Taylor recommended the following:

- *Align* all provincial police agencies and the Government of Saskatchewan under a made-in-Saskatchewan principle-driven policing model.
- Achieve greater collective focus and reinforce active *integration* among province-wide police efforts and resources.
- *Mobilize* non-policing partners in service of the principle-driven policing model and its goals. (p. 23)

While some progress towards dialogue on alignment has been made since Taylor's recommendations on police planning in Saskatchewan (Nilson, 2015a), nowhere has this conversation grown louder than in the province of Ontario. As others (Ontario Ministry of Community Safety and Correctional Services, 2017; Russell & Taylor, 2015; Taylor, 2016) describe, aggressive efforts at reforming the human service system towards upstream, multi-sector, risk-based, and data-driven solutions are emerging from almost every corner of Canada's largest province. To explain, over the past five years, the Ontario Ministry of Community Safety and Correctional Services (2013, 2017) has funded opportunities for communities to build capacity for various applications of CSWB. Manifested in CSWB planning, multi-sector coordinated support, and collaborative risk-driven intervention, over 40 communities have taken steps to mobilize, integrate, and align their local or regional human service systems to improve CSWB (Global Network for Community Safety, 2016).

Outside of government, more recent efforts to inspire alignment stem from the non-profit sector. To help foster alignment within the human service system, the Community Safety Knowledge Alliance (CSKA), in partnership with University of Regina's Centre for Collaborative Justice Studies, the University of Saskatchewan's Centre for Forensic Behavioural Science and Justice Studies, and the Canadian Society for Evidence-Based Policing, has recently launched its *Capstone Initiative*. The purpose of this initiative is to match existing human service leaders who are pursuing further education with experienced academic mentors who can support them in making academic and practitioner (i.e., *pracademic*) contributions to

CSWB. This initiative, among several others, is intended to help CSKA foster linkages between CSWB research, practice, and alignment (Corley, 2016).

4.2. Moving Towards Alignment

In moving towards a greater commitment to alignment, there are a number of opportunities for government, human service leaders, and the non-profit sector to explore. As this section will allude, these opportunities exist in prioritization, policy, practice, resources, mandates, and outcomes. Prior to pursuing any alignment efforts, however, it is important that multi-sector partners have a common perspective of alignment.

Past authors conceive of alignment occurring between practice and policy (Cohen & Loewenberg-Ball, 1990), between policies at different levels of government (Seidle, 2013), between policy and innovation (Freitas & Tunzelmann, 2008), or between the institutional and functional divisions of government (Risser et al., 2011). For the purposes of advancing our work and understanding of multi-sector collaboration in human service delivery, however, a CSWB perspective on alignment is offered.

To begin, a CSWB perspective on alignment should be focused on the configuration of similar or shared priorities, practices, policies, resources, mandates, and outcomes among the different human service sectors. Movement towards alignment requires both self-reflection and monitoring of peers. Accountability for shared commitment to this process can be achieved through the development of systems, leadership groups, alignment committees, or executive steering bodies.

As lead champions of alignment, representatives from all sectors must share equal input into the process and direction of alignment. As a collective, those participating in the alignment process should collaborate to identify a number of main goals. For consideration purposes only, Figure 9 proposes several goals for a CSWB alignment process.

Figure 9. Proposed Goals for a CSWB Alignment Process

- Strengthen resolve through a client-centred configuration of human service delivery
- Reduce service duplication among shared target groups and service areas (both from the government and non-government sectors)
- Narrow system gaps by broadening sector mandates
- Foster front-line service collaboration by engaging in collaborative leadership
- Pursue shared outcomes that are driven by shared ownership and shared service delivery

Once goals of alignment are established, the next step for CSWB partners is to begin the process of aligning key components of collaborative human service delivery. The first of these components is government *priority*. Aligning priorities between different sectors can be fostered by a whole-of-government framework that maps each sector's preferred outcome areas (Treasury Board of Canada Secretariat, 2015). During this process, it is important that government partners set priorities which are in-line with the interests of all partners, but still pursuable in the given political, policy, and bureaucratic environment (Adamchak & Weiss, 1997). At this stage, it is critical that in satisfying all partners the priorities themselves do not become watered-down platitudes instead of the measurable, defined outcomes they need to become.

The second component is alignment of *policy*. Much of the work required for policy alignment can be accomplished through a commitment to multi-sector policy analysis (Rihoux & Grimm, 2006) and, where required, policy advocacy (Jenkins-Smith & Sabatier, 1994). Establishing a CSWB policy network that is open and fluid will allow for the types of innovation to occur that are less prominent in closed policy communities, which tend to be led by a few elite partners (Heclo, 1978; Marsh & Rhodes, 1992; Richardson & Jordan, 1979).
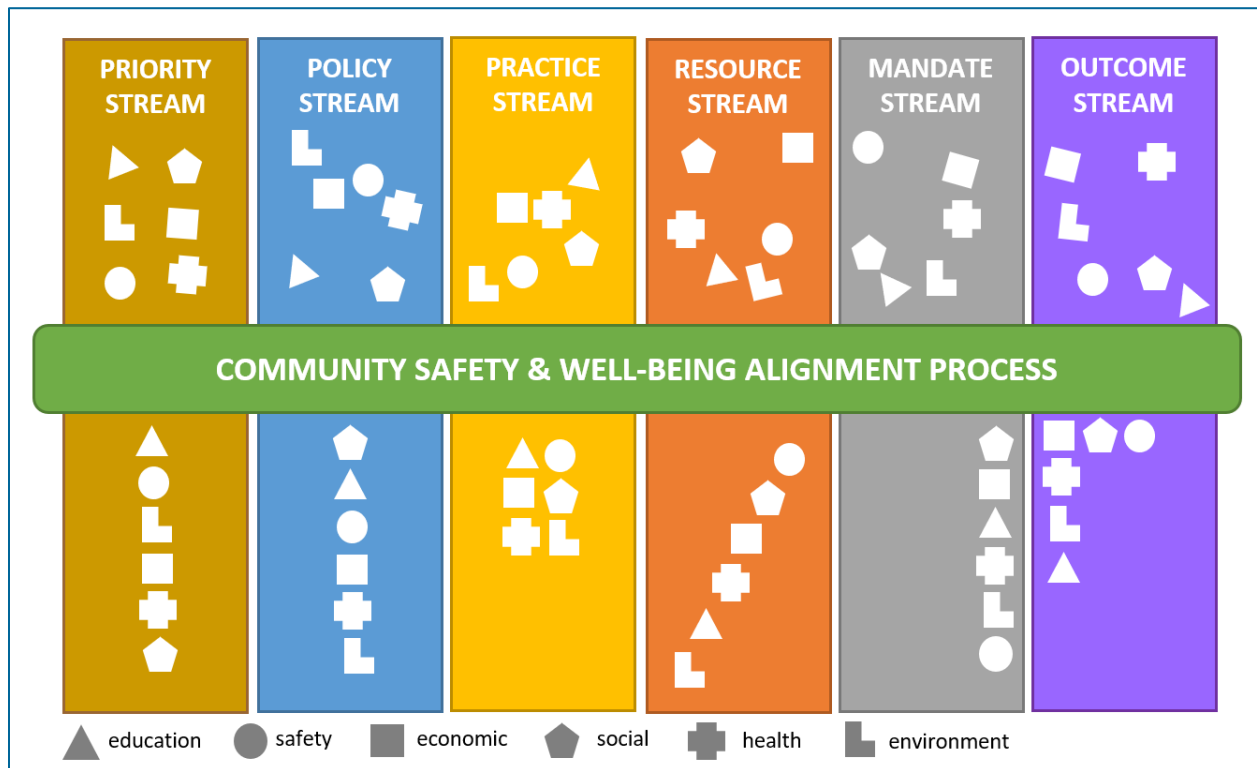
The third component of human service delivery alignment is *resources*. Collaborative partnerships provide an opportunity to build efficiency through resource sharing (OECD, 2013). Within the context of collaborative human service delivery, they can also provide an opportunity for improved outcomes (Kolbe, Allensworth, Potts-Datema, & White, 2015). Moving toward CSWB, it is important for government to explore opportunities of resource-sharing across jurisdictional and geographic boundaries.

One of the more challenging areas in alignment is adjusting *mandates*. Some of the reasons for this difficulty are related to politics (King, Laver, Hofferbert, & Budge, 1993), unintended consequences of mandate change (Button & Pearce, 1989), resistance to change (Landaeta, Mun, Rabadi, & Levin, 2008), and influences from other levels of government (Baicker, 2001). Moving towards CSWB, government leaders must examine the current systemic gaps left by their mandates and broaden their reach to cover such gaps. Research on CSWB initiatives (Nilson, 2015a) suggest that governments must be flexible in their mandates and, when necessary, allow for solution-focused activities to trump rigid mandates that negatively impact human service outcomes.

Finally, one of the most important endeavours in CSWB alignment is establishing *shared outcomes*. Past research (Van Lange, 1999) suggests that even at an interpersonal level, achieving shared outcomes is a challenge. At the community and government levels, that task is made difficult by a lack of engagement, the slow pace of getting results, logistics of shared outcome structures, and sustainability of a shared agenda (Wright, 2015). To overcome these obstacles, proper design, implementation, and measurement are necessary. To the latter point, it is critical to achieve a symmetry between shared outcomes and shared measurement of those outcomes (Rodin & MacPherson, 2012). An alignment of indicators to shared outcomes will strengthen the rigour of measurement and provide the much needed results for sustaining collaborative work in CSWB.

To illustrate the important relationship between these components and alignment, Figure 10 proposes a *Human Service Alignment Structure for CSWB*. The key components to this structure are represented by six independent streams: priority, policy, practice, resource, mandate, and outcome. In our conventional human service system (top portion of image), our different sectors (e.g., safety, health) have different positions and symmetries concerning each stream. In some streams they are clumped together and in others they are spread throughout. Once having passed through a process of CSWB alignment, however, the different sectors align. Of course, as the bottom half of the image shows, not all of these alignments are the same. Some alignments may have different configurations of leadership, while others may have different proximities across time and space. Regardless, the sectors are still aligned to support CSWB. Overall, Figure 10 should illustrate the complexity, instability, and often vulnerability of the human service system itself during the alignment process.

Figure 10. Human Service Alignment Structure for CSWB

5.   CONCLUSION

Despite fast-growing replications of CSWB models across the country (Global Network for Community Safety, 2016) and increasing government commitments to CSWB perspectives in human service delivery (Government of Saskatchewan, 2017; Ontario Ministry of Community Safety and Correctional Services, 2017; Public Safety Canada, 2016), there is an absence of any theoretical base to keep this paradigm shift in-line with its core principles of shared outcomes, risk mitigation, pragmatic solution building, and evidence-driven innovation. The intent of this paper is to begin filling that void while providing some basic conceptual understanding of the emerging field of CSWB.

Moving forward, there is a rich opportunity for members of the academic, advocacy, practitioner, and policy communities to continue this dialogue. Future examinations of the conceptual understanding, common practices, and alignment of CSWB should strike a careful balance between knowledge creation and theoretical validation. While the bulk of this paper has had a conceptual focus, we cannot lose sight of the real-world applications of CSWB that are responsible for this emerging field. As different types of CSWB models and practices continue to grow over the years, it will be our shared responsibility as social innovators to protect these opportunities from the assumptions, behaviours, and structures of our traditionally static social institutions.

To facilitate further momentum within the realm of CSWB, Table 7 outlines several suggestions to academics, advocates, practitioners, and policymakers at different levels of government.

Table 7. Suggestions for Future Momentum in CSWB

AUDIENCE	SUGGESTIONS
Academics	Work with practitioners and policymakers to finalize a set of indicators that can be used not only for evaluation purposes but also to guide initiative development and bring focus to what the state of CSWB really means and what impacts are occurring.
Advocates/Special Interests	Generate broad interest and commitment among your target groups toward collaborative generation of pragmatic solutions, evidence-based innovations, risk mitigation, and shared community outcomes.
Practitioners (government)	Explore opportunities for both inter-government and government to non-government collaboration around meeting client need, building organizational capacity, and generating shared community outcomes.
Practitioners (non-government)	Pursue an agenda of capacity-building that positions your organization to participate in and/or lead engagements of multi-sector collaboration, community mobilization, shared problem ownership, and sustainable commitment to innovative solutions.
Indigenous Government	Consider CSWB an exercise in holistic nation-building where the core principles of self-determination are embodied in initiatives driven by the pursuit of pragmatic solutions, evidence-based innovations, risk mitigation, and shared community outcomes.
Municipal Government	Support and/or engage in CSWB planning, program development, investment and policymaking that generates a direct measurable impact on your community.
Provincial Government	Pursue a truly all-of-government approach to promoting, funding, enabling, and measuring various types of CSWB initiatives including those spearheaded at the community level and those designed by your own departments and ministries.
Federal Government	Support the policy, partnership, and funding needs of all other audience members listed in this table while also making a shift away from short-term, single sector investments to longer-term, multi-sector investments that are made available to bottom-up, evidence-driven, socially innovative CSWB initiatives.

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ABOUT THE AUTHOR

Dr. Chad Nilson is a community-based researcher, initiative strategist and evaluator. Chad is a long-time advisor to various organizations and government agencies in municipal, provincial, federal, and Indigenous jurisdictions. Over the years, he has provided support in the areas of criminal justice, public health, education, homelessness, addictions, social work, and harm reduction.

Chad is known as one of the leading experts in community safety and well-being. In fact, he was the first evaluator in Canada to be immersed in the original *Hub Model of Collaborative Risk-Driven Intervention* (Prince Albert, SK). In this capacity, he shaped much of the conceptualization, discipline and language now used in implementation of the Hub Model. In addition, Chad led the development of a *Hub Database* and *Hub Participant/Chair Guides* that are now used in over 80 Hub Tables across Canada.

In addition to his work on the Hub Model, Chad has made several contributions to other areas of community safety and well-being. As a strategist, he designed a process that allowed Muskoday First Nation to become the first community in Canada to maintain multi-sector collaboration post-intervention. As a developmental evaluator, he helped establish performance consistency and ongoing measurement capacity for The Regina Intersectoral Partnership. As a developer, he designed much of the recent practices guiding Ontario communities in building evidence-driven and experience-led solutions to systemic problems and opportunities.

Chad is a Community-Engaged Scholar at the University of Saskatchewan's Centre for Forensic Behavioural Science and Justice Studies, past Vice-President of Research and Evaluation at the Global Network for Community Safety, and primary investigator for the Living Skies Centre for Social Inquiry. In these various roles he has been invited to lead and mentor the measurement and development of community safety and well-being in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Prince Edward Island.

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