



**Building Partnerships
to Reduce Crime**

Hub Discussion Data Entry Guide

A Tool Designed to Help Streamline Data Entry During Live Hub Discussions

January 2015

This document has been prepared for BPRC in partnership between:

Dr. Chad Nilson
Inaugural Research Fellow
Centre for Forensic Behavioural Science and Justice Studies
University of Saskatchewan
306-953-8384 chad.nilson@usask.ca

Markus Winterberger
Strategic Analyst
Community Mobilization Prince Albert
306-765-2884 mwinterberger@papolice.ca

Tamara Young
Tactical Analyst
Community Mobilization Prince Albert
306-765-2883 tyoung@papolice.ca



Recommended reference for this document:

Nilson, C., Winterberger, M., and Young, T. (2015). *Hub Discussion Data Entry Guide: A Tool Designed to Streamline Data Entry During Live Hub Discussions*. Prince Albert, SK: Community Mobilization Prince Albert/Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan.



Hub Discussion Data Entry Guide

A Tool Designed to Help Streamline Data Entry During Live Hub Discussions

1.0 INTRODUCTION

The purpose of this guide is to help those individuals tasked with data entry during live Hub discussions. This guide was designed to follow the flow of the three different stages of a Hub discussion. These include *New Discussions*, *Discussion Updates* and *Discussion Closures*. This guide was also designed to limit the impact that the data collection process has on the natural flow of a Hub meeting. That being said however, certain changes in the format of a Hub meeting will need to be adjusted to accommodate the collection and entry of data for the variables outlined in this guide. Much of these changes include additional prompting by the Hub chair, verification of acutely-elevated risk and a sufficient review of a discussion prior to closure.

The variables identified in this guide first appeared in Community Mobilization Prince Albert's *Hub Database Methodological Summary*¹. They were designed to help identify the achieved target group of the Hub discussion process, the risk factors facing discussion subjects, the tasks undertaken by Hub discussants to mobilize supports around discussion subjects, and the impact of collaborative intervention on overall risk. The variables appearing in this guide were also designed to promote consistency between different Hub meetings and among the different Hubs adopting the Prince Albert approach to community mobilization. This guide has been designed alongside two similar guides provided to Hub Discussants (Hub Discussant Guide) and Hub Discussion Chairs (Hub Chair Discussion Guide).

The most important suggestion to consider when entering data during live Hub discussions is to enter data while following the flow of the meeting. For successful data collection, data enterers must work closely with the Hub chair to establish a pattern of Hub discussion that is both conducive to data entry and favourable to efficient and effective needs identification and intervention planning.

¹ See Nilson, C., Winterberger, M. and Young, T. (2013). *Hub Database Methodological Summary: An Overview of the Ongoing Development and Implementation of a Database Tracking General Information, Risk Factors and Activities of Hub Discussions held at Community Mobilization Prince Albert*. Prince Albert, SK: Community Mobilization Prince Albert.

2.0 THREE STAGES OF THE HUB DISCUSSION PROCESS

As mentioned in the introduction of this guide, there are three different stages of a Hub discussion. Each requires a different flow of data entry in accordance with the meeting. The table below shows how each stage of the Hub discussion has its own set of goals and dyad of results. This table is included to provide a context for data enterers to consider when trying strategizing their data collection process.

IDENTIFIER	STAGE	GOAL	RESULT
A	New Discussion	Identify risk, determine if acutely-elevated risk is present, identify agencies that need to be involved, plan intervention	a) situation is accepted as a Hub discussion or b) situation is rejected
B	Discussion Update	Reassess risk, determine if acutely-elevated risk is still present, identify agencies that need/no longer need to be involved, identify completed tasks and services mobilized to date	a) pending to another date after additional reporting back or b) situation moves to closure
C	Discussion Closure	Verify that at least one of the closure reasons have been met (e.g., risk has been lowered) and identify services mobilized	a) discussion is closed or b) discussion remains open, pending further attention or c) discussion is transferred to another Hub

Overall, the reason why data entry is discussed in terms of *stages* of a Hub discussion is to allow those responsible for data entry, a more seamless process that reduces jumping back and forth between different components of the database. This improves the quality of data being collected without sacrificing the flow of a Hub meeting.

3.0 DATA COLLECTION PROCESS

When entering data during a Hub discussion, it is critical that the individual chairing the Hub discussion is quite aware of the data collection needs of the enterers. This will allow for a more efficient and effective means of capturing the data. As alluded to earlier, it is convenient to discuss data collection and entry practices within the context of at least one of the three stages. The following subsections help walk us through the data collection process within each individual stage.

3.1 STAGE “A” - Data Entry During a *New Discussion*

Side Note – a situation is presented to the Hub discussants at *Filter Two*.

Step A1 – Enter new “Discussion Number”

Step A2 – Insert number of times discussed as “1”

NUMBER OF TIMES DISCUSSED
Manually enter the number of times (add 1 each time the situation is discussed)

Step A3 – Enter the “Opening Date”

Step A4 – Enter the “Originating Agency”

Step A5 – Enter the “Discussion Type”

DISCUSSION TYPE
Dwelling
Environmental
Family
Neighbourhood
Individual

Step A6 – If situation is an individual or family, enter the “Gender” of everyone involved

GENDER
Female
Male
Unknown

Step A7 – If situation is an individual or family, enter the “Age Cohort” of everyone involved

AGE COHORT	
Infant	0 - 2
Toddler	3 - 4
Child	5 - 11
Youth	12 - 15
	16 - 17
Adult	18 - 24
	25 - 29
	30 - 39
	40 - 49
	50 - 59
Older Adult	60 - 69
	70 - 79
Unknown	80+
	NA

Step A8 – If situation involves “family” or “individual”, enter the “Subject Role”

SUBJECT ROLE	DATA FORM
Primary Subject	If yes, check
Primary Caregiver	If yes, check

Step A9 – Enter “Risk Factors” for the situation as they are identified by Hub discussants

RISK FACTORS
See appendices of this Guide

Step A10 – If acutely-elevated risk is not present, identify *reason for rejection* under “Reasons for Closure” (see C3)

Side Note: Before this point, no identifiable information has been shared. At this point, the discussion may move to *Filter Three* where a limited amount of identifiable information is shared.

Step A11 – Determine whether discussion is a new, existing or previous discussion. It is an existing discussion, the situation is discussed under that pre-existing discussion number.

REOPENING
No
Yes, different risk
Yes same risk
Yes, but unknown if same risk or not

Step A12 – If it is determined to be a “reopening”, enter the old discussion number

OLD DISCUSSION NUMBER
Manually enter old discussion #
Unknown
NA (<i>not applicable</i>)

Step A13 – Once identifiable information is shared, revisit previous variables to see if anything requires adjustments. Such as:

- Is this *discussion type* still appropriate?
- Are the *risk factors* accurate and complete?
- Is an *YCJA conference* called?
- Does the situation need to be rejected (see closure variables)?

Step A14 – If crime and age data suggest potential young offender involvement, enter “YCJA Conference”

YCJA CONFERENCE
Yes
No
NA

Step A15 – Determine the “Lead Agency” and “Assisting Agencies”

****note that this is an example from Prince Albert (each community will have their own)

ACRONYM	ORIGINATING/LEAD/ASSISTING AGENCY
PARCSSD	Ministry of Education – Prince Albert Roman Catholic Separate School Division
SRPSD	Ministry of Education – Saskatchewan Rivers Public School Division
MSS CFS	Ministry of Social Services - Child and Family Services
MSS IA	Ministry of Social Services - Income Assistance
MSS MCU	Ministry of Social Services – Mobile Crisis Unit
PAFD	Prince Albert Fire Department
PAGC	Prince Albert Grand Council
PAPHR ASA	Prince Albert Parkland Health Region – Addiction Services Adult
PAPHR ASY	Prince Albert Parkland Health Region – Addiction Services Youth
PAPHR MH	Prince Albert Parkland Health Region – Mental Health
PAPS	Prince Albert Police Service
PAPS BYLAW	Prince Albert Police Service - Bylaw
PAPS VS	Prince Albert Police Service – Victim Services
CORR	Ministry of Justice – Corrections
RCMP	Royal Canadian Mounted Police

Step A16 – Identify your “Mandatory Issue Flags”. If your Hub has developed its own study flags (i.e. cognitive disability, cyber-bullying), enter them here as well.

MANDATORY ISSUE FLAGS	DATA FORM
domestic violence^	y/n
discussion is a systemic issue*~	y/n
# of people who were informed of/connected to/engaged in services through intervention	#

^ Domestic Violence is present where physical/psychological harm occurs (or is expected to occur) through conflict between individuals of the same family or between individuals engaged (or formerly engaged) in a relationship.

* Systemic Issues are present where characteristics and applications of, or procedures affecting human service sector institutions, either serve as a barrier to, or plainly fail to, alleviate situations of acutely-elevated risk. Systemic issues are also present where large inefficiencies exist in producing expected outcomes (e.g. solving social problems). The systemic issue flag should be used when an attempted mobilization of service did not occur because of a ‘systemic issue’; and/or if the discussion was marked as a ‘systemic issue’ in the closure variable and/or if the situation is showing another systemic issue that was not recorded via the ‘services not mobilized’ variable or the ‘closure’ variable. Ultimately, any situation showing any systemic issue should be flagged.

~ When systemic issues are presented, the Hub chair must activate a Systemic Issue Report Form. The Hub discussant from the lead agency will be asked to complete the form and send to the relevant Centre of Responsibility.

Step A17 – Enter “Date of Pending”

OVERVIEW OF ROLES DURING OPENING OF NEW HUB DISCUSSION

	Hub Chair	Hub Discussants	Data Enterers
1	<p>a) ask for new items from Hub discussants.</p> <p>b) provide data enterers time to record required opening information</p>	<p>a) present new items to Hub</p> <p>b) identify discussion type (see Table A [type])</p>	<p>a) enter a new discussion number</p> <p>b) insert the number of times situation is discussed</p> <p>c) enter the opening date</p> <p>d) enter the originating agency</p> <p>e) enter the discussion type</p>
2	<p>a) clarify age, gender and roles of all those involved</p>	<p>a) provide the age (see Table C [age])</p> <p>b) provide the gender (see Table B [gender])</p> <p>c) provide the subject role(s), (see Table D)</p>	<p>a) enter gender</p> <p>b) enter age</p> <p>c) enter subject role as “primary subject” and/or “primary caregiver”</p>
3	<p>a) ask about risk factors</p>	<p>a) provide the relevant risk factors (see Table H [risk factors])</p>	<p>a) enter risk factors identified</p>
4	<p>a) ask Hub table if this is a situation of acutely-elevated risk. Verify this by inquiring about four elements:</p> <ul style="list-style-type: none"> i) Significant interest at stake? ii) Probability of harm occurring? iii) Significant intensity of harm? iv) Multi-disciplinary nature of risk? 	<p>a) engage in a discussion on the four criteria of acutely-elevated risk.</p>	<p>a) do nothing</p>
5	<p>a) if situation is rejected, ask what for the reason for rejection.</p>	<p>a) if the situation is rejected, help to choose the appropriate rejection reason (see Table M)</p>	<p>a) if rejected, enter the reason for rejection in the “reason for closure” section</p>
6	<p>a) if situation is accepted, ask for identifiable information.</p> <p>b) ask if this is a reopening of a former discussion.</p> <p>c) if so, ask for the previous discussion number</p> <p>d) prompt Hub to examine data on the screen to make sure accurate</p>	<p>a) if appropriate, identify whether it is new or previous discussion</p> <p>b) if appropriate, provide old discussion number</p> <p>c) review data fields on screen</p>	<p>a) enter whether it is a new or previous discussion</p> <p>b) if a reopening, enter old discussion number</p> <p>c) double-check for discussion type, gender, age cohort, risk factors, etc.</p>
7	<p>a) examine risk and age to determine if this is a YCJA Conference</p>	<p>a) identify ‘yes’ or ‘no’</p>	<p>a) record whether it is a YCJA conference</p>
8	<p>a) ask who should be the lead agency</p>	<p>a) identify the lead agency (see Table J [lead agency])</p>	<p>a) enter name of lead agency</p>
9	<p>a) ask who should be assisting agencies</p>	<p>a) identify the assisting agencies (see Table J [assisting agencies])</p>	<p>a) enter names of assisting agencies</p>
10	<p>a) prompt a look at issue flags</p> <ul style="list-style-type: none"> i) domestic violence ii) systemic issue 	<p>a) see Table I (issue flags)</p> <p>b) choose study flags (if applicable)</p>	<p>a) enter data on issue flags</p> <p>b) enter locally-developed study flags (if applicable)</p>
11	<p>a) ask for date of discussion pending</p>	<p>a) verify pending date</p>	<p>a) enter date discussion is pending</p>

3.2 STAGE “B” - Data Entry During a Discussion Update

Step B1 - Increase number of times discussed by “1”

NUMBER OF TIMES DISCUSSED
Manually enter the number of times (add 1 each time the situation is discussed)

Side Note – Lead agency provides a synopsis of the situation at hand by providing a summary of the risk factors, completed tasks associated with the discussion and any collaborative intervention that occurred.

Step B2 – If necessary, enter an update on “Risk Factors”, “Assisting Agencies” and other *Filter Two* data mentioned above

Step B3 – Enter “Date of Pending”; or move to Stage C (Closing)

OVERVIEW OF ROLES DURING DISCUSSION UPDATE

	Hub Chair	Hub Discussants	Data Entry Team
1	a) ask for discussion updates	a) provide updates on existing discussions	a) find existing discussion data b) increase # of times discussed by 1
2	a) ask if any risk factors and/or assisting agencies need to be updated	a) verify risk factors and assisting agencies (see Table H [risk factors])	a) update risk factors and/or assisting agencies based off lead agency synopsis and assisting agencies’ contributions
3	a) ask when pending date will be	a) verify pending date	a) enter date of pending discussion

3.3 STAGE “C” - Data Entry During a Discussion Closure

Side Note – Hub discussants believe that a closure reason is met (e.g. the situation no longer involves acutely-elevated risk) and move to close the discussion. They then must review the reasons why.

Step C1 – Prior to closing a discussion, select the “Services Mobilized” (be sure to differentiate between whether the discussion subject was informed of, connected to or engaged with services). If applicable, enter services not mobilized and the reason why.

	SERVICES MOBILIZED/NOT MOBILIZED
Informed of	social services
Connected to	social assistance
Engaged with	housing
No Services Available	mental health
Refused Services	sexual health
	public health
	medical health
	addictions
	harm reduction
	counselling
	cultural support
	spiritual support
	parenting support
	education support
	employment support
	home care
	life skills
	victim support
	safe shelter
	police
	courts
	corrections
	probation
	parole
legal support	
fire department	
mentorship	
recreation	
food support	
other	
Not Mobilized	systemic issue
	overall risk lowered – through no action of Hub
	new information reveals AER did not exist to begin with
	relocated
	unable to locate
	deceased

* Be sure to check for “systemic issues” under issue flags.

Step C3 – Identify “Reasons” for why Discussion is being rejected/closed

REASONS FOR DISCUSSION CLOSURE
Rejected - Originator has not exhausted all options to address the issue
Rejected - Services mobilized and risk was mitigated
Rejected - Personal supports mobilized and risk was mitigated
Rejected - Services mobilized with potential to mitigate the risk
Rejected - Personal supports mobilized with potential to mitigate the risk
Rejected - Situation not deemed to be one of acutely-elevated risk
Rejected - Single agency can address risk alone
Overall risk lowered - services mobilized
Overall risk lowered - through no action of Hub
New information reveals AER did not exist to begin with
Still AER - services mobilized
Still AER - agency/agencies will take over situation
Still AER - refusal of services
Still AER - relocated
Still AER - systemic issue
Still AER - unable to locate
Deceased

* Be sure to check off “Systemic Issue” under issue flags.

Step C4 – Enter “Date of Closure”

Step C5 – If Hub elects to transfer the discussion to another Hub, enter that the discussion has been “transferred”

OVERVIEW OF ROLES DURING DISCUSSION CLOSURE

	Hub Chair	Hub Discussants	Data Entry Team
1	a) ask if Hub discussants believe discussion should be closed	a) determine 'yes' or 'no'	a) open closure window
2	a) ask Hub table if this is no longer a situation of acutely-elevated risk. Verify this by inquiring about four elements: i) Significant interest at stake? ii) Probability of harm occurring? iii) Significant intensity of harm? iv) Multi-disciplinary nature of risk?	a) engage in a discussion on the four criteria of acutely-elevated risk	a) do nothing
3	a) ask for reason of discussion closure	a) see Table M (reasons for closure)	a) enter reason for closing Hub discussion b) enter date of closure
4	a) ask what services were mobilized	a) indicate services mobilized (see Table K [services mobilized])	a) insert services mobilized (i.e. informed of, connected to, or engaged with)
5	a) if services were not mobilized, ask why not	a) indicate why services not mobilized (see Table K [reasons why services not mobilized])	a) enter reasons for why services were not mobilized
6	a) ask discussants to verify the data on the database	a) verify that all data recorded for that discussion are accurate	a) correct/update any data if required

APPENDICES

RISK CATEGORY	RISK FACTORS	DESCRIPTION
Alcohol	alcohol use by person	known to consume alcohol; no major harm caused
	alcohol abuse by person	known to excessively consume alcohol; causing self-harm
	alcohol abuse in home	living at a residence where alcohol has been consumed excessively and often
	harm caused by alcohol abuse in home	has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home
	history of alcohol abuse in home	excessive consumption of alcohol in the home has been a problem in the past
Drugs	drug use by person	known to use illegal drugs (or misuse prescription drugs); no major harm caused
	drug abuse by person	known to excessively use illegal/prescription drugs; causing self-harm
	drug abuse in home	living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often
	harm caused by drug abuse in home	has suffered mental, physical or emotional harm or neglect due to drug abuse in the home
	history of drug abuse in home	excessive consumption of drugs in the home has been a problem in the past
Gambling	chronic gambling by person	regular and/or excessive gambling; no harm caused
	chronic gambling causes harm to self	regular and/or excessive gambling; resulting in self-harm
	chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
	person affected by the gambling of others	is negatively affected by the gambling of others

Mental Health	diagnosed mental health problem	has a professionally diagnosed mental health problem
	suspected mental health problem	suspected of having a mental health problem (no diagnosis)
	self-reported mental health problem	has reported to others to have a mental health problem(s)
	witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
	mental health problem in the home	residing in a residence where there are mental health problems
	grief	experiencing deep sorrow, sadness or distress caused by loss
	not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self or others
Cognitive Impairment	diagnosed cognitive impairment	has a professionally diagnosed cognitive impairment
	suspected cognitive impairment	suspected of having a cognitive impairment (no diagnosis)
	self-reported cognitive impairment	has reported to others to have a cognitive impairment
Physical Health	pregnant	pregnant
	physical disability	suffers from a physical impairment
	terminal illness	suffers from a disease that cannot be cured and that will soon result in death
	chronic disease	suffers from a disease that requires continuous treatment over a long period of time
	nutrition deficit	suffers from insufficient nutrition, causing harm to their health
	general health issue	has a general health issue which requires attention by a medical health professional

	not following prescribed treatment	not following treatment prescribed by a health professional; resulting in risk
Suicide	person current suicide risk	currently at-risk to take their own life
	person previous suicide risk	has in the past, been at-risk to take their own life
	affected by suicide	has experienced loss due to suicide
Self-Harm	person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
	person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Criminal Involvement	damage to property	has been suspected, charged, arrested or convicted for damage to property
	arson	has been suspected, charged, arrested or convicted for arson
	theft	has been suspected, charged, arrested or convicted for theft
	break and enter	has been suspected, charged, arrested or convicted for break and enter
	robbery	has been suspected, charged, arrested or convicted for robbery (which is theft with violence or threat of violence)
	assault	has been suspected, charged, arrested or convicted of assault
	sexual assault	has been suspected, charged, arrested or convicted for sexual assault
	threat	has been suspected, charged, arrested or convicted for uttering threats
	homicide	has been suspected, charged, arrested or convicted for the unlawful death of a person

	animal cruelty	has been suspected, charged, arrested or convicted for animal cruelty
	drug trafficking	has been suspected, charged, arrested or convicted for drug trafficking
	possession of weapons	has been suspected, charged, arrested or convicted for possession of weapons
	other	has been suspected, charged, arrested or convicted for other crimes
Crime Victimization	damage to property	has been reported to police to be a victim of someone damaging their property
	arson	has been reported to police to be the victim of arson
	theft	has been reported to police to be the victim of theft (someone stole from them)
	break and enter	has been reported to police to be the victim of break and enter (someone broke into their premises)
	robbery	has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)
	assault	has been reported to police to be the victim of assault (i.e: hitting, stabbing, kicking)
	sexual assault	has been reported to police to be the victim of sexual assault (i.e: touching, rape)
	threat	has been reported to police to be the victim of someone uttering threats to them
	other	has been reported to police to be the victim of other crimes not mentioned above
Physical Violence	person victim of physical violence	has experienced physical violence from another person (i.e: hitting, pushing)
	person perpetrator of physical violence	has instigated or caused physical violence to another person (i.e: hitting, pushing)
	physical violence in the home	lives with threatened or real physical violence in the home (i.e: between others)

	person affected by physical violence	has been affected by others falling victim to physical violence (i.e: witnessing; having knowledge of)
Emotional Violence	person victim of emotional violence	has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied or intentionally ignored them, etc
	person perpetrator of emotional violence	has emotionally harmed others by controlling their behaviour, name-calling, yelling, belittling, bullying, intentionally ignoring them, etc
	emotional violence in the home	resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc
	person affected by emotional violence	has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc. (i.e: witnessing; having knowledge of)
Sexual Violence	person victim of sexual violence	has been the victim of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	person perpetrator of sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching, or forced sexual acts
	sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur
	person affected by sexual violence	has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching, or forced sexual acts (i.e: witnessing; having knowledge of)
Elderly Abuse	person victim of elderly abuse	has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process

	person perpetrator of elderly abuse	has knowingly or unknowingly caused intentional or unintentional harm upon others because of physical, mental or situational vulnerabilities associated with the aging process
Supervision	person not properly supervised	has not been provided with adequate supervision
	person not providing proper supervision	has failed to provide adequate supervision to a dependent person (i.e: child, elder, disabled)
Basic Needs	person being neglected by others	basic physical, nutritional or other needs are not being met by others they depend upon
	person neglecting others' basic needs	has failed to meet the physical, nutritional or other needs of others under their care
	person unable to meet own basic needs	cannot independently meet their own physical, nutritional or other needs
	person unwilling to have basic needs met	person is unwilling to meet or receive support in receiving their own basic physical, nutritional or other needs met
Missing School	Truancy	has unexcused absences from school without parental knowledge
	Chronic Absenteeism	has unexcused absences from school with parental knowledge, that exceed the commonly acceptable norm for school absenteeism
Parenting	person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
	person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
	parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties

Housing	person does not have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e: condemned building, street)
	person transient, but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e: couch-surfing)
Poverty	person living in less than adequate financial situation	current financial situation makes meeting the day to day housing, clothing or nutritional needs, significantly difficult
Negative Peers	person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
	person serving as a negative peer to others	is having a negative impact on the thoughts, actions or decisions of others
Antisocial/ Negative Behavior	person exhibiting antisocial/negative behavior	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community (i.e: partying; public urination; rude, obnoxious or disruptive behaviour)
	antisocial/negative behavior within home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community (i.e: partying; public urination; rude, obnoxious or disruptive behaviour)
Unemployment	person temporarily unemployed	without paid work for the time being
	person chronically unemployed	persistently without paid work
	caregivers temporarily unemployed	caregivers are without paid work for the time being
	caregivers chronically unemployed	caregivers are persistently without paid work
Missing/ Runaway	runaway with parents' knowledge of whereabouts	has run away from home with guardian's knowledge but guardian is indifferent
	runaway without parents' knowledge of whereabouts	has runaway and guardian has no knowledge of whereabouts

	person reported to police as missing	has been reported to the police and entered in the Canadian Police Information Centre (CPIC) as a missing person
	person has history of being reported to police as missing	has a history of being reported to police as missing and in the past has been entered on CPIC as a missing person
Threat to Public Health and Safety	person's behaviour is a threat to public health and safety	is currently engaged in behaviour that represents a danger to the health and safety of the community (e.g., unsafe property, intentionally spreading disease, putting others at risk)
Gangs	gang association	social circle involves known or suspected gang members, but is not a gang member
	gang member	is known to be a member of a gang
	threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members
	victimized by gang	has been attacked, injured, assaulted or harmed by a gang in the past
Social Environment	negative neighbourhood	lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms
	frequents negative locations	is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms