

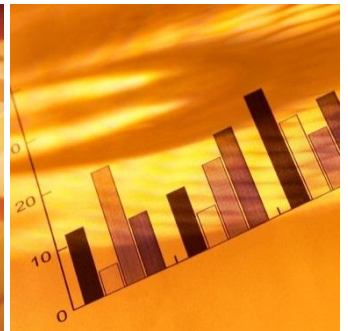
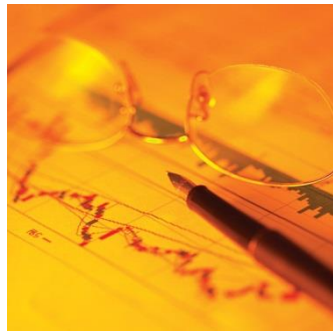
Collaborative Risk-Driven Intervention

A Study of Samson Cree Nation's Application of the Hub Model

by Dr. Chad Nilson

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Abstract

In an effort to reduce crime and violence in their community, police and local leaders at Samson Cree Nation in central Alberta have implemented the Hub model of collaborative risk-driven intervention since 2012. The Hub is a weekly forum for human service providers from multiple sectors to share limited information about their clients whose current situation meets a defined threshold of acutely-elevated risk. The outputs of these meetings are multi-sector interventions designed to rapidly mobilize services around the composite needs of their shared clients. With its origin in Prince Albert, Saskatchewan, the Hub model has been replicated throughout Canada and in several American states. Samson Cree Nation is the first on-reserve application of the model in a First Nations community.

The purpose of this study is to explore the journey that community leaders and stakeholders took to develop their own Hub table in the Samson Cree Nation. This paper explores the reason for the Samson Cree Hub, its implementation, and stakeholder perceptions of the impact that the Hub is having on police, human service providers, their agencies, and the clients they serve. Interviews with community safety and wellness stakeholders, along with first-hand observations of the Samson Cree Hub, provide information for this research. Findings reveal that the Hub model is a value-added and much-needed tool for human service providers to better meet the needs of their clients. Overall, the Hub model shows considerable promise for other First Nation communities wishing to implement a collaborative approach to reducing risk and harm.

Author's Note

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Executive Summary

ITEM	DESCRIPTION
Background on Samson Cree Nation	<ul style="list-style-type: none"> • The high rates of crime, violence, death, addictions and community fear that prompted the RCMP and Chief and Council to consider the Hub model. • Introduces the structure, function and makeup of the Samson Cree Hub.
Research Questions	<ul style="list-style-type: none"> • Examination of the origin of the Samson Cree Hub, fitness to the original model, lessons learned, benefits, challenges, training, past evaluation, conduciveness to First Nation communities, and innovativeness of the Hub model.
Methodology	<ul style="list-style-type: none"> • 18 human service providers and community leaders interviewed in-person at Samson Cree Nation in June 2015 using open-ended questions related to the main themes of this study.
Findings	<ul style="list-style-type: none"> • The Samson Cree Hub was formed in response to elevating crime, violence, death and addiction in the community. • Weekly meetings of multiple service providers allows Hub discussants to collaborate around the identification of composite risk and plan collaborative interventions that connect clients to services through home outreach or through an intervention circle with Elders, human service providers, and clients. • Clients are getting connected to services quicker, are receiving multiple supports and becoming more accountable in their own healing process. • Agencies benefit from shared information, being able to collaborate with other agencies, and provide more efficient and effective services. • Police can divert non-relevant calls to more appropriate agencies, build better relations with other agencies, and become proactive; and experience both improved community relations and reduced calls in service. • The Samson Cree Hub is a close fit to the original Hub model, but could benefit from some updates in the discussion process, intervention planning and data collection. • Remaining challenges include partner absenteeism, turnover, systemic issues, geographic exclusiveness, and internal barriers to collaborative intervention and information sharing. • Suggestions for improvement are provided in the areas of training and development, community planning, attendance policies, systemic issue analysis, agency involvement, and adjustments in process. • Key ingredients of the Hub model include the right people, confidentiality and trust, a team relationship, proper logistics, training, leadership and community support, and a clear vision. • The Hub is a conducive and promising model for First Nation communities because the model fits the traditional values of First Nations people; is adaptable to local community needs; is focused on bringing the entire community onboard to support families; and is an efficient way to support families with complex needs in communities where resources are limited. • The Hub model is innovative because it brings multiple agencies together at an action table focused on risk-driven collaboration; it provides a more cost-effective way of improving client outcomes; and it brings the full perspective of human service providers to the realities that their shared clients face—which makes for better solution-building.
Limitations	<ul style="list-style-type: none"> • All respondents have a professional interest in Hub (potential bias). • Interviews were not conducted with clients. • Methods limited to interview data collection.
Conclusion	<ul style="list-style-type: none"> • The experience of Hub discussants and stakeholders at Samson Cree Nation suggest that it may be worthwhile for police and First Nation leaders to further explore the utility and value of the Hub model of collaborative risk-driven intervention.

Foreword

This report sheds light on how a First Nations community partnered with police and other human service providers to take an innovative approach at tackling crisis levels of criminality and the associated impacts on people and communities.

The study will be of particular interest to those senior officials and practitioners across the community safety spectrum that are interested in considering more collaborative and risk-driven approaches to improving community safety at the local level, thus joining a growing number of communities already moving in that direction. Dr. Nilson does not provide a step-by-step implementation guide. Instead, he relies on his extensive experience with collaborative risk-driven models of community safety, including the original Hub in Prince Albert, to provide insights on a number of important dimensions that others should consider.

In 2012, Samson Cree Nation had faced years of escalating crime and related social stresses. Community leaders were introduced to the Hub model from the local RCMP commander who had recently arrived from Saskatchewan where it was first developed. Working closely with other human services partners, they took immediate steps to learn more about the model, including travelling together to Prince Albert to see firsthand how the Hub worked. When they then returned, they quickly moved to implementation, remaining true to the model, while adapting some aspects to meet local circumstances.

Today, now three years later, this review gleans important insights into what has worked well, what lessons have been learned and how the model might be further improved for the benefit of the local community.

The ultimate test of experience has shown that the Hub model is a strong fit in a First Nations context, which is no surprise since the model aligns well with First Nation culture generally. The key to the Samson Cree Nation's Hub success has been in securing the following:

- Engaging the right people;
- Maintaining true to key elements of the model while adapting to local needs, and;
- Leadership.

Overall, the leadership component is crucial. This is fundamentally the story of an at-risk community taking charge. Even where not explicitly mentioned, leadership lies beneath the surface of every aspect of the Samson Cree Nation's Hub story. Getting Hub to where it is today in under three years required incisive leadership both individually and collectively across the community and service provider partners. Anyone who has led major change will appreciate how difficult a transformation the adoption of new innovative approaches can be when it involves multiple partners. As Alberta-born Stanford professor Albert Bandura stated:

The voices for parochial interests are usually much stronger than those for collective responsibility (greater good). It requires efficacious, inspiring leadership to create unity within diversity.

It is clear from this study that the Samson Cree Nation, in partnership with the local RCMP detachment and the other human services providers, has successfully broken new ground with using the Hub model. Their interest in the greater good of the community and its citizens has been paramount.

As I reflect back on the years I spent working in front line policing – particularly in First Nation communities across Alberta and the Northwest Territories, I can't help but think how much more effective we would have been, the police and the community together, with a Hub model in place. Such simple a concept holds so much promise. I suppose it's time just hadn't come yet.

In closing, those interested in moving to implement the Hub model will find this report a solid contribution to thinking this through. First Nation communities in particular are well served by Samson Cree Nation's leadership as an early adopter of this collaborative risk-driven model of community safety.

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Introduction

In 2012, Samson Cree Nation, in partnership with the Maskwacis RCMP Detachment, began their journey with the Hub model of collaborative risk-driven intervention. Implemented with the hope that the Hub model could provide upstream solutions to ongoing crime, violence, arson, addictions and truancy in the community, the Samson Cree Hub was formed out of a partnership between agencies in the policing, community wellness, education, probation, corrections, income support, social services, ambulance, and youth sectors.

Since that time, several communities across Canada have adopted the Hub model to improve community safety and wellness outcomes. However, Samson Cree Nation remains the only First Nation to have fully applied the model over a relatively extended period of time. To provide information on Samson Cree Nation's experience with the Hub model to Public Safety Canada's First Nations Policing Program, the latter contracted the Living Skies Centre for Social Inquiry to conduct this study.

The objectives of this study were to identify why the model was adapted in Samson Cree Nation, whether it is consistent with evidence-based practices, how compliant Samson Cree Nation is with established practices of the model, what lessons have been learned, and what benefits and challenges have been observed.

To begin this study, relevant literature has been reviewed on collaboration, risk and intervention; crime reduction applications of collaborative risk-driven intervention; the Hub model, including its development, key components and expansion; community safety and wellness within a First Nations context; and past evaluations of the Hub model in Canada.

To gain a better understanding of the Samson Cree Hub, in-person interviews were conducted with 18 different Hub discussants and stakeholders representing a range of human service sectors. An interview guide was prepared, with questions designed to reveal information on the formation of Samson Cree Hub; agency commitments to the model; the referral process; collaborative intervention practices; impacts of the Hub on clients, agencies and the police; challenges and suggested improvements; and the extent to which the Hub model is conducive to on-reserve First Nation communities.

The following report begins with the literature review, followed by a description of methodology, evaluation questions, results, findings and limitations. This report concludes with an overall suggestion for police and First Nation leaders considering their own journey with the Hub model of collaborative risk-driven intervention.

Part 1 — Literature Review

Literature Review Themes

To prepare for this study of the Samson Cree Hub, the Living Skies Centre for Social Inquiry completed a review of relevant literature on collaborative risk-driven intervention. The content of this literature review is shaped by three factors. First, developers of the Samson Cree Hub were largely inspired by their visit to the Prince Albert Hub in 2012 (Gault, 2013). Second, all four Maskwacis Nations are policed by an enhanced tripartite policing agreement under Public Safety Canada’s First Nations Policing Program (Chettleburgh, 2013). Third, the four First Nations served by the Maskwacis RCMP Detachment are heavily affected by disproportionate levels of crime and violence (Walton & Campbell, 2005). These factors have all played an important role in shaping the content of this literature review because they identify the relevance of the Prince Albert Hub model, policing and crime to the Samson Cree Hub¹.

The opening section of this literature review identifies, conceptualizes and reviews past studies and evaluations on the three major elements of the collaborative risk-driven intervention: collaboration, risk, and intervention. The second section examines crime reduction applications of chronic risk-driven intervention, along with past evaluations of the *Pulling Levers Focused Deterrence Strategy* that has been applied to reduce crime, violence, gang involvement and weapon carriage in several large cities.

Following this, the literature review distinguishes the Hub Model from past collaborative risk-driven intervention applications based upon the achieved target group and the role of case management, follow-up and intensive support. Readers are then provided with a brief historical narrative on the origin of the Hub model in Canada (Prince Albert Hub), followed by an overview of key components to the Hub model across Canada. A closing section on the Hub model touches on expansion efforts in Saskatchewan and Ontario that have been documented in the literature.

In light of Samson Cree Nation’s application of collaborative risk-driven intervention on-reserve, special consideration is given to community safety and well-being within a First Nations context. In particular, three First Nation-focused topics are covered: 1) disproportionate risk factors; 2) key ingredients to successful implementation of risk reduction initiatives; and 3) past applications of risk reduction efforts in First Nation communities.

The literature wraps up with identification of both challenges and opportunities for evaluation in collaborative risk-driven intervention. As the evaluation field on the Hub model is currently very limited, lessons learned from evaluators working in other areas of collaboration, risk and intervention are important contributions to this attempt to study the Samson Cree Hub.

Overall, the goal of this literature review is to support the study of the Samson Cree Hub in a way that contributes to recent calls to increase our understanding of collaborative risk-driven intervention (Nilson, 2014a) and develop leading practices in improving community safety and well-being for Aboriginal people in rural Canada (Lithopoulos & Ruddell, 2013).

¹ The relevance of police and crime to the Samson Cree Hub is highlighted in this report because other impetuses of collaborative risk-driven intervention may have come from other sectors (e.g. addictions, education) or problems (e.g. overdose and truancy).

Collaborative Risk-Driven Intervention

In its entirety, the Hub concept is a form of collaborative risk-driven intervention. It earns this classification because of three major elements which characterize the Hub: it involves collaboration among human service professionals from multiple sectors; who identify risk factors of clients facing imminent harm; and then plan interventions to mitigate these risks. To develop a better understanding of collaborative risk-driven intervention, the following three sections focus on each component separately.

Collaboration

Scholars in the human service field (Berg-Weger & Schneider, 1998) describe collaboration as “an interpersonal process through which members of different disciplines contribute to a common product or goal” (p.98). Others (Claiborne & Lawson, 2005) see collaboration as a form of collective action that involves multiple agencies working together to address mutually dependent needs and complex problems. Bronstein (2003) explain that collaboration is a partnership process that involves “interdependence, newly created professional activities, flexibility, collective ownership of goals and reflection on process” (p.299).

Observers of collaboration (Himmelman, 2001) see collaboration as including a number of key ingredients: exchange of information, alteration of regular activities, sharing of resources, and an effort to improve the capacity of others. When these key ingredients exist, changes can occur in the practices of the collaborating partners, followed by a newly-informed understanding of one another and of their own role in problem-solving (Kaye & Crittenden, 2005).

Collaboration yields multiple benefits to both service providers and clients in a variety of sectors, including, but not limited to, mental health (Pauze, Gagne & Pautler, 2005); social work (Kaye & Crittenden, 2005); education (Farmakopoulous, 2002); addiction (DeJong, Gebhardt & Kaphingst, 2000); policing (McGarrell, 1993); and corrections (Matz, et al., 2012) among others. The types of benefits experienced by each sector also vary. Past research (Hulme & Toye, 2005; Kaye & Crittenden, 2005; Nowell & Foster-Fishman, 2011; Provan & Milward, 2001; Sanford et al., 2007) on collaboration identifies a number of benefits:

- Helps legitimize an issue and gains broader support.
- Creates a synergy around working on a single issue.
- Closes service gaps.
- Builds agency capacity.
- Fosters greater community resiliency to social problems.
- Broadens community understanding of an issue.
- Helps clients gain greater access to services.
- Brings in new knowledge and skill not held by other partners.
- Improves overall service delivery of partner agencies.

Within the collaboration literature, there is recognition of formal structures that facilitate collaboration at the practical level (deGruy, 1999; Herman, Trauer & Warnock, 2002; Lipkin, 1999) as well as at the systemic level (Badger & Nolan, 2002; Hart, 1999; Jenkins & Strathdee, 2000). These observations bring support to the efforts of community mobilizers to build structures such as Hubs at the practical level and Centres of Responsibility at the systemic level (Community Mobilization Prince Albert, 2015).

Literature on collaboration within the human services suggests there is need for a set of tools (Hyonen & Nikkonenb, 2004) to guide the collaboration process. Others (Blount, 1998; Russell & Potter, 2012) propose that there should be opportunities for ongoing training and support for the actual collaborators. As collaborative risk-driven intervention models of community safety continue to develop across Canada, these needs are being met through the development of Hub discussion guides (Nilson, Winterberger & Young, 2015a) and both online training opportunities and community consultation (netL3.com, 2015).

Risk

The importance of risk in understanding the Hub model is seen as central. Designers of the Hub model in Saskatchewan believe that to undermine threats to community safety and wellness, human service providers must focus on the root causes of the problems they are trying to solve. To do so, they must mitigate the immediate risk factors that contribute to the overall problems being presented (Nilson, 2014a).

According to Greenburg and Lippold (2013), a *risk factor* is a variable associated with an increased probability of developing a problem. These problems may concern a variety of issues, including addictions (Clay, 2010; Sartor et al., 2006), child maltreatment (Brown et al., 1998), elderly abuse (Lachs et al., 1997) or health outcomes (Ezzati et al., 2002; Fine, et al., 2004).

Within the area of criminal justice, risk factors have become a central concern for those interested in crime reduction simply because of their predictive utility in identifying where support is needed (Tanner-Smith, Wilson & Lipsey, 2012). Risk factors do not represent a direct causal link, but rather, act to predict patterns in perpetration and victimization. In their extensive work on crime prevention, Public Safety Canada (2014) has described risk factors in the following manner:

Risk factors are negative influences in the lives of individuals or a community. These may increase the presence of crime, victimization or fear of crime in a community and may also increase the likelihood that individuals engage in crime or become victims (p.1).

Of considerable relevance to this study of the Hub model is that many risk factors are intertwined or connected and may have a multiplying effect on one another. Research on crime and deviance (Shader, 2003), addictions (Newcomb & Felix-Ortiz, 1992) and homelessness (Echenberg & Jensen, 2009) all suggest that various risk factors for individual harms are not only related to one another, but combine to have a cumulative effect. The composite nature of risk for those individuals and families most affected by social problems has prompted several observers (Amuyunzu-Nyamongo, 2010; Hammond, et al., 2006; Huang, et al., 2009; Pronk, Peek & Goldstein, 2004) to advocate for multi-disciplinary approaches to addressing the needs of individuals presenting with composite risk.

Intervention

The final element to collaborative risk-driven intervention is the intervention itself. Schensul (2009) defines the concept as a systemically-planned, executed and evaluated mechanism that is designed to interrupt the harmful direction an individual, family or system is headed. Intervention, in the context of the human services field, is often spearheaded by identification of risk, and designed to mitigate those risks to prevent harm (Kendall & Kessler, 2002). Intervention is advocated as an effective risk mitigation tool in mental health (Siegel, Tracy & Corvo, 1994), addictions (Kaner et al., 2013), education (Allen & Graden, 2002), social work (Iwaniec, 2006), policing (Weisburd & Eck, 2004) and corrections (DeGusti et al., 2009).

One of the more commonly-cited explanations of intervention is Robert's (2006) ACT Intervention Model that advocates for assessment, crisis intervention and trauma treatment. Within this and previous work, Robert (2005; 1991) proposes seven stages of crisis intervention:

1. Plan and conduct crisis assessment
2. Establish rapport and rapidly establish collaborative relationship
3. Identify dimensions of presenting problems
4. Explore feelings and emotions
5. Generate and explore alternatives
6. Develop and formulate an action plan
7. Follow-up and agreement

Bringing endorsement to the stage approach of explaining intervention, some scholars (Slaikeu, 1990) suggest that interventions need to be planned and executed in a way that allows for their systematic study/evaluation. This will provide for opportunities to improve intervention practices and expand their use to other sectors.

Crime Reduction Applications of Collaborative Risk Driven Intervention

As communities and their governments strive to develop more efficient and effective approaches to improving community safety and wellness outcomes, they have applied different models of collaborative risk-driven intervention. Within the crime reduction sector in particular, a number of different initiatives have been implemented by human service providers that collaborate to identify risk and intervene before crisis/harm occurs.

One of the more well-known collaborative risk-driven intervention initiatives within criminal justice circles is the *Pulling Levers Focused Deterrence Strategy*—otherwise known as *Operation Ceasefire*. According to researchers involved in this topic area (Braga & Weisburd, 2012), the focused deterrence strategy is a problem-oriented policing tool that depends upon collaboration with other human service professionals in the community. During its creation in Boston, Operation Ceasefire was designed to prevent violence by reaching out directly to gang members and informing them that violence would not be tolerated. During this intervention, a team of police officers and professionals from addictions, social services, employment, housing and other community resources/sectors, would back up that message by ‘pulling every lever’ legally available to reduce the risk of violence (Kennedy, 1997). Ultimately, the chronic involvement of gang members in a wide variety of offenses made them, and the gangs they formed, vulnerable to this coordinated response from criminal justice and human service professionals (Braga & Weisburd, 2012).

While Boston’s Operation Ceasefire has been the focus of multiple studies (Braga, 2001; Kennedy, 1997, 2006; Kennedy, Piehl & Braga, 1996), similar initiatives using the ‘pulling levers’ approach have been studied for their contribution to our understanding of collaborative risk-driven intervention. The Indianapolis Violence Reduction Partnership mobilized federal, state and local law enforcement agencies, along with social workers and probation officers, to intervene in chronic gang activity (McGarrell & Chermak, 2003). Operation Peacekeeper in Stockton, California engaged front line police, corrections and social service workers in an upstream intervention to youth where gang violence was imminent (Braga, 2008). Finally, in response to a disturbing increase in homicides between 2001 and 2006, community partners from the municipal, police, social work, harm reduction, outreach, health, business, and education sectors mobilized to create the Cincinnati Initiative. This initiative focused on monitoring criminally-active street groups who were at high-risk for violence. Deterrence, through the threat of arrest, was made clear, while at the same time social, addiction and other outreach services were made available to all those who wanted it (Engel, 2013; Engel, Corsaro & Skukbak, 2010).

Past evaluations of the ‘pulling levers’ approach to collaborative risk-driven intervention report positive outcomes (e.g. compliance, violence reduction) of the model’s application in Boston (Braga, 2001; Kennedy, 1997, 2006; Kennedy, Piehl & Braga, 1996), Lowell, Massachusetts (Braga, McDevitt & Pierce, 2006), Indianapolis (McGarrell & Chermak, 2003), Chicago (Papachristos, Meares & Fagan, 2007), Cincinnati (Engel, 2013; Engel, Corsaro & Skukbak, 2010), Newark (Boyle et al., 2010), and Los Angeles (Tita et al., 2004).

Another collaborative risk-driven intervention initiative is Glasgow, Scotland’s Community Initiative to Reduce Violence. In 2005, the Strathclyde Police established the *Violence Reduction Unit* to target all forms of violent behaviour, but mostly knife crime and weapon-carriage among young men in and around Glasgow. The impetus of this project came from decades of violence, spanning multiple generations. The

Unit adopted a public health approach to violence reduction by collaborating with partner agencies to achieve long-term societal and attitudinal changes that undermine risks for violence. Although law enforcement is still used to contain and manage violent behaviour, the collaborative partnership component of the project focuses on the root causes of violence (Violence Reduction Unit, 2014).

In practice, multiple human service providers gather and share information on high-risk individuals. They then engage those individuals through an intervention. During the intervention they setup opportunities for ongoing support through case management and access to the necessary programs, services and mentoring that the client needs (Violence Reduction Unit, 2015a). An additional component to this violence reduction initiative is that, in adopting a public health approach, it incorporates the ongoing support of mentors (Burns, Williams & Donnelly, 2011). Recent evaluations (Williams et al., 2014) of the Glasgow initiative suggest that the multi-sector adoption of a public health approach to intervening with gang-related youth has reduced weapon carriage.

Motivated by the success of the Glasgow initiative to reduce street gang violence, other collaborative risk-driven initiatives have developed in Scotland to improve community safety and wellness outcomes. These efforts have produced positive health outcomes (Harkins, Egan & Craig, 2011); fewer visits by intoxicated individuals to the emergency room (Violence Reduction Unit, 2015b); and, in the crime and violence sector, reports indicate that violence is down by 54%, weapons carrying is down by 61% and knife carrying is down by 41% (Violence Reduction Unit, 2015c).

The Hub Model

One approach to collaborative risk-driven intervention becoming increasingly popular across Canada is the ‘Hub Model’. In its simplest form, the Hub model is a venue for human service providers from various sectors (police, probation, education, addictions, social work, mental health, outreach, harm reduction, etc.) to meet one or more times a week to share limited information about their clients whose current situation meets a defined threshold of acutely-elevated risk. During these ‘Hub discussions’, participants from the various agencies comply with a disciplined discussion protocol designed to balance the interests of individual privacy with a due diligence to protect individual safety. The intent of these discussions is to formulate a plan of intervention that involves multiple sectors collaborating to mobilize the appropriate services and supports around the composite needs of individuals or families. The goal of the Hub is to connect individuals-in-need to services within 24 to 48 hours—as to mitigate risk before harm occurs (Nilson, 2014a; Taylor, 2011).

The Hub model differs from other models of collaborative risk-driven intervention that have been described in this paper. While Operation Ceasefire (Braga & Weisburd, 2012), the Cincinnati Initiative (Engel, 2013) and other applications of the ‘Pulling Levers Focused Deterrence Strategy’ focus on high-risk violent criminals, the general application of the Hub model in Canada has been towards a broad spectrum of clients at-risk (Nilson, 2014a). The Hub model also differs from these models (including Glasgow’s initiative) in that it does not coordinate case management, nor does it undertake follow-up or provide intensive support of the client and their family following the intervention. It is up to the individual agencies and their pre-existing human service networks to execute these particular activities (Russell & Taylor, 2014a).

Development of the Prince Albert Hub

The Hub model in Canada was not born overnight. In fact, before it even started in Prince Albert, Saskatchewan—let alone the rest of Canada—a series of important events occurred that led to the eventual development of the Hub model as we know it. The following excerpt from Nilson’s (2014a: 9) historical account of the Hub model may shed some light on the intricate details of the model’s development:

- 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).
- Locally, the *Prince Albert Police Service* (2009) identified a need for change in community safety because the status quo was not working. A front-end approach to crime reduction that involved collaboration among multiple service providers appeared to be most promising.
- The Government of Saskatchewan’s *Future of Policing Strategy* identified the need for policing in Saskatchewan to align, integrate and mobilize with other human service agencies (Taylor, 2010).
- Observations of the *Scotland Violence Reduction Unit* by key police and human service professionals from Prince Albert, verified that a collaborative risk-driven intervention model has great potential in their community (McFee & Taylor 2014).
- Evidence compiled by the *Saskatchewan Police and Partners Strategy* suggested that collaborative risk-driven interventions were both promising and possible in Saskatchewan; and that nearly all human service sectors within the Government of Saskatchewan should become involved in community mobilization (SPPS Enterprise Group, 2011).
- In February of 2011, the Prince Albert Hub was formed as a multi-disciplinary team that meets weekly for the identification, rapid development and immediate deployment of real-time

interventions and short-term opportunities to address emerging problems, risk conditions and crime prevention opportunities identified and brought forward from the frontline operations of all participating agencies that comprise [the Community Mobilization Prince Albert (CMPA) partnership].

- Early in the process, participants of the Hub saw the benefits of information-sharing, cooperation and ultimately, collaborative risk-driven intervention.

As the Hub model began to take shape in Prince Albert, Saskatchewan, a conceptual framework for the model began to emerge in the work of both the model's key architects (McFee & Taylor, 2014) and those tasked with its evaluation (Nilson, 2014a). These accounts of the Hub model served as a foundation for more extensive conceptualizations of what has become Canada's approach to collaborative risk-driven intervention (Russell & Taylor, 2014a, 2014b, 2014c).

In 2014, Nilson (2014a) released his preliminary impact assessment of the Hub model in Prince Albert. This work was the first description in Canada, of the Hub model. Below is a summary of the key findings from that work (Nilson, 2014:13:

- The Hub has broken down long-standing institutional silos. Human service agencies are now sharing limited but necessary information, and frontline professionals are more often collaborating around the needs of their shared clients.
- Clients are, for the most part, responding positively to collaborative interventions that are based upon voluntary offerings of support.
- Clients of Hub agencies are not only gaining quicker access to services before harm even occurs, but they are gaining access to services that they were never able to reach (or successfully engage) before their situation was brought to the Hub.
- Risk in most Hub discussions is being lowered from acutely-elevated to a more manageable level of risk. This lowers the severity and probability of harm to a significant interest of the individual, the family and the community.

Key Components of the Hub Model

Since other literature provides more detailed accounts of how the Hub tables actually function (McFee & Taylor, 2014; Nilson, 2014a; Russell & Taylor, 2014a, 2014b; Taylor, 2011), less time in this report will be devoted to comprehensively explaining the actual function and process of the Hub model. Instead, this report will briefly review some of the basic components of the Hub model.

Community Readiness

The first component of the Hub model is community readiness. For the Hub model to be implemented properly there needs to be a significant level of buy-in, mutual support, and a collective will among all partners to do better. In determining the appropriateness of the Hub model in a community, Russell and Taylor's (2014c:6-9) research on collaborative risk-driven intervention tables in Ontario identified a number of key questions for community leaders to ask themselves:

- Are acute risk situations a significant concern in the community?
- Is there a champion (or champions) to lead this initiative?
- Can you bring the right people to the table?
- Have you determined the structure and logistics of the operation?

- Have you defined the geographic or demographic scope of your Situation Table?
- Is the community ready for action?
- Do your partners have access to training and operational guidance?
- Do your partners have the capacity and resources for ongoing data collection?

Acutely-Elevated Risk

The second major component of the Hub model is ‘acutely-elevated risk’. As others (McFee & Taylor, 2014) note, this term was initially framed and adopted under the Community Mobilization Prince Albert Hub model with a view to distinguish this threshold for its unique purpose of supporting the validity of collaborative intervention planning. According to Russell and Taylor (2014b), acutely-elevated risk is “deliberately distinct from other operating thresholds that might trigger a much more limited range of unilateral response and enforcement options by one or more of the agencies involved, often characterized by common terms such as crisis, imminent danger, violent threat, or criminal activity in progress”(p.19).

While immersed in operations of the Prince Albert Hub, Nilson (2014a:44) worked with framers of the model to identify four criteria of acutely-elevated risk that had been present when situations were accepted at the table. These include:

- Significant interest at stake
- Probability of harm occurring
- Severe intensity of harm
- Multi-disciplinary nature of elevated risk

Similarly, at collaborative risk-driven intervention tables in Ontario, a number of criteria are commonly examined when human service providers are considering identifying an individual or family to the Hub table (Russell & Taylor, 2014b:18):

- The intensity of the presenting risk factors
- Reasonable expectation of probable harm
- Probability of harm to cause damage or detriment
- Effort of agency to do all it could to mitigate risks before bringing to the table
- Applicability of risks to multiple sectors
- Reasonable assumption that disclosure to the table will help minimize or prevent the anticipated harm

Four Filter Process

When human service providers feel that they have a situation of acutely-elevated risk, the process of determination is formalized in what has become known as the Four Filter Process. As described by both Nilson (2014a) and Russell and Taylor (2014a), the first filter involves the originating agency exhausting all options currently available within their own agency, to meet the needs of the client. The second filter is the actual consideration of the four factors of acutely-elevated risk (previously described). Once acutely-elevated risk is determined, basic identifiable information is shared about the individual or family for the purposes of triggering any additional agency involvement. Finally, the fourth filter is a separate discussion among those agencies suggested by the table to participate in the intervention. During this discussion, participants share additional information about the situation and plan their intervention.

Collaborative Intervention

Collaborative intervention is the key feature of the Hub model which ultimately begins the process of risk reduction. As described by Nilson (2014a), typical interventions or ‘door knocks’ involved individuals or families and the agencies identified by the Hub to participate in fourth filter discussions². It is during the intervention where a multi-sector team of human service providers approach the Hub subject, identify their concerns for risk, and offer targeted support to reduce their overall level of risk. During the intervention, the team provides an offer of services and support in accessing those services.

Within the context of the Hub model, very few studies of intervention have been completed to date. One exception is the emerging work of Nilson (2014b) with Hubs in Saskatchewan. Through interviews and focus groups with Hub practitioners, common practices were gathered in the areas of planning, executing, and assessing the outcome of an intervention (see Table 1). Additional topics explored in that research include common challenges, key ingredients and opportunities for building improved intervention capacity at the Hub table.

Table 1: Stage and Components of Collaborative Hub Interventions

STAGE	COMPONENTS
Intervention Planning	Assemble the Team
	Share Information
	Determine the Approach
	Prepare for Intervention
	Choose Time/Location
Intervention Execution	Collaboration
	Communicate with the Client
	Identify Concerns
	Offer Services and Supports
	Safety Planning & Motivational Interviewing
	End the Intervention
Intervention Assessment	Post-Intervention Consultation
	Verify Connection/Engagement
	Report Back to Hub

(Nilson, 2014b)

Data Collection

The final component of the Hub model is data collection. During Hub discussions, de-identified data are collected for a variety of reasons. They help Hub practitioners in identifying systemic issues; supporting ongoing Hub discussions; enabling ongoing analysis; protecting the privacy rights of individuals; promoting due diligence; building capacity for evaluation; and assisting in replication of the Hub model (Winterberger, Nilson & Young, 2015).

Earlier this year, Nilson, Winterberger and Young introduced a series of guides to help Hub practitioners understand the benefits of a systematic data collection process for Hub meetings (2015c) and identify variables that can be gathered during a Hub discussion (2015b). The guides developed by Nilson and his colleagues at Community Mobilization Prince Albert also describe how Hub Chairs can run data-friendly

² The term ‘Door Knocks’ is a loose generic term that Hub discussants use when referring to multiple agencies approaching an individual/family on their doorstep all at once.

discussions (2015d); how Hub discussants can participate in data-friendly meetings (2015a); and how Hub data-enterers can efficiently collect data during Hub meetings (2015e).

As of April 1, 2015, all Hubs in Saskatchewan will have access to the use of a provincial Hub database housed on a Microsoft Case Records Management platform. The database will be built upon the variables outlined by Nilson, Winterberger and Young (2015b) and will be administered by the Saskatchewan Ministry of Justice on a Class 'A' secure server. The various Hubs in Saskatchewan will receive data collection support and mentoring from analysts at the Prince Albert and Saskatoon Centres of Responsibility, as well as from consultants to the Ministry of Justice's Building Partnerships to Reduce Crime Initiative (personal communication, Saskatchewan Ministry of Justice - 2015). Early indications (Russell & Taylor, 2014c) suggest that the Hub database used in Saskatchewan will be emulated throughout Hub/Situation tables in the province of Ontario.

Expansion of the Hub Model

As more communities across Canada grew interested in the Hub model, there became a growing influx of questions, requests and visits to the original Hub in Prince Albert. In fact, between 2012 and 2014, Community Mobilization Prince Albert engaged in outreach with over 117 delegations of agency leaders, government officials, media representatives, community members, Elders, academics, frontline professionals and potential Hub practitioners from all across Canada and several parts of the United States (Nilson, 2015).

The motivation for communities to adopt the Hub model is largely driven by the notion that it provides communities with an opportunity to 'do better' (Nilson, 2014a). This momentum is characterized in the observation of Russell and Taylor's (2014a: 11) work on the Hub model in Ontario:

By tracking acute risk situations and the steps taken by multiple agencies to mitigate them effectively, we are gaining a new window into our community, one through which a renewed alignment of our investments in social development and primary prevention measures will most certainly begin to form.

Saskatchewan

As word of successful implementation of the Hub model in Prince Albert spread, several other communities in Saskatchewan made the commitment to introduce the model in their community. Around this time, the Government of Saskatchewan developed the *Building Partnerships to Reduce Crime* initiative that narrowed the priorities of crime reduction in the province around prevention, intervention and suppression (Ministry of Corrections, Public Safety & Policing, 2011). This opportunity opened the door for communities in Saskatchewan to receive additional mentoring and technical support as they began mobilizing their communities around the composite needs of individuals and families found to be in situations of acutely-elevated risk (BPRC Implementation Team, 2013). In 2013, and again in 2014, the Building Partnerships to Reduce Crime implementation team organized community of practice events for all Hub practitioners in Saskatchewan to meet and learn from one another's experiences with the Hub model (BPRC, 2015).

Ontario

Inspired by the success of the Hub model in Saskatchewan, community safety stakeholders in Ontario sought their own opportunities to engage in collaborative risk-driven intervention. Initially leading the charge was a group of police agencies and their local human service partners from four different regions.

Their individual efforts resulted in FOCUS (Furthering Our Communities—United Services) Rexdale in Toronto, CRISIS (Collaborative, Risk-Identified Situation Intervention Strategy) in Sudbury, a Connectivity Table in Waterloo Region, and a Situation Table in Mississauga (Russell & Taylor, 2014a).

To enable further exploration into opportunities to mitigate risk, various municipal, regional and provincial partners merged their efforts under a common entity: The Ontario Working Group for Collaborative Risk-Driven Community Safety (OWG). With grant funding from the Ontario Ministry of Community Safety and Correctional Services' Proceeds of Crime Funds, the OWG engaged a number of community partners and consultants to accomplish the following objectives:

- Create a prototype framework for community safety plans.
- Develop measures and indicators for community safety plans.
- Construct guidelines for information sharing and protection of privacy.
- Organize a symposium to share lessons learned with others.
- Support communications surrounding community safety initiatives and planning.

(Russell & Taylor, 2014a:4)

The work of the OWG inspired a considerable uptake of commitment to collaborative risk-driven intervention initiatives and planning across Ontario. As of February 2015, initiatives have begun or were being planned for Amherstburg, Bancroft, Barrie, Belleville, Brantford, Chatham, Durham region, Fort Frances, Guelph, Haliburton, Kingston, London, Napanee, Port Hope, Cobourg, Niagara Falls, North Bay, Orillia, Ottawa, and York region (Russell & Taylor, 2015).

Community Safety and Wellness within a First Nations Context

The Hub model being implemented in various communities throughout Canada may have much in common with some of the key principles of effective prevention and intervention practices in First Nation communities. To develop an understanding of the Hub model's relevance to First Nation communities, three bodies of literatures were briefly reviewed—one that produces an account of the disproportionate levels of risk in First Nation communities; one that highlights the key ingredients of reducing risk in First Nation communities; and a third that mentions some examples of past experiences that First Nation communities have had with collaborative risk-driven intervention.

First Nations communities in Canada have significantly higher rates of crime, violence, suicide, disease, mortality, obesity, food insecurity, addiction, and other social problems than non-Aboriginal communities (Assembly of First Nations, 2007; Canadian Council on Learning, 2007; Craib et al., 2003; Kirmayer et al., 2007; Mercille, Receveur & Potvin, 2012; Willows, 2005). Some factors responsible for these rates include overcrowded housing, a substandard social environment and lack of employment on reserves (Harper, 2006). High rates of violence contribute to other social problems, such as substance abuse, health problems, low education attainment, and high crime rates (Indian and Northern Affairs Canada, 2004: 51). This reality has fostered a growing appetite for prevention and intervention initiatives that focus on identifying and addressing risk factors in First Nation communities (Shea, Nahwegahbow & Anderson, 2010).

In the literature on risk reduction initiatives designed to promote community safety and well-being in First Nation communities, a number of key ingredients are suggested. First, for an initiative to be successful it must have participation and support of its local leaders (Bopp, Bopp & Lane, 2003). Next, the approach must be holistic, encompassing not just the individual, but the individual within the context of the family, community and larger society (National Collaborating Centre for Aboriginal Health, 2010). Such initiatives must integrate cultural traditions and provide opportunities for healing (Barkwell, Longclaws & Rosebush, 2004). Risk reduction initiatives in First Nation communities must embody the circle, as a symbol of inclusiveness and mechanism to involve the entire community in a holistic healing process (McCaslin & Boyer, 2009). Another key observation in First Nation communities is that successful approaches must be strength-based, which requires the identification and involvement of the communities' capacities and assets (Kretzmann & McKnight, 1993). Finally, for an initiative to be both relevant and successful within a First Nations context, it must improve the capacity of the community to respond to their own challenges and opportunities in ways that contribute to mutual trust and desire for collective action by the community (Sabol, Coulton & Korbin, 2004).

Collaboration and community involvement in community safety and well-being are not new concepts in First Nation communities. There have been a variety of past initiatives which demonstrate how collaborative risk-driven intervention has already shown its potential in First Nation communities. For example, Hollow Water Ojibwa First Nation in Manitoba developed a comprehensive and holistic model of violence intervention that involves representatives from the police, social services, mental health, the broader community and Elders. The Hollow Water initiative is a multi-pronged model of support and service delivery, including supports for both survivors and perpetrators of family and community violence (Bopp, Bopp & Lane, 2003). Other notable efforts of involving multiple components of the community in an intervention and collaborative support approach include healing circles (Connors & Maidman, 2001), multi-agency in-home family supports (Shangreux, 2004), and wraparound services (Changing Directions, 2015).

Evaluating Collaborative Risk-Driven Intervention

Evaluating collaborative risk-driven intervention can be a complex endeavour. Not only are evaluations of this approach to improving community safety and wellness outcomes limited, but they involve a lot of complicated factors. In reflecting upon his evaluation of the Community Initiative to Reduce Violence in Glasgow, Donnelly (2011) admits that “they are not neat, randomised trials undertaken in a controlled environment; rather they are real world responses to a complicated, challenging and ever-evolving problem”(p.2).

Measuring Collaboration

One of the most challenging factors for evaluators to address is defining collaboration itself. Before measurement of collaboration can occur, the collaborative structure itself needs to be clearly conceptualized in both practical and theoretical terms (Pautler & Gagne, 2005). This is not always easy, particularly in evaluating socially-innovative initiatives (Westley, Zimmerman & Patton, 2006).

However, once this is accomplished, there are a number of variables upon which collaboration can be measured. These include frequency of collaboration (Brucker & Shields, 2003), the interdisciplinary nature of the collaboration (Sicotte, D’Amour, & Moreault, 2002), strength of the relationships among collaborators (Gerdes et al, 2001), motivation levels of collaborators (Millward & Jeffries, 2001), decision-making patterns (Cashman et al., 2004), and satisfaction among collaborators (Farrar, et al. 2001).

Knapp (1995) identified three key factors required for evaluating collaborative initiatives:

- Ensuring that the perspective of all players in the collaboration is represented in the evaluation.
- Being specific about what is being measured in the evaluation, including processes, impacts and outcomes.
- Attributing effects to causes, which is often difficult because collaborative programs are multi-faceted and operate in complex systems.

To date, some of the limited dialogue on the Hub model (McFee & Taylor, 2014; Nilson, 2014a) has helped to build a better understanding of the context and program theory behind the Hub model. Preliminary data collection efforts of active Hubs (Community Mobilization Prince Albert, 2013; North Bay Parry Sound District Health Unit, 2014) have also helped provide an understanding of the types of risk factors and demographics that the Hub model has engaged. Looking towards future data collection opportunities (Nilson, Winterberger & Young, 2015b; Nilson, 2015b) we can see that there are a number of possibilities to measure service mobilization, service provider relationships, client satisfaction and, most importantly, risk reduction.

Working Amidst a Paradigm Shift

Another major challenge facing evaluators of collaborative risk-driven intervention is the significant climate of change required for implementation of the Hub model. As Norm Taylor (personal communication, June 2013) explains, successful application of the Hub model requires a complete paradigm shift in the way human service providers do business:

The process of community mobilization rises and falls on the shoulders of champions who are willing to change the common culture in the work that they do. Our model challenges those long-standing codes of the bureaucracy that many professionals have spent their entire careers defending. Ultimately, the success of this paradigm shift absolutely requires that we achieve some critical mass before some other systemic imperative drives it off the table. If we have a critical mass—that spans frontline workers all the way to government and everyone in between—this model will have enough momentum to endure. In other words, if we get enough support for this model, we'll change the entire system.

As noted in the literature, paradigm shifts require system transformation (Jenkins, 1998), broad multi-sector coordination (Kania & Kramer, 2011) and may only come when a sufficient shift in the status quo punctuates the equilibrium (Gersick, 1991). This makes evaluation planning difficult. In past efforts to evaluate community safety initiatives characterized by ‘change in the status quo’, others (Boyle, et al., 2010; Braga et al., 2001; Engel et al., 2010; Kennedy, 2006; Nilson, 2014a) document the challenging effort required to establish evaluation questions, measurements and indicators in a generally unknown territory. While evaluations of common practices in crime prevention (Augimeri, Walsh & Slater, 2011), chronic disease care (Coleman et al., 2015) and addictions treatment (McLellan et al., 2005)—to name a few—have been well documented, there is less experience with measuring the collaborative impact of multiple service providers. The reason for this can be largely attributable to the fact that the Hub model is in essence, a social innovation.

Social Innovation

In describing social innovation, Ryerson University (2015) identify four components:

- It offers a solution to a problem.
- It aims for systemic change.
- It is an idea implementation.
- It creates social impact for public benefit.

The socially innovative nature of collaborative risk-driven intervention presents additional obstacles for evaluators. In his 2011 account of developmental evaluation, Patton describes the following challenge with measuring outcomes of initiatives which deviate from the status quo:

Social innovations do not follow a linear pathway of change. There are ups and downs, roller-coaster rides along cascades of dynamic interactions, unexpected and unanticipated divergences, tipping points and critical mass momentum shifts. Indeed, things often get worse before they get better as systems change creates resistance to and pushback against the new (p.5).

This observation serves as a gentle reminder to evaluators that as firm as one’s measurements and indicators may get, the newly developed (or developing) initiative they are evaluating may very well change and transform itself. As such, evaluators must be flexible in their approach to assessing the implementation, outputs, outcomes and impact of the initiative they are evaluating. Past (Litchmore, 2014; Nilson, 2014a) and emerging (Nilson, 2015b) work on collaborative risk-driven intervention suggests that research and evaluation on the Hub model requires considerable adaptability, flexibility and methodological innovation on the part of evaluators.

New Evaluation Questions

Another important lesson for evaluators of collaborative risk-driven intervention is that the phenomena they are observing are quite new. As such, an analysis of something new requires the development of new evaluation questions. With new evaluation questions comes the need for new measures, data sources and methods of analysis (Alkin, 2011). To help begin our consideration of questions to drive evaluation of the Hub model, past authors (Nilson, 2014a) have made a few suggestions:

- What are the leading practices in the community mobilization process?
- What are the types of conditions, criteria and assets that allow a Hub to function properly and support the community's overall needs?
- What data can be collected to help improve the consistency and discipline of the Hub model?
- How does the Hub model affect relationships between service providers?
- How does the Hub model impact the speed and extent to which clients are connected to services?
- How satisfied are clients with the multi-sector collaborative interventions they experience?
- What impact does the Hub model have on composite risk abatement?
- What long-term impact does collaborative risk-driven intervention have on community safety and wellness?

Part 2 — Study Of The Samson Cree Hub

Background on Samson Cree Nation

The Samson Cree Nation is an on-reserve community located approximately 80 km south of Edmonton. It is adjacent to three other First Nations: Ermineskin, Louis Bull and Montana. Together, the area encompassing these four Nations is known as Maskwacis (formerly Hobbema). Members of the Samson Cree Nation are signatories to Treaty 6. The Band has 8,150 members with over 4,225 people living on the Samson Cree reserve (National Household Survey, 2011). The vision of the Samson Cree Nation Chief and Council is to be a “healthy, educated, knowledgeable and industrious community” with the mission of being a “sovereign nation that is dedicated to improving quality of life for all people by maximizing our human resources and respecting our Cree language and traditions of our peoples”(Samson Cree Nation, 2015).

The Samson Cree Nation has a vibrant business and investment community that boasts a number of retail, recreation, automotive service and restaurant options. The Band provides a full array of human service delivery supports—including its own education authority, community planning department, housing services, justice department, community wellness and social and economic development units. Samson Cree Nation has joined with the other Maskwacis Nations to form a multi-Nation delivery of child protection services, mental health, ambulatory and addictions support. The community itself is comprised of urban living in the main village and rural living throughout the 128 square km reserve. The Maskwacis RCMP Detachment is located in the village area of the Samson Cree Nation.

Crime and Violence

One of the biggest challenges for the Samson Cree Nation over the past two decades has been its constant struggle with crime and violence. An influx of cocaine and other drugs in the late 90s and early 2000s caused the start-up of gangs competing for dominance over the drug market. Since then, gang rivalries have escalated, bringing with it drive-by shootings, assaults, murder, and other violent crimes. The negative impact of these occurrences has been constant community fear, grief, suicide, and addiction (Hanon, 2010a). One of the more telling signs of escalated violence in Samson Cree Nation and the other three adjacent First Nation communities is the *Crime Severity Index* (CSI)³. Over a seven year period, the CSI for Maskwacis area experienced yearly increases from 2001 where CSI was 997.99 (Canada average = 105.4) to 2008 where it spiked to 2,819.35 (Canada average = 90.57) (Statistics Canada, 2015). In the past few years however, the CSI has been reported to have lowered to 176.9 as of 2014 (RCMP, 2015).

Community Action

This spike in severe crime seen in the CSI data was clearly felt in the community. Over time, community members were growing tired of living in fear. Some observers report that the unintended shooting of a 2 year old girl in a gang-related drive-by shooting in 2008 was the tipping point for the Samson Cree Nation to actively begin searching for a solution to violence in their community (Chettleburgh, 2013). Following the shooting, then Chief Marvin Yellowbird called a state of emergency, set a curfew and declared a gun amnesty. While the RCMP worked diligently to crack down on gangsters, community

³ Crime Severity Index tracks severity of police-reported crime by accounting for both the amount of crime reported by police in a given jurisdiction and the relative seriousness of these crimes (Statistics Canada, 2015).

members—for the first time in decades—dropped their code of silence and made a noticeable effort to give police the information they needed (Hanon, 2010b).

Over the next few years, Samson Cree Nation leaders and human service providers worked with the RCMP to implement a number of crime suppression, housing, child welfare, and education measures aimed at undermining the social problems that lead to violence in their community. Helping to resource some of these efforts is an ‘enhanced policing’ contract between the four local nations and the provincial/federal governments, which has allowed for the staffing of an 11-member Community Response Unit (CRU) within the Maskwacis RCMP Detachment. The CRU manages a number of initiatives, including a priority offender program, gang suppression, victim support, serious person crime investigations, communications, cadet program, a domestic violence unit, and student resource officers. According to the Maskwacis RCMP Detachment, the CRU also plays a major analytical and participatory role in the Samson Cree Hub.

Samson Cree Hub

Amid the development of different initiatives designed to reduce crime and violence in Samson Cree Nation, Maskwacis RCMP Detachment Commander Charlie Wood approached Samson Cree Nation leadership with the concept of the Hub. After having recently transferred from Saskatchewan to Maskwacis, Wood was able to share his experience with the Hub model. To learn more about the Hub model, community leaders and human service providers made the journey to Prince Albert to see the original Hub model in practice. After their visit to Prince Albert, community leaders and human service providers from Samson Cree Nation were eager to begin their own journey into collaborative risk-driven intervention (personal communication with Samson Cree Hub - 2015).

Upon returning home, several Samson Cree agencies, the RCMP and broader Maskwacis service providers came together to form a Hub in 2012. Based upon the Hub discussion practices of 2012, the Samson Cree Hub began meeting regularly on Tuesdays and Thursdays to identify situations of acutely-elevated risk, share limited but necessary information, and mobilize interventions around the needs of individuals and families in Samson Cree Nation. The main partner agencies around the Samson Cree Hub include representatives from multiple sectors: community wellness, probation, youth justice, income support, child protection, ambulatory care, housing, education, and police. Currently, the key spokesperson and champion for the Samson Cree Hub has been Councillor Vern Saddleback.

According to the Maskwacis RCMP Detachment, the following quote provides a description on how the Hub model was implemented in Samson Cree Nation:

The Hub component is where a team of designated staff from community agencies and government ministries meets weekly to address specific situations regarding clients facing elevated levels of risk, and develops immediate, coordinated and integrated responses through the mobilization of resources. The Hub is not a service delivery mechanism, but rather a new way of utilizing and mobilizing those systems and resources already in place in different, unified, and dynamic ways to address specific situations of elevated risk, for which an integrated approach is required. Hub process operates from a risk driven notion rather than dependence upon incident driven response. The Hub does not perform case management, nor does it have cases. Its purpose is to mitigate risk within 24-48 hours and connect individuals and families to services. Case management functions remain with the most appropriate agency as determined by the Hub table.

(Document from the Maskwacis RCMP Detachment – n.d.)

Since its inception, the Samson Cree Hub has initiated a variety of actions towards mitigating risk, including referrals to counselling services, traditional healing circles, housing inspections, and additional tutoring outside of school hours—to name a few (Office of the Auditor General of Canada, 2014). The key risk factors mitigated by the Samson Cree Hub include addictions, mental health, family violence, school absenteeism and criminality (personal communication with Samson Cree Hub members, June 2015).

In practice, the Samson Cree Hub meets every Thursday. At these meetings, the Chair asks for updates on pending discussions. Each lead agency provides an update on the individual or family, including the outcomes of a door knock intervention or pre-arranged intervention circle. When all Hub partners believe the situation is no longer in acutely-elevated risk, they close the discussion. Following the updates, the Chair asks the Hub discussants if they have any new situations to bring forward. Like other Hubs in the country, basic de-identified information is shared to give everyone a sense of the situation. When everyone is comfortable that there is acutely-elevated risk, the name is shared and the team begins working towards an intervention plan. All the while, de-identified data are captured in the Samson Cree Hub Database⁴.

The Samson Cree Hub database captures some basic de-identified information that helps with the day-to-day operations of the Hub table, but in particular, intervention planning. Each entry into the Hub database is identified by a cumulative discussion number assigned in the order that a situation is referred and accepted to the Hub table. Next, basic demographic information on the client—including gender and birth year are recorded. As a team, the Hub table identifies the category of issues that the discussion falls under (e.g. housing, maintenance, domestic violence, mental health, addictions, child welfare, and education). The Hub then prioritizes the discussion as “high”, “medium” or “low”. After each Hub meeting, the status of each discussion is updated using the following variants: “in progress”, “not started”, “completed”, “deferred”, or “waiting on further information”. Finally, the database also captures the start and end date of a Hub discussion⁵.

Following a Hub meeting, the agency identified by the Hub to lead the intervention often approaches the individual or family to offer support from a variety of agencies. Occasionally, more than one agency will attend this initial outreach to the individual or family where risk factors and existing rapport merit their involvement. During this outreach, the individual or family will be asked if they would be interested in receiving supports from any of the agencies. They will also be asked if there is some sort of support they feel they need. Quite often during this initial contact, the Hub representative(s) will also ask the family if they would like to be part of an intervention circle. These circles are planned around the individual or family’s needs, involve an Elder who the individual/family has relationships with, mobilizes a variety of agencies around the individual/family, and occurs at a neutral venue (or in the family’s home if requested)⁶.

⁴ Description based up the author’s observations of the Samson Cree Hub in June 2015.

⁵ Description based upon communications with the Samson Cree Hub Data Enterer.

⁶ Description based on personal communication with Samson Cree Hub discussants.

Research Questions

This evaluative study of the Samson Cree Hub has been designed to capture the overall experience of police, other human service providers, and community leaders with the Hub model. The questions driving this research are formative in nature. They inquire about the practices, application, readiness, benefits, challenges and lessons learned from the model. Below is a list of the questions that guided this evaluative study:

1. Why was the Hub established in Samson Cree Nation and what issues is the Hub designed to address?
2. Is the Hub model consistent with evidence-based practices and with the needs of Samson Cree Nation?
3. How compliant has Samson Cree Nation been with the established practices of the Hub model?
4. What have been the most important lessons learned about the Hub model by Hub discussants and key stakeholders?
5. What are the benefits and challenges of the Hub model to human service professionals?
6. What training did/do Hub discussants receive? Does this training adequately build the capacity of Hub discussants to carry out their duties?
7. How conducive is the Hub model to the community safety and wellness needs of other on-reserve First Nation communities?
8. To what extent does the Hub model offer innovative opportunities to mitigate risk and prevent harm?

Methodology

To answer the questions driving this study, an exploratory evaluative case study (Baxter & Jack, 2008) of the Samson Cree Hub was conducted. The intent of case study methodology is to benefit from the often “richly descriptive” learning opportunity that comes from investigative data collection and analysis (Merriam, 2009).

The primary means of data collection included interviews with various human service providers, police officers, Band leaders and community stakeholders. In selecting respondents to engage in the interview process, the research team initially used purposive sampling (Schwandt, 2007). Following each interview however, respondents were asked to provide suggestions of other stakeholders who would be ideal interview respondents. This method of snowball sampling (Atkinson & Flint, 2007) allowed the research team access to additional Hub stakeholders in the community.

Each respondent provided verbal consent to be interviewed in person or over the telephone, and to have their position and agency identified in the study. In total, 18 different individuals were interviewed. The role and background of each respondent varied. A majority were human service professionals—either at the frontline or management level. Included in the respondent list was a Band Councillor, a sergeant responsible for the RCMP’s involvement in Hub, a representative of the Band Office, a First Nations Elder, a provincial probation officer, and two representatives of the First Nation-operated child protection agency (see Table 2).

Table 2: Respondent Agency, Position and Role on Hub (N = 18)

AGENCY	POSITION	ROLE ON HUB
Samson Community Wellness	Manager	Hub Discussant
Alberta Probation	Probation Officer	Hub Discussant
Maskwacis Youth Initiative	Coordinator	Hub Discussant
Samson Communications	Coordinator	Data Entry
Nipisihkopahk Education Authority	Superintendent	Hub Discussant/Chair Alternate
Income Support	Income Support Worker	Hub Discussant
Nipisihkopahk Education Authority	Home Liaison	Hub Discussant/Elder
Nipisihkopahk Education Authority	Special Education Coordinator	Hub Discussant
Kasohkowew Child Wellness	Supervisor	Community Stakeholder
Income Support	Case Worker	Hub Discussant
RCMP	Intelligence Analyst	Hub Discussant
Maskwacis Ambulance Authority	General Manager	Hub Discussant
Samson Cree Nation	Band Councillor	Hub Chair
Kasohkowew Child Wellness	Director	Hub Discussant
Maskwacis Mental Health	Mental Health Worker	Community Stakeholder
Samson Restorative Justice	Former Restorative Justice Worker	Former Hub Discussant
RCMP	Sergeant Responsible for CRU	Community Stakeholder
RCMP	Family Violence Unit Officer	Community Stakeholder

All interviews were conducted in-person at Samson Cree First Nation. Initial discussions, fact-finding and interview planning occurred through three separate conference calls with the Maskwacis RCMP

Detachment and a representative from Samson Cree Nation Chief and Council. During the interviews, discussions with respondents were guided by the following questions:

- Why was the Samson Cree Hub established?
- What issues in the community is the model designed to address?
- What are the guiding principles of the Hub model?
- How did the Samson Cree Hub form?
- How did your agency become involved in the Hub?
- What is your agency's current commitment to the Samson Cree Hub?
- Is the Hub in Samson Cree Nation functioning as it was intended?
- How are situations referred through your agency to the Hub?
- How often does your agency participate in an intervention?
- How does the intervention/door knock process work with the Samson Cree Hub?
- What training or support have you been provided?
- What has been the impact of the Hub on your agency?
- What has been the impact of the Hub on your clients?
- What has been the impact of the Hub on the police?
- Has anyone conducted a review or evaluation of the Samson Cree Hub to date?
- What challenges or problems exist with the Hub model?
- What opportunities are there for improving the Samson Cree Hub?
- What lessons learned in Samson First Nation can you share with other First Nations considering the Hub model?
- What about the Hub model would you characterize to be innovative?

In addition to the interview process, the lead investigator had an opportunity to observe a meeting of the Samson Cree Hub. This provided a chance to see the Samson Cree Hub meeting process, as well as procedures and discussion discipline, data collection techniques, intervention planning and discussion closure.

Results

Interview data were analyzed for common themes and trends, which were then summarized in multiple sections. Each section of the results described herein provides a general overview of all data gathered through the interview process. Overall, the results are divided into several topics: formation of the Samson Cree Hub; agency commitments to the Hub; agency referrals to the Hub; collaborative intervention; Hub impact on clients, agencies and police; Hub training and evaluation; the functioning of Samson Cree Hub; challenges and improvements; lessons learned; key ingredients for replication; conduciveness of the Hub model to First Nation communities; and overall innovativeness of the model.

Formation of the Samson Cree Hub

The journey to implementing the Hub model in Samson Cree Nation began with a fierce appetite for change. From 2000 to 2010, violence and crime in Samson Cree Nation had grown intolerable. Drive-by shootings, walk-by shootings, arson, street fights and scores of violence were spreading pain and suffering across the community. Triggered by these and other social problems was a growing rate of school absenteeism, disruptive behaviour in class, gang recruitment and youth substance abuse (gas huffing). Making matters worse for the police and other agencies in the community was that there was a longstanding culture of silence—where people were afraid to talk, ask for help, or provide information to authorities.

As one respondent described, “Our community was running out of options when it came to helping families in crisis. We needed something that would avert crisis before it happened—otherwise things were never going to get better.” Community leaders were not willing to accept this level of violence as their status quo and wanted a new way to help their community.

As several interview respondents recalled, the idea of a Hub was first brought to the Chief and Council by then Inspector Charles Wood, who had recently transferred from Saskatchewan where the Hub model originated. The Hub model was first described to community leaders as a tool designed to address root causes of social and criminal problems that cause significant harm in the community. As one respondent described, “That was perfect timing because we were only being reactionary to the crises in our community. The Hub would allow us to become more proactive, focused on risk factors and work upstream.” Another respondent explained that the Hub was not only a tool to help families, but a tool to help agencies work together more effectively:

Prior to Hub, every agency was working in their own silo. We knew very little of what others did. We realized we weren't getting anywhere with that approach. The Hub model was seen as an opportunity to break those silos and work together to serve the same clients we all shared anyway.

According to respondents, leadership in the community supported the model from the start. Chief and Council spearheaded a learning expedition to Prince Albert where a group of delegates visited the Prince Albert Hub and realized the utility of the model for Samson. One respondent recalled that, “The Prince Albert visit made us realize there was so much we could do with a Hub back home.” As more organizations learned about the model, each agency began developing their own stake in the Hub. According to one Hub discussant: “Although the RCMP spearheaded the model, they have backed away and let the community take ownership of the model—with them remaining an equal partner with the rest of the agencies.”

This subtle gesture by the RCMP to build community ownership was important. As one respondent explained, “Not only did it build sustainability for the model...because the RCMP often transfer out, but it built awareness among the other partner agencies that they should be involved.” When asked how their agencies became involved in the Hub model, a majority recalled that their agency was approached by Band leadership in the formative stages of the model. Several respondents explained that for the Hub to work, everyone needed to be at the table.

Once the Hub started however, those at the table soon realized that some additional agencies should be there as well. According to respondents, the existing Hub agencies reached out to other agencies in the community who were not at the table and asked them to join. One of these agencies was Alberta Probation Services. According to the probation respondent, the importance of their involvement in the Hub became quite easy to realize once they found out what the Hub was all about:

We weren't involved at the beginning, but were invited to be a part of it based on our relations with many of the clients discussed at Hub. I first went to observe, where I then quickly realized that the Hub is a good model for addressing gangs, youth violence, drugs, poverty, and truancy. These were many of the problems we were working with our clients on, by ourselves, and not really getting anywhere.

As the Samson Cree Hub began in 2012, there was a bit of change required by the members. As one member recounted, “It was definitely a learning curve for a lot of our organizations.” Another described that, “When we started the Hub we had a hard time leaving our silos and getting accustomed to working with others. However, once people became confident in the process and saw the rewards in collaboration, they started to share more information, contribute to the process and cooperate with other agencies”. A third explained that when the Hub first started in Samson, it ended up being a venue for referrals to social services simply because children were involved. However, as one child protection worker shared: “We couldn't act on a lot of those situations on our own. Overtime, the Hub did become a venue for all agencies to share ownership over complicated situations”.

In the first year of the Hub's operation at Samson, some early realizations helped solidify support for the model. One respondent commented that, “[The Hub] was easy to support because we realized we were all sharing the same clients anyway. Hub gives us a chance to help our shared clients”. Another explained that the Hub helped build efficiencies for a lot of organizations that were maxed out: “Many of the response agencies like child welfare and the police don't have the extra personnel to get the job done. The Hub model helps make things more efficient for them and for the rest of us”.

As the Hub model began to solidify in Samson, a number of principles emerged. The first was that members of the Hub needed to put the client first, and focus on the client's needs and risk factors in order to prevent a crisis. This required each agency to put their own mandates second, and focus on collaborative solutions to help mitigate the risks facing Hub subjects. The second was that the true business at the table is collaboration. This led one respondent to explain that, “Everyone needs to work hard at understanding one another, and be willing to work with one another to get things done for the client.” The third principle emerging from the table was trust and confidentiality. As several respondents explained, knowing that there is trust and confidentiality at the table opens the door for the appropriate amount of information sharing that is required planning an effective intervention. The final principle at the table is that members themselves need to be ready and willing to be part of a team. In doing so, they must be “open-minded”, “non-judgemental”, and a “be a problem-solver”.

Agency Commitments to the Hub

As momentum for the Hub continued in Samson, the partner agencies began to solidify their commitment to the model. In the beginning, some agencies were not clear what the Hub required of them. Others—particularly those who went to Prince Albert—had a basic understanding of the logistics behind the model and found it easier to secure their commitments.

For the most part, all agencies provide a representative to sit at the Hub table. These individuals meet Tuesdays and Thursdays at 10am to participate in the Hub meeting. At other times in the week, they engage in outreach with Hub subjects (e.g. door knocks) or participate in an intervention circle. Most agencies have an alternate in case their main Hub discussant cannot make the meeting. Some agencies simply miss the meeting if they do not have an alternate assigned.

One agency that provides a unique commitment to the Hub is the Maskwacis RCMP Detachment. In the beginning, the detachment sent its domestic violence officer to the Hub. However the detachment soon learned that there were a lot of different situations brought to the table besides domestic violence. According to the detachment's sergeant, the detachment saw great promise in sending their civilian crime prevention analyst to the table for a few reasons. The first was that she is always available for Hub meetings (not called out to service). Second, she goes through all the files and calls in the community and has a good understanding of the families, reports, services and risks involved. Third, she has the time to dig for information that would help the Hub. Fourth, she has better capacity than officers to maintain strong communication with the Hub representatives. When the Hub needs direct officer involvement on an intervention, they send one who either has rapport with the individual/family, or whose skill set meets the needs of the intervention.

Another agency with a unique commitment is the Nipisihkopahk Education Authority. With three schools in Samson Cree Nation, Nipisihkopahk is a tremendous source of referrals for the Hub. In addition, the education authority has committed three separate resources to the Hub. As several interview respondents described, the superintendent brings discussions where parents approach the authority for help. He also plays a role in trying to bridge some of the larger systemic gaps in service for students and families. The special education coordinator, while also bringing Hub discussions, plays a role in supporting the Hub team during the intervention planning. Finally, the education authority also provides their home liaison to the Hub. This individual spends a considerable amount of time with families, and as a result, ends up being the Hub discussant with the most rapport with families. Due to this rapport, as well as the nature of her job, the home liaison for the schools ends up being the point of initial contact for families brought to the Hub table.

While the RCMP and Nipisihkopahk Education Authority play an important role in the Hub, Samson Cree Nation Band also makes some key commitments. All data generated during Hub meetings is collected and stored by the Band's coordinator of communications. Hub meetings are chaired by a member of the Band Council. Finally, the Band's restorative justice coordinator plays a key role in organizing intervention circles and making sure all of the relevant agencies and community supports are at the circle.

While there are specific identifiable commitments by some partner agencies in the Samson Cree Hub, there was a unanimous feeling among all respondents that the Hub is truly a team effort. As one respondent explained, "All of the players at the table are critical...there's no room for part-timers...we need everyone there all the time." Furthermore, as one respondent explained, the role of individual agencies becomes particularly important after a Hub discussion is closed:

Once a Hub discussion is closed, a number of agencies will continue to monitor the client and help them engage in services. If their risk factors start to become elevated, they bring them back to the table. Without this additional support from individual agencies, a lot of families would feel lost. As such, their work after Hub becomes critical to success of the model.

Agency Referrals to the Hub

When asked to describe how their respective agencies made referrals to the Hub, respondents provided a similar response. For the most part, all referrals go through the actual Hub representative. The process leading up to the referral may differ slightly for each agency. According to one RCMP respondent, “Our own agency has referral forms that we use to bring situations to the Hub table. This helps our staff identify suitable clients or families for the Hub.” Another RCMP respondent explained that, “Our patrol members have gotten in the practice of making a referral to Hub if they see children involved and if they think other agencies should be brought in to the family. However the bulk of referrals from our detachment come from our Community Response Unit.”

In explaining how situations are referred from the education sector, one respondent shared that, “Teachers and/or support specialists will provide a referral to our Hub reps. A lot of times teachers can detect issues through certain changes in behaviour. They let parents know that there is a concern and offer to refer them to Hub.” A child wellness respondent explained that, “If we have a family on file that is not getting the support they need, we refer them to the Hub.” Similarly, a probation officer shared that, “In our agency, staff forward me complicated cases that involve a number of different risk factors.” Finally, a respondent from Maskwacis Ambulance Authority explained that, “We have added Hub to our main list of resources that we use when supporting clients. We ask patients if we can refer them to the Hub as a means to support them”.

Collaborative Intervention

Two major questions in the interview process surrounded the actual planning and execution of collaborative interventions. While considerable dialogue was captured on the actual Hub discussion process, development and community buy-in, how interventions are carried out is equally as important. The first question asked respondents how often their agency participates in interventions while the second asked respondents to explain how the collaborative intervention process works in Samson Cree Hub.

With respect to the former, the extent to which Hub partner agencies are involved in the intervention stage of a Hub discussion varied. The police reported that they very seldom were involved in interventions—unless there was a safety concern, an officer had rapport with the family, or they were requested to be a part of an intervention circle. The education authority’s home liaison plays a lead role in a majority of interventions as she already has good rapport with many families, and because her job is amenable to home visits and community outreach. Finally, the Band’s restorative justice coordinator plays a big part in organizing intervention circles where the Hub and/or family recommend one. For the remaining agencies around the table, their involvement in collaborative intervention is dependent upon risk factors, the services their agency provides and that agency’s relationship with the client.

Regarding the manner in which collaborative interventions are carried out, one respondent provided a detailed explanation of the process.

Generally two things happen. We identify one agency to approach the family and inform them of services that are available. Less often, we approach the family with more than one agency and offer them support. Depending on the situation, some of these door knocks are announced while

others are not. In either situation, we end up offering to form a circle for the family that involves all the appropriate agencies, the family, and a support that the family would like to be there. During the circle we all share our perspectives on the situation and allow the family to share their story. After everyone has had a turn to speak, we work to identify a support plan that helps the family get on track and become stronger.

Another respondent provided additional detail on the planning and logistics of an intervention circle:

We don't go to the door as a team all of the time. It all depends upon the family. Usually we send one rep to the door and schedule a circle for the family on the issues. If the family can't get a ride or there are too many children, we'll do a circle at their house. It all depends on the family's wishes. Most of the time we'll have a circle in a neutral location like the education boardroom. Who is part of the circle all depends upon the risk factors and interests of the family. We utilize a lot of Elders in our intervention circles. They help connect with a family and provide them with encouragement and support.

Hub Impact on Clients

The next discussion with respondents was on the impact of the Hub on their clients. Overwhelmingly, the interviewees felt that the Hub had made a positive impact on their clients in a number of ways. Many of the same observations of Hub impact on clients were shared by multiple respondents.

The first impact on clients was that the Hub helps identify risks earlier and “helps families get on track before things spiral out of control”. As one respondent explained, “By working upstream to target the root causes of a lot of problems, the Hub helps families avoid crisis completely”. When it comes to identifying risks earlier, one of the more common impacts has been on gangs. Statements from three different respondents provide an understanding of the Hub’s potential impact on gangs:

- It helps have an impact on gangs because the Hub can work with kids and their families upstream before kids get recruited to a gang.
- There are still violent, chronic offenders in Samson. However the Hub helps us intervene on the youth before they become completely immersed in violence.
- Hub has helped a number of families with children who were becoming gang-involved. They have helped the family become involved in more pro-social activities instead of walking around causing trouble.

The second way in which the Hub impacts clients is by connecting them to services. Some clients had not been connected to services previously while others faced a lot of barriers in accessing services. According to several respondents, the Hub helps parents and families get to programs sooner and with fewer barriers. As one social worker explained, “We’ve seen families engage in services that they haven’t before. We also see a visible change in their patterns”. Similarly, an education respondent observed that, “We’ve been able to help students connect to mental health and primary health in ways that we have not been able to before.” In addition to these observations, a number of respondents explained that the Hub had improved relations between clients and their workers, while at the same time, bringing down barriers to services in various sectors.

The third way the Hub has impacted clients is in helping them with complex problems. Quite often, as one respondent explained, “Our client problems are very complicated and interconnected. This has really undermined their attempts to get help in the past. With Hub though, we can try and look at all of their

problems through a unified lens because everybody is at the table.” Another respondent echoed that “Hub allows us to look at a complex problem that we often can’t help people with on our own.”

A fourth way in which the Hub helps create a positive impact on clients is through making them more accountable. As one respondent described, “Families are starting to realize that they can’t screw the system because everyone is there. It makes for a more genuine plan of support.” A second explained that, “There is a significant sense of entitlement and a tremendous lack of accountability among some parents. Hub helps put things into perspective for the client and see the direction they’re headed.”

Another shared that, “We’re challenging the people to be accountable. They’re stepping up with the support we give them”. Finally, a fourth respondent believed that “The Hub brings face-to-face encounters with clients so that more effective supports can be put in place.”

Overall, the results of these impacts have generated a number of observable outcomes. According to various respondents, children are attending school more regularly, there are fewer calls for ambulance and police at repeat addresses, probation clients are complying with their orders more often, and families are taking treatment opportunities more seriously.

The bonus to all of this, as several respondents described, is that a number of clients themselves are actually satisfied with the Hub model:

- My clients like the Hub because it brings everyone involved while still keeping things quiet.
- Some families have even approached us and requested that we bring them to Hub because they learn from other families how well their support worked.
- Families are astonished when they realize a whole group of professionals is there to ‘offer help’.

Hub Impact on Agencies

Just as respondents were able to share their observations of the Hub’s impact on their clients, they were more than willing to share their understandings of the Hub’s impact on their own agencies—as well as on other agencies around the table. The different impacts on agencies involved in the Hub help explain some of the passion and support that interview respondents had for the model.

The first major impact on agencies is that the Hub helps foster communication and collaboration between the different agencies. Interview respondents explained that prior to Hub; their agencies worked in silos and did not have a lot of formal interactions. However, now they are, “working together to address the needs of families.” With this collaboration, according to a number of respondents, came an increased understanding of the different services that each agency provides. Quoting one respondent, “[Hub] has really made us more aware of services and has given us a chance to take advantage of collaboration.”

Another benefit of collaboration has been the effects of different agencies interacting with one another. In one respondent’s view, “There is a certain energy that comes with this kind of cooperation—the agencies reach out to one another”. A different respondent observed that, “The Hub adds a bit of peer pressure to agencies so that they get stuff done.” Finally, another respondent felt that even the type of collaboration between agencies has become more productive:

Before Hub we had interagency meetings, but all of that was lip service. At Hub, everyone leaves with something to do. It is a collaborative action table that is focused on actually doing things with families.

A second impact the Hub has had on agencies has been on the view and perspectives that other agencies, clients and community members have of an agency. Respondents from the social work sector felt that the Hub has really improved the community's perspective of their profession. One shared that, "The Hub has softened the view that other agencies have of child protection. They don't see us solely as child apprehenders but an important part of helping families." Another explained that, "Hub has helped build better relationships between social services and the community. It allows clients to see that social services are more than apprehending kids but about being supportive to families." A third respondent explained that, "It helps families see that child welfare is not so intrusive, and actually wants to see the family be together and get well." The same respondent also felt that the increased ability to provide more holistic support to clients has improved her agency's relationships with its clients.

One of the more hidden impacts of the Hub model on agencies, according to respondents, is the fact that the Hub has relieved many human service providers of the feeling that they have to approach a situation solo. This has been particularly noticeable in the education sector. Speaking about his counterparts in education, one respondent observed that "People in education are really behind the model. They used to meet with families and deal with issues by themselves...However, now they have everyone at the table." Speaking from the education point-of-view, one respondent shared that, "Prior to Hub, the schools had no mechanism to get children into school. However, collaboration with other agencies made it easier to re-engage children in the education system." A second education respondent admitted that, "Hub has given education extra support for teachers, staff, and administrators to address complicated issues—that is something we never had before."

Although the Hub has been instrumental in helping the education sector break free of addressing complex student needs alone, this impact is not exclusive to educators. Respondents from the Maskwacis Ambulance Authority also explained that the Hub has increased their capacity to help their clients with more complex needs:

The Hub has really helped our staff be in a better position to connect clients with services so that they didn't end up back in the hospital. We've seen a decrease in repeat calls among the individuals we've referred to Hub over the years. This has been a real morale boost for the staff because it allows them to help people try to get connected to services and provide better care—rather than just drop them off at the hospital.

The next set of impacts mentioned in conversation with interview respondents concern the extent to which Hub has allowed opportunities for agencies to become more effective in their service delivery. Several respondents explained that the Hub has enabled their agency to better respond to the complex needs of clients, simply because it can draw upon the strengths and tools of other agencies. Others explain that having more information—that is the result of collaboration—better prepares agencies to be responsive to the needs of clients. This, in turn, helps agencies provide service and supports that are more tailored to client needs as opposed to what the agency broadly prescribes.

One unique impact on effectiveness of the Hub model has been in efforts of Samson Cree Nation's Department of Community Wellness to develop programming that meets the needs of the community. According to one respondent, the Hub has been a source of information that was directly used to design and implement a variety of wellness programs in the community:

Hub has been a very effective tool for our First Nation to identify the types of programs and supports we need. Through Hub, we have realized a number of needs and developed a variety of

programs, including: outpatient treatment, holistic wellness, parenting, life skills, youth programming, child activities and afterschool programs.

A shared experience for several respondents has been their ability—largely enabled by the Hub—to act proactively around the composite needs of clients. To preserve the genuineness of their remarks, the following quotes are provided verbatim:

- Hub allows our agencies to become proactive and focus on root causes of issues instead of waiting around until it is too late.
- Ambulance, probation and social services are fond of this process because it goes upstream and undermines the risk factors that lead to trouble.
- Hub helps agencies look at things in a more preventative lens.
- Hub has provided us [child protection] with a variety of different options so that we don't have to move towards apprehension right away. It has helped mitigate a lot of the risks that eventually led to the children being removed from the home in the past.

Hub Impact on Police

One of the main purposes of this study is to identify the extent to which the Hub would be of value to other First Nation communities, particularly from a policing lens. As such, each respondent was asked to explain the impact they observed, if any, of the Hub model on policing in their community. Table 2 summarizes the responses from respondents and categorizes these responses by perceived impact.

Table 2: Respondent Observations of Hub Impact on Police

CATEGORY OF IMPACT	EXPLANATION
Diverts to more appropriate services	<ul style="list-style-type: none"> • The Hub takes on a lot of issues that would end up becoming a police problem once things escalated. • Police don't have the resources or training to deal with root causes of social issues. The Hub helps to reduce risk factors, recidivism and ongoing domestic violence. • Hub helps connect clients to mental health, counselling support, anger management and addictions so that the police are not arresting these guys over and over again.
Reduces calls for service	<ul style="list-style-type: none"> • The Hub has addressed a lot of things that have minimized repeat offenses for some people. • The Hub has reduced our call volume and has also assisted victims and offenders by getting them earlier support before things get too bad and the police are called. • The Hub has had a negative impact on our call volume. • Hub helps families with its issues, which ends up giving police a bit of breathing room. • Data on our high-need clients show less calls for service after a Hub intervention.
Improves community relations	<ul style="list-style-type: none"> • It has helped the RCMP become more engaged in the community. • When the police are involved in an intervention circle and they are seen by teens and families as being there to provide support it really changes their view on the police. • The police are very appreciative of the Hub. RCMP are really isolated from the Nation but the Hub helps the detachment build better relations with the community, and at the same time, gain an understanding of the issues. • Before, people would withhold information, but now people are more willing to ask the RCMP for help and share what they can. • Since Hub, people seem to have fewer complaints about the RCMP and have more understanding and compassion for police and the role they play.

Improves cooperation with other agencies	<ul style="list-style-type: none"> • Hub has helped to improve the traditionally-poor relationship between RCMP and child protection services. It has helped to identify communication issues between the agencies and fostered more cooperation. • The Hub has even helped the RCMP cooperate with other agencies outside of Hub. It's really opened a lot of doors for us that were never open before. • Hub helps officers build relationships and work more closely with other agencies in the community. It made us more aware of the services available.
Helps police become proactive	<ul style="list-style-type: none"> • The Hub has really helped us become proactive, rather than always reactive.
Improves police perspective of client needs	<ul style="list-style-type: none"> • From our perspective, Hub has given the police a chance to see the other side of families—so that they can work more effectively with them. • Hub has helped provide a more human face to the RCMP. • Hub has helped the police get a better appreciation and understanding for people in the community. If the police are onto someone but they see that they have started to attend school more regularly, they'll back off a little bit to let that kid continue improving. • Hub has helped the RCMP realize different risk factors and issues of families so that they have a better understanding.

Hub Training

During the interview process, respondents were asked about the types of training and preparedness that they undertook when beginning their work on the Hub. All respondents shared a similar description of the training. In 2012, several members of the would-be Samson Cree Hub, along with some community leaders and agency directors, traveled to Prince Albert to get an initial glance at the model. Then in 2013, Samson Cree Nation invited some representatives from the Government of Saskatchewan to come and provide an update on Hub discipline and privacy protection. Beyond these two learning opportunities, any and all other training for participation on the Hub has been during Hub meetings in a learn-as-you-go fashion.

When asked what sort of training would be ideal for their own Hub, or other new Hubs in the country, many felt that a simple one-day workshop or online resource would suffice. Some of the major topics should be the discussion process, information sharing, privacy, data collection and intervention planning.

Evaluation

When asked whether the Samson Cree Hub had undergone any internal or external reviews or evaluation, all respondents said “none”. Several explained that the current study was the first chance they’ve had to sit and reflect on their experiences with the model. A number of respondents were hopeful the results of this research would provide some insights into where they can strengthen the Hub in Samson.

Functioning as Intended

During the interview process, respondents were asked to comment on the extent to which the Samson Cree Hub was functioning as it was intended. A number of respondents admitted not knowing exactly what the Prince Albert model entailed because they had not attended the site visit to Prince Albert or the 2013 training facilitated by the Government of Saskatchewan. This made it difficult for them to answer the question. Others felt that they were on the right track, but could likely benefit from another update on leading practices in collaborative risk-driven intervention. Two respondents in particular felt that there were certain aspects of their application of the Hub model that may not be concurrent with other Hubs in the country:

Respondent A: *I don't think we're doing the intervention part of the Hub model like other Hubs. While a circle is an important part of our First Nations culture, we often only send one person from the Hub to do the initial visit with the family. I guess we're just afraid that too many people at the door will spook the family.*

Respondent B: *In 2013, when we brought someone out from Saskatchewan to give us an update on the Hub model, we realized that we needed to make a few changes, and did so. However, now that some time has passed I'm not sure if our practices or data collection are up to speed with other Hubs or not.*

Challenges

Despite strong support for the Hub model in Samson Cree Nation, respondents were able to point out a few challenges. Many of the challenges were identified in an effort to improve and strengthen Samson's application of the Hub model.

One of the first challenges of the Hub model is that because support through a Hub intervention is voluntary, some clients simply refuse services. Respondent dialogue indicates that some individuals or families simply don't want help while others are too ashamed to accept help because Samson is a small community and they don't want everyone to know their problems.

Another challenge for the Samson Cree Hub has been a variety of systemic issues that are beyond the Hub's ability and scope to fix. In general, interview respondents perceived systemic issues to be those characteristics or qualities of the current human service delivery system that served as barriers to support for clients. One example given was the inability of the Hub to find a very high-risk young person a group home because he was over the age of eligibility. Another example given was a situation where the Hub worked hard to admit an individual to a detoxification unit, only to watch him drop out because he couldn't afford the \$16 prescription required for his treatment.

A third challenge for Hub discussants interviewed in this study was the geographical limitations of the Samson Cree Hub. Since Maskwacis has four separate Nations all close together, many members to one Band live on one of the other reserves. Since Samson Cree Hub only serves Samson, this makes it a challenge for regional or provincial agencies to just focus their efforts on Samson. The reality is, according to one respondent, there is some lost opportunity for families not living in Samson:

By being a Samson Cree Hub instead of a Maskwacis Hub, a lot of clients fall between the cracks and are confronted by systemic issues, barriers, and challenges. Although many individuals live in one of the four Maskwacis Nations, service provisions are limited in the services they can provide to non-members.

Some of the agencies that sit on Samson Cree Hub, but whose service area involves all of Maskwacis, feel that a Maskwacis Hub might be more ideal. As one respondent described, "It is a bit of a loss for [the regional agencies] not to be able to have their clients from the other nearby reserves be brought to the [Samson] Hub". Another explained that, "They're starting another Hub in Ermineskin, rather than have us regional agencies sit on two or three Hubs, why don't we just have one Maskwacis Hub?"

A fourth challenge for interview respondents involves regular attendance. According to some, a few of the partner agencies to the Samson Cree Hub have difficulty with regular attendance—despite being fully supportive of the model. The result of this is that work on the Hub becomes difficult for those who do

make the meetings: “When a partner at the table is missing, we really feel it. Everyone needs to be there to contribute.” Another respondent explained that,

Not all the agencies are at Hub. Some say they’re too busy. The reality is though, nothing should be more important than Hub. We’re literally helping people here.

A related challenge to irregular attendance is inconsistent membership at the table. Several respondents pointed out that when representatives from the agencies change at the Hub table, there is a loss to the team’s structure. A number of respondents felt that turnover in some of the agencies has undermined relationships at the table and impacted agency presence at the table. As one respondent explained, “[Turnover] changes the dynamics...that’s why consistency in Hub representatives is critical.” Although several agencies have experienced turnover, the RCMP in general were tagged as a bit of a challenge because of their common transfers. One agency director explained that, “Turnover in the RCMP is a bit of a challenge. It makes it really difficult to maintain relationships when there is a transfer, resulting in a change in leadership every two years.”

Another challenge experienced by Hub discussants has been internal barriers of some of the partner agencies. Since the Hub involves a variety of different agencies, there are a variety of different policies, mandates and limitations at play. One respondent point out that, “Some of our agencies cannot do [single agency] home visits unless they have an open file on them. This makes planning an intervention difficult for the rest of the Hub agencies.” Another felt that the Hub has been far too dependent upon the education sector’s home liaison to lead outreach with families:

Too often we only send one representative from the Hub table to initiate dialogue and plan an intervention circle with the family. Other agencies need to come on door knocks more often. That will help break down the stigma and build better relations with families so that they are not scared of police arrest or social services apprehension.

Improving the Hub

Following a conversation about challenges with the Hub model, respondents were asked to provide some suggestions for improving the Samson Cree Hub. Responses from interviewees have been categorized by improvement theme and summarized in Table 3.

Table 3: Respondent Suggestions for Improving the Hub by Improvement Theme

IMPROVEMENT THEME	SUGGESTION
Training and Development	<ul style="list-style-type: none"> • The Hub team should view or observe other Hubs just to make sure we're up to speed with the leading practices in the country. • Plan training refreshers each year because I think we're starting to take shortcuts and drift away from the original model. • Public Safety Canada, through our Community Tripartite Agreement's, should provide money for Hub training so that we can stay on top of the model, and so other First Nations can get started. • All staff of all agencies should observe a Hub meeting so that they know what it is about. • A training refresher every 6 months would help everyone stay on track. It would also provide an opportunity for everyone to discuss process, partnerships, issues and sustainability of the model.
Community Planning	<ul style="list-style-type: none"> • We should develop a big picture vision for community safety, one that involves the Hub, but that gets our entire system focused upstream. • We need to formally clarify what the Hub is to the community, and outline its structure and purpose. We need to make it clear that Hub is about reducing risk without extra money and staff. • We should have periodic Hub planning sessions where everyone can get together, build relationships, fine-tune their practices, and learn ways to better cooperate and problem solve.
Attendance Policies	<ul style="list-style-type: none"> • We need more consistent attendance from our agencies. There are some agencies that are not at the table but should be. • Community leaders should form a mandate for all resources to be at the table consistently.
Systemic Issue Analysis	<ul style="list-style-type: none"> • We need an agency beyond Hub to take long-term look at systemic/chronic issues. Hub helps people but we need to change the system where it is broken.
Agency Involvement	<ul style="list-style-type: none"> • More agencies should become involved in door knocks and wraparound with the individual or family. • Secure involvement from other agencies not currently at the table: housing, addictions, corrections, mental health, employment.
Adjustments in Process	<ul style="list-style-type: none"> • I think we can tighten up our information sharing and privacy protections a little bit—to be more in-line with other Hubs in the country. • Need a structured referral process for the Hub. • Must make sure that after Hub, one agency will maintain in contact with the individual or family and conduct follow-up.

Lessons Learned

Near the end of each interview, respondents were asked to describe the lessons that they or that their community has learned about the Hub model. In response, Hub discussants and stakeholders shared a variety of observations that may be of value to researchers, policymakers, and other human service providers.

The first lesson learned for multiple respondents was that the Hub is a risk-driven approach to supporting families with diverse needs. Following the identification of risk, the Hub provides a strong opportunity to mobilize support around an individual or family to meet their needs. As one respondent explained, “The Hub isn’t a quick fix. It identifies families in trouble and brings agencies to start working with them to reduce their risks”.

The second lesson learned about Hub is that it is a promising tool of prevention. By working upstream, human service providers are able to address the root causes of violence, crime and other social problems. According to one observer, “If anything, the Hub is helping us prevent violence 5 years from now....that’s

the important thing.” Another shared that, “I hope Hub lasts for a long time. Even if it works me out of a job, I’ll find something else. At least families are being helped before crisis occurs.”

The third lesson learned is that the Hub requires a change in the way agencies approach social problems. This change, according to respondents, will result in an improvement in services. As one respondent explained, “Hub is an exercise in community building and change in services—which makes things more efficient and effective in the long-run.”

The next lesson learned through the Hub experience in Samson is that the model itself requires strong and stable leadership. Moving to new ways of doing business requires a strong supportive champion. Several respondents identified that Samson Cree Nation Chief and Council have been fully supportive of moving the Hub model forward. More so, the direct involvement of Councillor Saddleback has been instrumental in the model’s success so far. According to one observer,

[Councillor Saddleback’s] presence as chair is helpful in mobilizing all the partners at the table. It becomes even more beneficial when we need things to happen now. Without a band councillor involved, we would get the runaround on a number of issues.

Of course the risk of direct involvement of leadership is that the Hub model becomes very susceptible to impact by local politics. One respondent remarked that, “Councillor Saddleback has done a great job walking the line between politics and supporting the community.” However the same respondent warned that, “Hub is very vulnerable to change in leadership. There needs to be a full community buy-in so that if the champions change or leave, the Hub isn’t placed in jeopardy.”

The fifth lesson learned in Samson is that the Hub model provides a value-added opportunity for collaboration. One respondent explained that, “The Hub model gives human service providers a chance to work together as a team and approach the family—rather than wait for the family to fall into mandated services.” This sentiment was shared by other interviewees who felt that the collaboration generated from Hub brings a lot of benefits to the agencies and their clients.

Another lesson learned is that the Hub helps improve relations between agencies and families. Several respondents indicated that the Hub is all about building rapport with families—reducing stigma among agencies—and building better trust and support in the community for families to use when they need help. When this occurs, families feel supported and are more likely to become engaged in services. As one respondent observed, “The Hub helps make a whole community stronger by being inclusive and providing support to those people.”

The final lesson learned is that the Hub provides opportunities for efficiency. Several respondents explained that gaining quicker access to services for their clients, having information become more readily available, and being able to verify plans with other agencies made service delivery much quicker—and with less effort. Summarizing his feelings while first becoming involved in Hub, one respondent from the emergency services sector explained that, “In the beginning I thought this would have taken up a lot of my time, but over time I’ve realized that it saves us a lot of time on repeat calls.”

Key Ingredients

One of the more valuable pieces of information for replication is knowledge of the key ingredients required for successful application of that model. In discussing the topic, interview respondents easily pointed to a number of key ingredients based on their experience in Samson Cree Nation (see Table 4).

Table 4: Respondent Suggestions for Key Ingredients to a Hub

INGREDIENT	DISCUSSION
The Right People	<ul style="list-style-type: none"> • You need the right person to run the Hub, one that motivates others to collaborate and support families. You also need the right people at the table who are interested in changing the way business is done—it's not about money and programs. It's about making better use, and providing earlier access, to the services we already have. • You need the right people who will leave their egos at the door and look at the big picture. • It is important to send the right person to the Hub—someone who is available to consistently attend Hub, someone who is a good collaborator and problem-solver.
Confidentiality and Trust	<ul style="list-style-type: none"> • Confidentiality is pivotal—it helps establish and maintain trust and allows for care to occur. • On reserve, there is always a family connection to someone on the Hub so you have to be sensitive, respectful. Similarly, Hub discussants themselves need to be detached from the community in a way that they can maintain confidentiality and help in a non-biased way.
Team Relationship	<ul style="list-style-type: none"> • Need a lot of team building and camaraderie around the table in order to build the synergy needed for an effective Hub table.
Proper Logistics	<ul style="list-style-type: none"> • Need a quiet, uninterrupted place to meet. • Hub meetings must start on time and be consistent. • Chief and Council need to give a directive to each department requiring their attendance at all Hub meetings; and for all employees to know how Hub works. • Need a proper database that gathers information for research and to help with planning interventions.
Training	<ul style="list-style-type: none"> • Training for both new and experienced Hub representatives is important. • Managers and others in the agency need training to know what Hub is so that they can support it.
Leadership and Community Support	<ul style="list-style-type: none"> • Need to be community buy-in from all the service agencies. • Needs a continuing champion to support the initiative and solicit buy-in from leaders and agencies. • The Hub model needs to be carefully pitched to the leadership with multiple partners involved in the messaging. There also needs to be credibility in the presenter. • Chief and Council need to be committed to the process and encourage agency buy-in, in order to tear down the silos and share information. • It is important to have full community support and partner involvement. • It is important to go out and seek partners—both talkers and doers—who can champion your Hub and get things going.
Vision	<ul style="list-style-type: none"> • Need a vision with Hub and where you want to go with the model.

Conduciveness to First Nation Communities

As the introduction to this report indicates, Samson Cree Hub is the first application of the Hub model in an on-reserve First Nations community in Canada. Furthermore, one purpose of this report is to provide an opportunity for First Nation communities and policing stakeholders to see the value of this model from a First Nations perspective. Throughout the interview process, respondents were asked to comment on the extent to which they thought the Hub model was conducive to community safety and wellness effort in First Nation communities. Nearly all respondents were quick to point out that the Hub model has a lot to offer other First Nation communities. Figure 1 shows the raw feedback from respondents. Apparent in the respondent dialogue is that the Hub model fits the traditional values of First Nations people; is adaptable to local community needs; is focused on bringing the entire community onboard to support families; and is an efficient way to support families with complex needs in communities where resources are limited.

Figure 1: Respondent Feedback on the Conduciveness of the Hub Model to First Nation Communities

- This is an effective tool for First Nations to nip problems in the butt before things get out of control and turn into a crisis.
- I feel very honoured to be at the Hub table and to work with other professionals to assist families in a circle.
- Family and friends in the community see the changes in individuals and grow supportive of the model.
- Hub is a great tool for First Nations because it allows the community to work together, resolve conflict and solve problems to support people.
- Hub is a natural fit for the values and traditions of First Nations people. The Hub is the first step for us towards getting back to a traditional community—where the whole community works together in a circle to support a family.
- The bureaucracy has pushed our agencies into silos. Hub brings people out of their silos and helps them work together to meet a family's needs.
- This is a collaborative model that supports the community in a holistic way.
- Hub helps take care of the entire home fire for First Nation families.
- Hub is conducive to First Nations culture and a tradition because it involves everyone in the community; is built upon the circle concept; involves sharing; offers help; engages multiple partners; and fosters humility and trust.
- The Hub is an important tool for First Nation communities. When I was growing up, people used to help each other. We've lost that. This helps us get back into that—at least from a human service perspective.
- Hub is important for on-reserve communities where resources are limited. This helps more efficiently get people the support they need. It breaks down a lot of communication barriers that prevent clients from getting appropriate supports in the first place.
- All First Nation communities should encourage their support services to be part of a Hub.
- The Hub brings the awareness, support and resources to break the cycle. This is an incredible tool for First Nations to build and support the home fire.

Hub: An Innovative Model?

The final discussion topic with respondents was whether they felt the Hub model was innovative, and if so, how. All respondents felt that the model provided innovative opportunities for multiple human service providers to work together in an effort to address the composite needs of individuals. Several felt that for the first time, they could be part of an upstream approach to helping mitigate risk before harm occurs. The following comments characterize respondent feedback on the innovativeness of the Hub model:

- Hub brings so many different groups together in one place to address the complex needs of a single family. This has never been done before in our community. We all just worked on our own.
- Hub provided an opportunity for service providers to be creative in finding ways to help clients.
- Hub is innovative because it brings multiple service agencies together at the same table to discuss ways to help families in need. It is a much more cost-effective way of serving clients—where all services are made available at once, instead of through a dozen or more one-off meetings.
- Hub brings the full perspective of human service providers to the realities that their shared clients face—which makes for better solution-building.

Findings

The findings of this study on the Samson Cree Hub provide an initial overview of the formation, application and impact of the Hub model—through the experience of those involved with this initiative at Samson Cree Nation in Central Alberta. Collaborative risk-driven intervention, as the results of this study suggest, is an innovative and value-added approach for on-reserve First Nation human service providers and their provincial partners to use in mitigating the complex needs of individuals and families. Interview results demonstrate considerable support for the model, and advocates suggest that the Hub model is both a conducive and promising alternative to the status quo in First Nation communities.

The Samson Cree Hub was formed out of the community's desire to do better. Crime and violence was overtaking the community, and both police leaders and Chief and Council felt that the Hub model was a means to a much desired end. Observations of the flagship Hub model in Prince Albert, Saskatchewan, followed by a second dosage of support from the Government of Saskatchewan, helped the Samson Cree Hub develop a disciplined practice of identifying situations of acutely-elevated risk; sharing limited but necessary information; and planning collaborative interventions to help meet the complex needs of individuals and families. Home outreach and intervention circles involving family members, Elders and human service professionals are the two main methods through which the Samson Cree Hub has provided additional support to clients.

The strength of the Hub comes from the weekly interactions of different human service providers, each who comes with an open-minded, non-judgemental, problem-solving perspective of the client situation. Learning from one another, and about one another, has helped the different participating agencies gain a better understanding of risk, client needs, and opportunities to help individuals and families avert crisis.

The impact of collaborative risk-driven intervention on clients brought forth to the Hub include the early identification of risk; being connected to services sooner; receiving assistance with complex problems; being held more accountable; avoiding crisis; and receiving multi-agency support. The impact of Hub on agencies include increased collaboration; a chance to learn perspectives of other agencies; the acquisition of more tools to help clients; more effective and efficient service provisions; access to more information; an opportunity to be proactive; build better relations with clients; and for some agencies, see a reduction in repeat calls for service. Finally, the impact of Hub on police includes a diversion of complex clients to more appropriate services; reduced calls for service; improved community relations; improved cooperation with other agencies; an opportunity to become proactive; and an improved perspective of the client and their needs.

With respect to the overall fit of the model to what was originally intended, Samson Cree Nation is sticking fairly close to the original model—despite having no formal training. However, some ongoing training and relationship-building opportunities would help strengthen the cohesion of the Samson Cree Hub team, and easily align the model to leading Hub practices across the country.

Despite some early wins for the Samson Cree Hub, there are some minor challenges that Hub discussants and stakeholders in Samson would like to overcome. These include client refusal of service; systemic issues beyond the scope of Hub; geographical exclusiveness of the model to Samson Cree Nation; inconsistent attendance and turnover of partner agency representatives; and internal barriers to full participation in collaborative intervention and information sharing among some agencies. Suggestions to

improve the model include training and development; community planning; attendance policies; systemic issue analysis; agency involvement; and adjustments in process.

During the past 3.5 years, Hub discussants and stakeholders at Samson Cree Nation have learned a number of lessons regarding the Hub model. In summary, these include:

1. Focusing on risk provides opportunities to identify custom supports for clients.
2. Hub is a promising tool of prevention.
3. Hub requires a change in the way agencies operate.
4. Hub requires strong and stable leadership.
5. Hub provides value-added opportunities of collaboration.
6. Hub helps improve relations between agencies and families.
7. Hub provides opportunities to improve efficiencies in human service delivery.

While sharing their lessons learned, interview respondents were able to highlight a number of key ingredients necessary for replication of the Hub model: the right people; confidentiality and trust; a team relationship; proper logistics; training; leadership and community support; and a clear vision. Once those ingredients are achieved, a majority of respondents felt that the Hub model is a conducive and promising model for improving community safety and wellness in on-reserve First Nation communities for several reasons: the model fits the traditional values of First Nations people; is adaptable to local community needs; is focused on bringing the entire community onboard to support families; and is an efficient way to support families with complex needs in communities where resources are limited.

Finally, the results of this study reveal a number of reasons why Samson Cree Hub discussants and stakeholders feel the model is innovative: it brings multiple agencies together at an action table focused on risk-driven collaboration; it provides a more cost-effective way of improving client outcomes; and it brings the full perspective of human service providers to the realities that their shared clients face—which makes for better solution-building.

Limitations

As in any research or evaluation project, the results of this study on the Samson Cree Hub are affected by certain limitations in methodology. To offer readers the fairest perspective of this study, the following limitations are disclosed:

1. The list of respondents interviewed for this study only included individuals who sat on the Hub, individuals who were in supervisory positions over Hub representatives, and community leaders. As such, there may be bias in the findings of this research.
2. Interviews were not conducted with clients of the partner agencies to the Samson Cree Hub. As such, all information obtained about the impact and experience of clients with the Hub model is third party and/or anecdotal.
3. The methods used in this study are limited to the use of interview data—all of which came from interviews with Hub discussants and stakeholders. Additional investigation using case studies of client files or the development of quantitative outcome indicators may reveal further information about the Samson Cree Hub's impact on community safety and wellness.

Conclusion

Overall, this study has provided a unique learning opportunity for First Nation leaders, the police and other human service providers to consider the utility and value of collaborative risk-driven intervention. The Hub model has had considerable uptake across Saskatchewan, Ontario, and parts of Manitoba, Pennsylvania and Massachusetts.

As one of the first replicates of the Prince Albert Hub, the Samson Cree Hub has had some time to develop, mature and endure changes in membership. Feedback from members of the Maskwacis RCMP, representatives of other partners, and local community stakeholders, based on their individual and collective experiences thus far, is supportive of the model.

The results of this study also show that the Hub model aligns very well with First Nation culture and traditions in addressing complex social issues. While no concrete outcome measures on the Samson Cree Hub are available at this point, the results of this study are promising. Indeed, further exploration of the Hub model in practice and through evaluation, will be beneficial to all concerned, including: First Nation leaders, police administrators and the host of human services agencies that come together to form Hubs.

Glossary

Acutely-Elevated Risk	Level of risk that the Hub uses as a threshold for tabling new situations at the Hub. Situations are determined to be of acutely-elevated risk where there is (1) a significant interest at stake; (2) the probability of harm occurring; (3) a severe intensity of harm; and (4) a set of needs that are multi-disciplinary in nature and which must be addressed in order to lower such risk.
Collaborative Intervention	Where all of the relevant Hub partner agencies approach the subject of a discussion with a voluntary opportunity for support. The key message delivered to the client is that he/she is in a vulnerable situation, and before conditions worsen, the diverse team of professionals can provide some immediate support to reduce his/her overall level of risk.
Discussion	The term used in reference to a situation that is considered by the Hub table as being one of acutely-elevated risk, at which point the Hub will assign a number to the situation and begin collaborating to identify opportunities for risk reduction.
Discussant	The term used when referring to human service professionals who participate in Hub discussions.
Four Filters	Refers to the four filter process used by Hub/Situation Tables to determine acutely-elevated risk. Filter One – single agency determines if it has done all it can do; Filter Two – de-identified basic information is presented at the Hub/Situation Table; Filter Three – discussants collaboratively determine if acutely-elevated risk is present, then share limited identifiable information; Filter Four – a select group of discussants from appropriate agencies share (in private) additional information during their planning of a collaborative intervention.
Hub Subject	The individual or family to whom the efforts of a Hub are addressed.
Hub Practitioner	A human service professional engaged in risk-driven collaborative community safety and well-being.
Hub	A multi-disciplinary team of human service professionals that meets weekly for the identification, rapid development and immediate deployment of real-time interventions and short-term opportunities to address emerging problems and risk conditions identified and brought forward from the frontline operations of all participating agencies that comprise the Hub.
Systemic Issue	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 or if issues that should be addressed are not or cannot be addressed.

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