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# Community-Based Approaches for Mitigating Risk, the Potential for Countering Radicalization, and the Prospects of Gender Mainstreaming

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**Abstract.** In an ever more complex policing environment, there is increasing pressure on police and community agencies to reduce and remove risks to individuals, families, and neighborhoods. Situation tables and hubs offer a method of collaborative risk mitigation that breaks down siloes, improves communication, reduces crime, and saves money. Due to the similarities in risk types, these tables may also reduce radicalization and extremism apart from traditional enforcement, which can lead to further isolation, resentment, and labelling. Additionally, opportunities are presented for gender mainstreaming and creating more fair access to services for previously disadvantaged groups.

**Keywords.** Situation table, risk mitigation, crime prevention, radicalization, extremism, gender mainstreaming

## 1. Introduction

It has been 200 years since Sir Robert Peel wrote the Metropolitan Police Act of 1829, and in numerous locations, policing has become an organization centered around the revolving door practice of arrest, charge, incarcerate and repeat.[1–3] For many, the police have become the “platonic guardians” and arbiters of what is best for society[4]. Senior police executives have been quoted saying that arrest is not the solution.[5,6] The unjust death of George Floyd in 2020, and others of the black, non-white, and marginalized community has highlighted some of policing’s systemic failure to deal with these communities fairly.[7–10] Increasingly, police are being tasked with more mental health and social dysfunction type calls. Estimates in the U.K. range from 2-50 percent of police calls for service that have a mental health component.[11–14]

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As media and academic studies have shown, police do not generally have the skills necessary to defuse many of these situations safely. The answer, however, is not more police. Studies have shown that the number of police available does not correlate to a decrease in crime.[15][16]

Traditional policing has become a largely reactive vocation, driven by public calls for assistance. In my own policing experience, proactivity was generally limited to those few occasions where crimes in progress were happened upon.

There is an option available that can be quickly implemented in almost any community which will dramatically affect the ability of the police to positively impact safety and well-being while breaking down silos between organizations. Specifically, I refer to Situation Tables and Community Risk Mitigation Hubs. These groundbreaking practices represent a paradigm shift for police agencies from an enforcement-based perspective to one of community collaboration and mutual support networks. Though the concept was initially developed in Scotland, this paper is based primarily on the situation tables developed in Canada, particularly in the province of Ontario.

## **2. Community Risk Mitigation Hub/Situation Table Model<sup>1</sup>**

Created in Scotland by Karen McCluskey when she was director of the Violence Reduction Unit in Glasgow, the method engaged public health and other non-police agencies in the creation of non-enforcement methods of mitigating risk. McCluskey and her team recognized the need to utilize health agencies to address foundational causes of violence in the community.[17]

Subsequent iterations led to the development of the community hub/situation table model, which is a flagship practice for multi-sector collaborative efforts.[18] Organizations from a wide spectrum of professional disciplines in the community come together weekly to address Acutely Elevated Risk (AER) situations in the areas they serve. The risks might be being experienced by individuals, families, groups or even neighborhoods. These meetings are scheduled and tend to occur once or twice a week. There are some variations of the model which meet on an ad-hoc basis and experience some similar results, though they also have some unique challenges.[19] The model uses a formal discussion format; agencies present situations they have encountered that they are not equipped to deal with alone, and that represent serious injury or death to those in the situations. If accepted by the group, details are shared, and a plan to mitigate the risk is completed. Agencies at the table are better informed, and as a result, mitigation efforts can be far more effective. The process is carefully scrutinized by members and structured to address privacy concerns while allowing critical situational knowledge to be shared.<sup>2</sup>

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<sup>1</sup> Situation Table and Hub are interchangeable terms for the model being discussed.

<sup>2</sup> In many locations globally, the sharing of information may be governed by legislation, regulation and policy. In Ontario, Canada, personal information can only be shared without consent under circumstances where there is evidence that serious bodily harm or death could result if the information is not shared. Information can still be shared if consent is gained. Persons looking at creating a community risk mitigation table should consult local privacy regulation and experts to seek the appropriate sharing methods.

Plans are customized for each situation to address and support the individual to remove the risk specifically. The plans are immediately carried out (generally within two days) by the workers who developed them. This results in a rapid decrease of risk or harm followed by entry into supports.

While many of these programs may have been built by the police, they are not “police programs”. The police have access to many situations of acute risk, and while they are ill-equipped to deal with the underlying causes, they are well situated for recognizing the risk and bringing the situations forward.

### **3. Acutely Elevated Risk**

The foundational concept used with risk mitigation hubs and situation tables is known as Acutely Elevated Risk (AER). In the province of Ontario, management of the provincial risk mitigation hubs falls under the responsibility of the Ministry of the Solicitor General (formerly the Ministry of Community Safety and Correctional Services). This office has created several guides to provide direction to communities seeking to develop or maintain these programs.

As mentioned, this process relies on the recognition of situations of Acutely Elevated Risk. By definition, AER is “...any situation negatively affecting the health or safety of an individual, family or specific group of people, where professionals are permitted in legislation to share personal information in order to eliminate or reduce imminent harm to an individual or others.”[20] This definition aids in balancing the privacy needs of the individual with the need to mitigate the risk they are facing and prevent harm. In practice, a finding of AER means that without immediate intervention, someone is likely to be seriously harmed or die in the next 24-48 hours.

### **4. The Situation Table in Operation**

Presenting situations of risk at the table is done by the assembled agencies, who must closely follow the guidelines and use a structured conversation to share the situation and the data. Agencies are encouraged to seek consent to share data from those at risk whenever possible. However, some scenarios can occur which may limit a person’s ability to give consent. Situations of mental illness, addictions, time, and homelessness are examples where consent may not be possible. If consent cannot be provided, the Four Filters[20] ensure that information is shared appropriately.

#### *4.1. Filter One*

The first step starts with the originating agency who assess the situation and examine their ability to mitigate the risk on their own without involving community partners. Factors for consideration at this step are the risks being encountered, the level of those risks and the type of assistance that might be required to mitigate those risks. To consider

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bringing the situation to the table, the originating agency must believe that risk mitigation will require disclosing personal and private information.

#### *4.2. Filter Two*

At this stage, the originating agency will present the situation to other agencies, who will then engage in a structured conversation. All information at this stage is completely de-identified. The presented information is limited to that information the originating agency feels must be disclosed to develop a foundation for the risk the individual, family or community might be experiencing. Providing their queries don't breach privacy regulation, those agencies taking part in the discussion can ask questions to clarify their understanding of the situation. Those at the table need to keep an open mind and not fall to guessing who the individual being presented might be. Preconceptions can create bias which could negatively affect the discussion and ultimately jeopardize the individual's ability to get assistance.

After all information that can be shared has been, the practitioners at the table get to vote whether the situation represents a situation of acutely elevated risk. Voting is generally done on consensus, and agencies are allowed to ask questions to clarify or make statements to justify their position or beliefs. The conversation does not progress unless all are comfortable with the declaration of acutely elevated risk.

#### *4.3. Filter Three*

At filter three, some limited information regarding identity can be shared. Such information should only be enough to facilitate agencies checking their databases to verify if they can contribute to the intervention. In Ontario, this step is limited to those agencies who believe, based on the information provided in the initial discussion, they may have a file or direct role in the intervention. This can be limiting as agencies may not believe they have (or could have) a role based on the situation, but they might hold historical files or current files pertinent to the discussion. It is thus up to the agencies present at Filter Three to know the capacities of all agencies at the table. If the identification reveals agencies or risks that were missed that could help mitigate the risk, representatives from missing organizations should be invited to participate.

Ultimately, agencies are required to follow the privacy regulation for the region in which the table is operating<sup>3</sup>. Regardless, only those agencies that will be involved will continue to Filter Four.

#### *4.4. Filter Four*

At this final stage, a complete discussion occurs with those agencies and individuals that will conduct the intervention. Respect for the subject and their situation is paramount, and information that is shared must be limited to that which will benefit their situation

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<sup>3</sup> Privacy considerations might be health related, personal data related or even involve technology regulations. Each agency, region and country will have its own privacy needs requiring understanding, so the guidance of appropriate subject matter experts should be sought.

and mitigate the risk. Involved agencies develop a plan to address the risk and discuss the best method of deploying the plan.

#### *4.5. Intervention*

Following filter four is the intervention. Generally, those that were involved in the Filter Four discussion are the ones that carry out the intervention, which is done immediately (within 24-48 hours) whenever practicable. Failing to carry out the intervention in as rapid a fashion as possible calls the “immediate risk” part of the acutely elevated risk definition into question.

Circumstances can change that may negate the need for immediate intervention. Examples might include hospitalization, incarceration, or connection with supports that removed the risk. Some situations can create unavoidable delays, such as not being able to locate a homeless person. The group will have to continually assess the need to continue with the plan in these circumstances.

#### *4.6. Reporting Back*

The report back to the main group normally represents a highlight for the team. It gives an opportunity for the team to speak in de-identified terms about the impact that the intervention had, the removal of the risk and how the team functioned together. The team leader typically will report on the success, outcomes, connection, acceptance of service and any other matters that came up in a de-identified fashion.

There can be few opportunities in social work to see how positively actions can impact clients. Social work can have high turnover in stressful environments. [21] This method of inter-agency collaborative work may help increase job satisfaction and increase retention as staff can immediately see the positive impacts their actions have. Anecdotally, I have spoken with many who described the time working with the table as the “best time of their career”.

#### *4.7. Records*

All situations that are presented should be tracked in a database that allows each subject to remain de-identified. Records should track the number of situations presented, those found to be at AER, the number of persons helped, the risk factors addressed, and the agencies involved.

Tracking is necessary to help justify the collaborative efforts of the group, capturing data for reports and studies, identifying gaps in service, and supporting grant and budget proposals.

#### 4.8. Risk Categories<sup>4</sup>

The following risk categories are not exhaustive but are given to help frame understanding of what might constitute risk for individuals, groups, and communities.

Mental Health	Missing/Runaway
Drugs	Crime Victimization
Negative Peers	Physical Violence
Antisocial/Negative Behaviour	Supervision (Inappropriate/Absent)
Suicide (Ideation/attempts)	Missing School
Alcohol	Poverty
Criminal Involvement	Social Environment
Basic Needs	Sexual Violence
Unemployment	Physical Health
Housing	Threat to Public Health and Safety
Self-Harm	Emotional Violence
Parenting	

The number of risk factors present (or not present) does not necessarily correlate to AER for the situation. AER can be found in situations with a single known presenting risk and, similarly, may not be found in situations with multiple presenting risks. Each determination of meeting the AER threshold needs to be taken independently.

#### 4.9. Leadership

The core of the situation table is community collaboration and the connection that the team makes with the individual in AER and appropriate services, which will help mitigate the situation. While police services tend to be the catalyst for starting situation tables, it is important to remember that they are community-driven and community-owned. The leadership of the situation table should be outside of the police service and rest with non-enforcement-based agencies such as mental health or education.

Additionally, this practice helps address the stigma that police are only focused on enforcement. The situation table is not about enforcement but collaborative risk mitigation. Officers at the table who accompany team members on interventions will normally work in plainclothes. Police need to adjust their paradigms from looking for arrests and charges to finding solutions and seeking ways to provide the best outcomes through engagement with community partners.

Due to the constant exposure that police have with persons at risk, it is likely that a majority of situations being brought to the team may originate with them. Aside from the obvious contribution of situations, the police also have the opportunity to serve as networkers and communicators opening doors, encouraging the breaking down of silos, and facilitating discussions.

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<sup>4</sup> Partial list from *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario Booklet 3, Version 2, 2018*

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#### 4.10. Table Membership

The situation table is staffed by workers from organizations in the community that are anticipated to be able to contribute to rapid, meaningful interventions to remove risk through connection and collaboration. Organizations can include but aren't limited to mental health, education, addictions, sexual assault and gender-based support services, legal/corrections, emergency services (Police, fire, ambulance), the health care sector, religious organizations, family and youth services, housing, aboriginal/First Nations, and housing.

### 5. Efficacy

Collaborative risk management using a community-based, multi-sector situation table as described is highly effective at reducing and eliminating AER for individuals, families, and communities. [22–25]

The Risk Tracking Database (RTD) for the province of Ontario, Canada, showed some significant results on the efficacy of the Situation Table/Hub model for 2018. They indicated that of 47 reporting sites, 2855 discussions were held involving 20,035 risk factors. Of those situations, 91% met the threshold for AER, and post-intervention, 74% reported an overall lowering of risk.[26] This represents a significant shift in efficacy from the more traditional methods of policing.

Babayan et al. (2015) reported that during the review of the pilot of one table, 72 situations were examined at the three-month mark. Feedback was received for 54.1% (39), and of those, 23% (9) reported the risk had been mitigated, 38.5% (15) risk being addressed and 38.5% (15) that the risk was still present.<sup>5</sup>

In the published annual report of the same table, the police reported longitudinal data from their records to show the efficacy of the situation table over time. They reported that within six months of intervention of 116 situations that were examined, 74.13% (86) of those persons had not had any involvement with police and appeared to be no longer at risk in the community, 11.2% (13) showed a decrease in involvement with police and only 8.6% showed no change.[27] These results prompted one senior official to state,

“Clearly, collaboration and communication with those organizations best able to help individuals has a profound impact on acutely elevated risk.”[27]

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<sup>5</sup> There are many reasons for these initial results. The table at this point had only been launched a few months earlier and the team was still learning to work together. [22] As was evidenced by the longitudinal data provided by the police in that community, from their perspective risk took longer for some to mitigate than others.[19,22]. This could be due to complex needs or any number of aggravating factors. What is important to note is that persons who would not have likely been otherwise engaged with services, were in fact being engaged and overall risk was being lowered

Sawatsky et al. (2017) performed a quantitative study of the Prince Albert, Saskatchewan hub table to examine both the effect of the table in crime reduction efforts and for potential cost savings. Their report indicated that in the community of 60,000, there were statistically significant reductions in violent crime and property crime.[23] They also reported a potential cost savings as a result of those numbers. Based on Gabor (2016), who estimated costs of crime based on an extensive examination of peer-reviewed studies, conservative savings estimates for the recorded 53-month period equalled almost \$13M Canadian Dollars (€8.8M).[23,28]

### 5.1. *Benefits*

Aside from the efficacy detailed by the RTD data and the six-month longitudinal data, community participants have stated additional benefits. Several studies have been done using various mixed methods to ascertain the advantages of these collaborative efforts further. While the quantitative data does tell part of the story regarding efficacy, a richer offering comes from structured and semi-structured interviews.[19,22,24]

- Situation tables represent a proactive method of engaging community stakeholders to handling repeat calls for service and lowering risk. [24]
- Ability to address tremendously complex needs through collaboration. [22,24,26]
- Refocusing of efforts on service delivery to address problems and not on what agency should be responsible.[23]
- Significant silo reduction occurs, facilitating increased communication, understanding, and collaborative efforts to mitigate complex risk in the community.[19,22,24,29]
- Reinforces relationships, broadens understanding of what each agency can contribute and facilitates a more effective response. [19,22,24,27]
- Enhanced understanding of the true levels of risk affecting the community and what groups are vulnerable.[26]
- Significantly reduced barriers to accessing assistance and supports.[29,30]

Additionally, some research has suggested that traditional police methods which form a gateway into the correctional system may actually contribute to the problem. [4,31] A study by Wiley (2013) suggests that youth who experience negative police contact (stopping, questioning, arrest) versus those that have no negative contact have higher levels of future negative behaviors. Departing from “traditional” police practice, where possible, may reduce negative labels and the negative consequences associated with those labels.[32]

### 5.2. *Challenges*

Some challenges may be encountered in creating and operating a table of this design. Foremost is the client refusing services. [19,22] There could be many reasons, including the complex needs of the situation, failing to understand that they are at risk, lack of trust, misconception/misunderstanding of agency roles etc.[19,22] Additionally, there are the challenges of meeting on a regular basis due to location, needs or agency capacity,

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consistent staffing, and a clear understanding of the table function and agency role. [19,24]

Some of these challenges, such as consistent staffing, clear understanding, and agency capacity, can be dealt with through the assignment of staff to work with the table as part of their normal work capacity. This would quickly enhance understanding and address consistency. Additionally, training should be conducted with all involved agencies to give a clear understanding of the table function and their role.

Location can be a challenge on its own, especially in those areas that are spread out or where resources could be quite distant. During the COVID-19 pandemic, we have learned the value of online meetings. When many of these reports were written, products like Zoom and Teams were in their infancy and did not have many of the functions that are now available. By way of example, moving a sub-group to a breakout room is a function of many video meeting platforms. This ability would address concerns of privacy if one were to utilize an online format for meetings. Additionally, many platforms have the ability to vote built in. Voting is easily managed in the meeting application or externally using purpose-built voting or engagement applications. Following the discussions, team members can meet in person to carry out the intervention. While there could still be many challenges, as detailed in Nilson (2017), to deploying a situation table through technology (cost, access to the web etc.) advancements have significantly reduced their impact. According to World Time Zone (2021), a majority of locations globally have access to 4g/LTE cellular systems, which should enable most to communicate visually with team members in all but the most remote locations where satellite is another possibility.[33]

## **6. Situation Table Connection with Countering Radicalization**

Bjørgero (2011) states that as there is no one foundational cause for radicalization, and as a result, profiling won't help identify individuals, nor is there one strategy that can be deployed to prevent the process. It is suggested that individually designed prevention or intervention plans might be utilized as each person will have highly subjective needs and vulnerabilities to address. [34]

Schils and Verhage (2017) indicate that radicalization risk can be separated into three categories; breeding ground (what Vergani et al. (2020) call personal factors), individual push factors, and pull factors from the environment.[35]

Breeding ground factors include personal life, society and possibly, policy.[35] Push factors such as anger, hate, and impulsivity.[35,36] Lastly, there is a further connection with the pull factors (attractiveness of group, ideology or significant groups – such as family or friends), which are inferred through traumatic events, the need for socialization, and other hygiene elements.[35,37]

Each of these categories has corresponding risk categories on the situation table model as described at 4.8 and are recognized as potential indicators or potentially pre-indicators of radicalization. As a result, countering the risk using the described collaborative model could be very effective at reducing radicalization and extremism

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without enforcement, labels or stigma, which, as previously discussed, may contribute to delinquency.[31,38] Following the creation of a Vulnerability Reduction Protocol for situation tables in North America, Nilson (2020) indicates that,

Despite unfamiliarity with ideological extremism, most human service professionals are both comfortable and confident in addressing the vulnerability factors that create conditions of risk for radicalization to violence. Working in the upstream provides an opportunity to contribute towards a reduction of radicalization in the community.[39]

The model, which has been tested using simulations, provides members of an established table with the foundation to respond using a collaborative process to reduce the incidence of radicalization leading to violent extremism.[39] The opportunity exists for further study and empirical testing using real case situations to minimize the risk of radicalization to violent extremism.

## **7. Opportunities for Gender Mainstreaming**

It is crucial that gender mainstreaming factors be integrated into the design of the table, especially where health equity and access to services are at issue.[40,41] Statistically, disadvantaged groups such as females, transgender individuals or adolescents may not have equal access to services in normal conditions. This can be significantly more problematic when encountering and trying to mitigate situations of AER. Examples of services that might be difficult to access are counselling, women's health, sexual assault supports and pregnancy resources.[42]

An analysis of the community and its requirements must be conducted to ensure that those agencies best suited to address those needs are recruited and involved. This will help address the risks and contribute to the broader discussion regarding risks being experienced in the community that others might not be aware of.

Using the needs of women as an example, this means support for women's health; pregnancy supports, sexual assault and sexual health support, psychological supports, and resources to ensure safety and support for victims of domestic violence. These factors need to be taken into consideration and addressed with appropriate agencies. The same should be done to address men's concerns, the LGBTQ community, children's needs, indigenous needs, and potential cultural needs. Some agencies will likely overlap and supply services to all (or many different) groups, while some may be stand-alone.

The very nature of the situation table and the structured AER discussion serves to ensure equal access to services in two ways. Firstly, the process improves access for those that might not have otherwise had an opportunity for their case to be heard using conventional entry means. Some agencies may not feel that victims or subjects qualify based on their sole perception or bias. They may also base their understanding only on the risks they are aware of. Jointly, however, when risks are presented in a systemic, evidence-based fashion, and the full scale of risk is understood, barriers to entry to services tend to be significantly reduced. Secondly, the de-identified nature of the table removes personal bias and further opens doors. By suspending any attempts to identify

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the individual, agencies and workers force themselves to concentrate on the risks and their role in mitigation. Depending on the situation, deidentification could go so far so as to include de-identifying gender to ensure appropriate engagement by assisting agencies.

Presentations should be done with the staff members of each agency to be involved in the table. This will generally inform individuals of the purpose and function of the table and will provide an opportunity to grow interest at a front-line level with those that will be doing the work.

This approach ensured that the appropriate agencies with the appropriate supports were available to address the critical needs of those in the community regardless of gender, age, ethnicity or orientation. It further ensures that the experience and interests of both women and men are addressed in the development of the program and ensures that needs are met equally. While the table may have little say in who the contributing organizations send, hire or promote, organizers should reinforce the need to have appropriate representation of the served community. Organizations should be encouraged to allow those that the process spoke to most strongly to apply to join the program and represent their agency.

## **8. Conclusion**

Situation tables or hubs provide a unique opportunity for community agencies to collaborate and bring their collective knowledge to bear on the acutely elevated risks affecting individuals, families, and neighborhoods. These tables offer police the opportunity to step out of traditional enforcement roles to participate in community well-being efforts. The technique has shown evidence of being a cost-saving opportunity and having a significant impact on risk in the community, reducing harm, reducing crime and lowering victimization.

Further evidence suggests that the method may effectively reduce the risks associated with radicalization leading to violent extremism as the process showed promise during application in simulations. There appears to be a significant crossover between risk factors associated with AER and risk factors associated with radicalization and extremism. Further research and academic study should be conducted to confirm the effectiveness of this connection.

Lastly, situation tables and hubs represent an opportunity to design gender mainstreaming into the risk mitigation process and ensure fair and equal access to all community members.

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