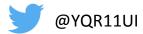
11 and Under Initiative (11UI)

a collaborative early intervention initiative for children 11 and under and their families

submission for the:

2015 Herman Goldstein Award for Excellence in Problem-Oriented Policing

submitted by: Wendy Stone | Crime Prevention Strategist | Regina Police Service on behalf of the 11 and Under Initiative Steering Committee



a collaborative early intervention initiative for children and their families.

1. Summary

The 11 and Under Initiative (11UI) is a collaborative partnership aimed at supporting children 11 years of age and younger who are exhibiting behaviour that puts them at risk for criminal involvement or are at increased risk for victimization. Children are referred to 11UI through an early identification process. 11UI utilizes assertive and integrated case management to engage children and families with human services and community supports.

The 11UI collaborative partnership includes commitment from: Regina Public Schools; Regina Catholic Schools; the Regina Police Service; the Ministry of Social Services; the Ministry of Justice; Regina Qu'Appelle Health Region.

Scanning

The impetus and need for such an initiative within Regina grew out of challenges faced by many sectors and families, overwhelming evidence and research on early intervention benefits, as well as the opportunity to align with provincial policy direction regarding children and youth. An opportunity was also identified to support improved community safety and social well-being.



Analysis

Research shows that, children who are exposed to risk factors are often less likely to thrive academically and experience challenges in school. Often, due to lack of resources and opportunity, children are not involved in supervised pro-social activities, which can leave them vulnerable to negative peer influences and risky activities as they do not have the opportunity to develop healthy peer aged relationships and sometimes experience lack of parental supervision. These types of risky behaviours may lead to criminal activity.

Response

Research clearly and consistently demonstrates that the most effective way to prevent youth from becoming involved in the criminal justice system is to provide early intervention support and services to vulnerable children and their families. Early intervention involves providing a wide range of supportive services to increase parenting capacity, enhance educational achievement and support the resilience of families. The measurable outcomes for 11UI are Increased Student Achievement; Healthy Active Kids; Strong Families and Communities and Reduced Contact with Police.

Assessment

Two independent evaluations have been completed for the 11UI. The evaluations show significantly reduced levels of risk; significantly reduced contact with police post 11UI vs pre 11UI; increased school attendance and an increase in pro-social activity (first evaluation, second evaluation did not show an increase).

A. Scanning

In 2008, the Regional Intersectoral Committee¹ (RIC) focused their efforts on the determinants of community well-being, often referred to as the root causes of crime. In 2009, the RIC table narrowed the focus to 2 specific determinants based on community priorities. At that time, work was being done on housing and early life. Around this same time the Understanding the Early Years (UEY) survey for Saskatchewan was about to be released. The RIC membership felt it important to support these areas of priority and place committed resources to further this work.

In the fall of 2009, Regina UEY data was released showing that children are behind their Saskatchewan peers in early development. 1 in 3 Kindergarten children in Regina were found to be behind in at least one important aspect of their development. This research is based on scientific evidence that shows how early childhood development can affect people for the rest of their lives.

Armed with this data and the identified need to focus on early life in our community the Regina Police Service responded. Utilizing the UEY data and the research compiled by the Regina Police Service, Inspector Dudar and Ms Stone began constructing an early intervention initiative designed to address risk factors in children under the age of 12 placing them in an elevated situation of deviant behaviour.

A Community Policing philosophy became the basis for the development of the Initiative. As defined by the Centre for Problem Oriented Policing:

¹ The Regional Intersectoral Committee (RIC) is one of ten multi-jurisdictional committees located through the province. The RIC's were

Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Best practice research and evidence based assessment tools (Early Assessment Risk List – Pre Checklist (EARL-PC²)) were utilized to shape the 11 and Under Initiative and a proposal was provided to the Regina Police Service Executive for approval.

During the developmental stages of the initiative, conversations occurred with key community and government stakeholders as well as guidance provided by community Elders who would become instrumental in the delivery of this collaborative initiative. Providing leadership and strategic direction Insp. Dudar and Ms Stone worked through initiative logistics including privacy/information sharing (with families and among service providers), consent form development, reporting structures, business process, data gathering and strategic planning. The initiative received its first referral in December of 2010.

² Designed by the Child Development Institute the Early Assessment Risk List – Pre Checklist is a checklist designed for those working with young children (under 12) to determine potential risk/concern for involvement in antisocial behaviour. This tool has been rigorously evaluated and is admissible in court.

B. Analysis

The 11UI is a collaborative partnership focused on supporting children 11 years of age and under who are exposed to risk factors that may increase their tendency to engage in unhealthy behaviour. The 11UI partnership also supports the strength and resilience of families by increasing awareness and access to existing social and community support services. The impetus and need for such an initiative within Regina grew out of challenges faced by many sectors and families, overwhelming evidence and research on early intervention benefits, as well as the opportunity to align with provincial policy direction regarding children and youth. The opportunity to support improved community safety and social well-being was also identified.

Children who are exposed to risk factors are often less likely to thrive academically and experience challenges in school. Often, due to lack of resources and opportunity, children are not involved in supervised pro-social activities, which can leave them vulnerable to negative peer influences and risky activities as they do not have the opportunity to develop healthy peer aged relationships and sometimes experience lack of parental supervision.

Challenges to Overcome

Prior to the launch of 11UI, there were a multitude of challenges both within the community and for human service providers. These challenges were not due to the lack of services, but rather the result of other impediments such as service coordination, parental involvement, the need for sector collaboration, disjointed case management, and fragmented information sharing.

Services that were provided tended to be reactive in nature, provided in isolation, and decisions were often made without an assessment of risk factors and consistent background information. These challenges often led to a model of service delivery that was fragmented and inefficient. Some observations include:

- Children aged 11 and under who are exposed to risk factors that may lead to, or are already involved in unhealthy behaviour would primarily be engaged with the Ministry of Social Services; a fairly intrusive service which may not be appropriate for all cases.
- Currently under the Youth Criminal Justice Act, children aged 11 and under are not subject to criminal charges. Policing for these youth is typically reactive, incident based, and short-term in nature.
- Even with an array of proper services in place, it is difficult for children and their families to navigate through these systems. To date, a structured process has not existed to support families to connect with appropriate services and to support engagement with services. Additionally, many families simply are not aware of the continuum of services available in the community.
- Services available to children and their families have typically been fragmented, have lacked coordination of service delivery, and exchange of information has been limited. Lack of service coordination also has led to duplication of services and inefficient use of resources.

A study conducted in Edmonton on at-risk youth involved with the criminal justice system suggests that it costs between \$2.8M and \$6.3M over the course of a child's life.

 $\underline{http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rslts-stp-nwpln/index-eng.aspx}$

Opportunities for Change

Early Intervention

One of the most effective way to prevent youth from becoming involved in the criminal justice system is to provide early intervention support and services to vulnerable children and their families. Early intervention involves providing a wide range of supportive services to increase parenting capacity, enhance educational achievement and support the resilience of families.

Family & Parental Engagement

Strong involvement and engagement of parents/guardians and families is necessary for positive interventions with children. Through informed consent, parental consultation and involvement in case planning, the resilience and strength of families is supported.

Sector Collaboration

A collaborative intersectoral approach has the potential to mitigate risk factors. Through efficient and sensitive allocation of resources, and through informed integrated and assertive case management, a multifaceted 'wrap-around' model of service delivery can be implemented.

Families benefit from services that foster resilience and are least intrusive, while mitigating stated risk factors. This is often most effectively achieved through intersectoral collaboration and communication.

C. Response

11UI is a collaborative intersectoral approach in which the Regina Public School Division, Regina Catholic School Division, Ministry of Social Services, Ministry of Justice, Regina Qu'Appelle Health Region, and the



Regina Police Service have all partnered to develop long-term strategies to support and assist children 11 years and younger and their families. The functioning structure of 11UI can be found as APPENDIX A.

The 11UI responded by designing the following process:

- 1. Targeted Single Intake: Targets children 11 years and under who are displaying at-risk behaviour. Initial contact is made by the 11UI Referral Officer where the family is introduced to the initiative. An Early Assessment Risk List (EARL) is used to assess the child's risk level and to determine if 11UI is suitable or appropriate for the child.
- **2. Family Engagement:** Consent is given to 11UI by the child's parent or legal guardian to share information on both the child and their family amongst the 11UI working group. The child's family is engaged throughout the process and is closely involved in developing the case management plan.
- 3. Assertive & Integrated Case Management: An assessment of the child's circumstance is completed in a collaborative working group environment to develop an appreciation of the child's past and present environment. The assessment is completed with the inclusion of the Regina Public School Division, the Catholic School Division, the Ministry of Social Services, Ministry of Justice (when applicable), Regina Police Services, Regina Qu'Appelle Health Region as well as the 11Ul Case Manager. Additional partners are included as required. Complex cases are handled through Case Conferences, which include the family and all participating service providers to ensure proactive case management.
- **4. Engagement with Services:** 11UI supports engagement with existing support services that provide what best meets the needs of the child and their family. 11UI connects the child and family with clinical support, pro-social activities, school resources, and/or parenting capacity opportunities as required.

5. Long-term Involvement: Intervention plans are developed to promote long-term solutions for both the child and family involved. 11UI remains in contact with the child to ensure that the desired outcomes continue to be achieved. 11UI is committed to ensure that children and their families can smoothly transition out of the initiative when appropriate.

Having an Impact

Within the above described process, 11UI has:

- received 302 referrals since inception
- 81 active cases (at time of submission)
- a waitlist of 10-15 referrals (on average)
- 32-35 case conferences a month (on average)
- received referrals from Regina Police Service
 School Resource Officers, Missing Persons
 Coordinator, Patrol, and Service Centres;
 Regina Public and Catholic Schools School
 Counsellors, Principals, Vice Principals, other
 learning staff; Regina Qu'Appelle Health
 Region various sectors; Ministry of Social
 Services; parents, grandparents and
 quardians.

"It takes a village to raise a child" - this ancient African proverb symbolizes how I see the 11 UI program. I would like to acknowledge 11 UI as a huge part of my classroom community. My Jr. SLC -Structured Learning Classroom has 8 students that engage in unhealthy behaviors within our school, their home, and community. By identifying my students early on in the school year, I was able to refer each student and their family to the 11 UI program. The referral process was a great door to open communication with each family to help support the social, emotional, and behavioral balance to their lives. 7 out of 8 students and their families have joined 11 **UI.** Throughout the school year we have had team meetings with each family attending to discuss their child's needs academically, socially, emotionally, and behaviorally. Through each meeting families have opened up to accepting the 11 UI's generous support. Which I honestly believe has helped my students and their families enjoy outings together that they may not have done without the support of the 11 UI program. Thank you to 11 UI and all their partners for their insight towards my students and their families. Each family has been recognized for doing their best with what they have. Your support has made a change in their lives.

"Be the Change you Want to See in the World..." – Ghandi

SLC Teacher | M.J. Coldwell School | Regina Public School

A visual matrix of the 11 and Under Initiative Model can be found as APPENDIX B.

Advancing the Province of Saskatchewan's Crime Reduction & Stronger Communities Agenda

The development, launch and evolution of the 11UI has significantly helped address a number of challenges within Regina related to children 11 years and under. The initiative design and conceptual framework is also well supported in terms of the evidence-based research related to the prevention and reduction of crime as well as evidence based intervention. The points below will illustrate how 11UI is well aligned to support the province of Saskatchewan and the Ministry Agenda's.

Saskatchewan Child & Family Agenda:

- Children get a good start in life
- Youth are prepared for their future
- Families are strong
- Communities are supportive

11UI is strongly aligned with the Saskatchewan Child & Family agenda by:

• Engaging children and families with services that promote pro-social activities and school engagement

Building Partnerships to Reduce Crime

- It is research driven, evidence-based approach based on the development of a collective and interdisciplinary knowledge base that both confirms and guides best practices, which need to be applied to the challenges in Saskatchewan
- It advocates government, police and community partners working together collaboratively to find local solutions to crime and victimization, and community safety and wellness

 It is an integrated, deliberative, collaborative and committed approach that is community driven and provincially supported

11UI is strongly aligned with the Building Partnerships to Reduce Crime agenda by:

- Utilizing evidence-based early intervention to engage and support children and families
- Leveraging intersectoral collaboration among government, police and community partners to identify
 crime prevention and community well-being solutions

Mental Health & Addictions Strategy

- Inter-ministerial approach
- Collaborative approach

11UI is well aligned with the anticipated Mental Health and Addictions Strategy by:

 Providing children and families with access to services through a collaborative, intersectoral partnership

Children's Advocate

- Advocate for social and public policy change that benefits all children and youth
- Promote high quality government and community-based programs and services for children and youth
- Strengthen collaboration and partnerships to achieve better outcomes for children and youth
- Ensure the advocate for Children and Youth delivers excellent, accessible and accountable services

11UI is supportive of the recommendations of the Children's Advocate by:

- Engaging children with government and community services
- Using collaboration and partnerships to achieve positive outcomes for children
- Ensuring that child remain engaged with services and programs

Drop-out Prevention Strategy

- Achieve 85% graduation rate
- Proactive engagement
- Career path & goal development

11UI is closely aligned with the anticipated Drop-out Prevention Strategy by:

- Proactively identifying children who are experiencing sporadic attendance
- Engaging children with pro-social activities in their school and community

D. Assessment

Evaluation

Evaluation has been an important aspect of 11UI, its development, implementation and future direction.

In partnership with Dr. Kristi Wright, Ph.D., R. D. Psych. from the University of Regina, Saskatchewan, 11UI has integrated a rigorous evaluation methodology to track and measure progress towards the 11UI outcomes. The initial evaluation was based on a rather small sample size, as the Initiative was just beginning. The methodology displayed promising results. A second evaluation was conducted and completed by Dr. Wright in January 2015. The following is extracted from the evaluation document. Both documents can be accessed at http://11andunderinitiative.ca/evaluation/

Purpose

This evaluation was completed to examine the effectiveness of 11UI during the 2013-2014 year in addressing the five outcome areas and associated indicators (e.g., reduction of contact with the Regina

Police Service (RPS), reduction in indices of antisocial/criminal behaviour and mental health, improving school engagement, increasing involvement in pro-social activities, reduction of service gaps, and increasing evidence of effective parenting).

Analyses

Statistical analyses were completed for available data collected on active 11UI clients.

Results

Statistically significant reductions in the frequency of contact with RPS and child risk for the development of antisocial/criminal behaviour were observed. No statistically significant decrease in the frequency of school absences noted; albeit a trend was observed in the average number of absences per month from time 1 to time 2 (i.e., decrease in average number of absences per month from time 1 to time 2). Approximately 46% of 11UI clients were engaged in pro-social programming.

Conclusions and Recommendations

Our findings provide evidence that 11UI has been successful in delivering a coordinated method of early identification of children at risk, facilitating the reduction of risk of antisocial/criminal behaviour, contact with RPS, decreasing (but not significantly) average number of absences per month, and addressing some of the challenges faced by their family through appropriate connections and referrals to programs and services. Facilitating increased involvement in pro-social activities appears to represent one area that requires continued focus, as does effort to better understand and address high rates of chronic absenteeism. It continues to be important to collect complete information in order to allow us to fully evaluate the effectiveness of 11UI.

A detailed summary of the two evaluations can be found in APPENDIX C. The two complete evaluations can be viewed at http://11andunderinitiative.ca/evaluation/

Making a Difference

11UI has influenced the way that community service providers, government ministries, and agencies provide services. 11UI has also enhanced the way in which local police and school resources are able to engage and support children.

Difference for Service Providers

- Targeted early intervention and prevention services directed towards children aged 11 years or younger and their families. Children and their families are brought to 11UI through a single point of contact.
- Parents or legal guardians of an 11UI child give written consent to be a part of the initiative and to the service agencies involved with 11UI, to openly discuss and share information regarding the child's case.
- An intersectoral collaborative partnership approach to integrated and assertive case management now
 exists. A collaborative case management plan is developed with input from the family and agencies
 involved.
- Increased communication between partners, including a better understanding of how each partner conducts business, and the way the partners can support each other.
- Better allocation of resources creating increased efficiency and less duplication in the delivery of human services.

Difference for Children & Families

 A formalized, structured support system is in place for the child and family to be engaged in available services.

- Continuous engagement and support from 11UI to proactively monitor the success of the case management plan.
- Parents or legal guardians are engaged and supported to increase their parenting capacity by building on their existing strengths.

11UI has been very supportive of our son. He went through a period of time when none of the kids in his class really wanted to be his friend and his social skills were disruptive. Now, thanks to the support and programs provided, our son has a thriving social life. The counseling services provided have helped our son's demeanor and he is able to participate in class. He has discovered a strength in learning and because of this we have seen a vast improvement in his grades and in his desire to learn and do better. Recently 11UI was able to assist in enrolling my son in a sport he has wanted to play for sometime, and he has taken great joy in being able to participate. This has also given him a sense of pride being a part of a team and having his family cheer him on. As summer approaches 11UI's support will continue to help our family with day camps that will give me a much needed break (THANK-YOU!!!) and my son will be able to continue building his social skill set. I'm thankful that 11UI has been there to support my family through the difficult times, and grateful that they continue to support us to ensure the good times keep coming.

Testimonial from: 11UI Parent

Improved Outcomes

Student Achievement:

- Children are encouraged and supported to attend and actively participate in their school, leading to higher achievement and increased graduation rates.
- Children are adequately prepared to engage in school activities, and obtain education at the same level as their peers.

Healthy Active Children:

- Children are actively participating in pro-social activities, after-school programs, and demonstrating enhanced community involvement. Parents and other family members are actively engaged in the community as well.
- Children are less prone to displaying anti-social behaviour, and are less active in at-risk behaviours.
- Increased supervision of vulnerable children.

Strong Families & Emotional Development:

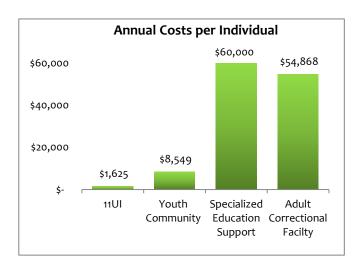
- Care givers have enhanced capacity to parent their children, and lead productive lives within their communities.
- Families experience a long-term reduction of involvement with the criminal justice system and less intensive involvement with child welfare and/or social services.
- Families and their children have the opportunity to receive early intervention when they may be at risk for mental health and/or addictions issues.

Reduced Contact with Police:

- Children and their families experience reduced contact with police services.
- Reduced numbers of children who may become involved in the criminal justice system as both youth and adult offenders.
- Police officers are utilizing less intrusive, less costly, and more effective measures to handle children displaying signs of at-risk behaviours.

Resourcing & Economic Benefit

Based on a cost effectiveness study conducted by Public Safety Canada in 2013, it is estimated that if children at risk receive effective early support, it will save on average \$88,033 per year³. As the table illustrates, specialized and highly intrusive services are much more costly on an annual basis.



Going Forward

The assessment process has clearly identified some areas of focus for the 11UI. One such area is what happens to youth who are turning twelve but still require services. This has resulted in the development of a larger model based on the same framework used in the 11UI. This larger model is known as The Regina intersectoral Partnership (TRiP). A phasing in of TRiP was started in May of 2015 with a full implementation scheduled for January 2016. Please see APPENDIX D for a short description and graphic of TRiP.

³ Public Safety Canada, National Crime Prevention Centre: Results from the Stop Now and Plan (SNAP®) Program, 2013.

3. Agency and Officer Information

11 and Under Initiative (11UI) Key Project Team Members:

11 and Under Initiative, Coordinator, Lance Dudar (Regina Police Service, Community Services Division, Superintendent ret. and past 11UI Co-chair)

Regina Police Service, Crime Prevention Strategist and 11UI Steering Committee Member, Wendy Stone

Regina Public Schools, Deputy Director Student Achievement and 11UI Co-chair, Greg Enion

Regina Qu'Appelle Health Region Child and Youth Services, Manager and 11UI Co-chair, Glenna Currie

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4. Appendices

APPENDIX A

11 and Under Initiative Functioning Structure

Steering Committee

Regina Public Schools, Regina Catholic Schools, the Regina Police Service, the Ministry of Social Services, the Ministry of Justice, Regina Qu'Appelle Health Region Child and Youth Services (Randall Kinship Centre), Regina Qu'Appelle Health Region Mental Health and Addiction Services (Addiction Services). Provides strategic vision & leadership to 11UI.

Coordinator

Liaison between Steering Committee & Working Group; provide guidance to the Case Manager, oversight of 11UI Officer & Support Workers; prepares Initiative reports & financial statements; makes strategic connections (government relations & positioning) & partnerships (for programming options); prepares & delivers presentations; administration; & data collection for evaluation.

Case Manager

Working Group lead; oversight of Working Group meetings; case management; ensuring follow through on case plans with partners; & liaison with the Support Workers.

Referral Officer

Referral intake; initial conversation & consent; conduct EARL & questionnaire; justice perspective at the Working Group.

Working Group

Regina Public Schools, Regina Catholic Schools, the Regina Police Service, the Ministry of Social Services, the Ministry of Justice, Regina Qu'Appelle Health Region Child and Youth Services (Randall Kinship Centre), and Regina Qu'Appelle Health Region Mental Health and Addiction Services (Addiction Services). Provide direct linkages & supports to 11UI clients & families.

Catholic School Liaison

Provides a direct link to Catholic Schools.

Public School Liaison

Provides a direct link to Public Schools.

Case Conferences

Meet monthly or bi-monthly involving families & service providers as well as other partners supporting the child & family.

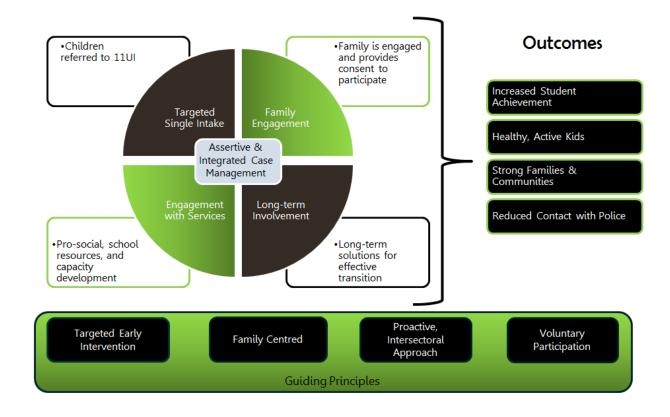
Support Workers

Provides linkages & supports for child & family to pro-social activities & services.

Administrative Support

APPENDIX B

The overall framework of 11UI (as illustrated below) is unique in terms of the early engagement components combined with a least intrusive response for children and families. As well, the level of family engagement that 11UI has been able to achieve is exceptional and critical to the desired outcomes. All of these inter-connected components support a service delivery model that emphasizes assertive and integrated case management.



There were 48 active 11UI clients during the 2013-2014 time-period. Of those 48, 8 clients were active but no data was available and an additional 3 were siblings of an active client and no or limited data was available for these clients as well. The summary for the descriptive information below was completed with the clients with the most complete data (n = 37). Information is broken down into the following categories: (1) Demographic Information; (2) Mental Health; (3) Social Services; (4) School Engagement; (5) Prosocial Activities; and (6) Contact with Regina Police Services (RPS) and Assessment of Child Risk.

Descriptive Information

Demographic Information

Approximately 87% (n = 32) of active 11UI clients were male. *Please note*: At time of completion of this summary the ages of clients were unable and therefore average age or range of ages for client sample was not included.

Mental Health

Approximately half (i.e., 52.4%; n = 19) of active clients had a mental health diagnosis, with the most common diagnoses as follows attention deficit/hyperactivity disorder (ADHD; 84.2%) and post-traumatic stress disorder (PTSD; 10.5%). Regardless of presence of a diagnosis, approximately 83.8% (n = 31) had some contact with a mental health professional. Of those with contact with some type of mental health service, the majority of clients had contact with clinicians from Child and Youth Services, RQHR (i.e., psychiatry, psychology, and/or social work; 90.3%).



Social Services

Approximately 84% of clients had some contact with the Ministry of Social Services (MSS; i.e., previous contact, closed file, ongoing involvement). Of those who have had some contact, approximately 42% (n = 11) had current contact with MSS.

School Engagement

At the time the information was compiled attendance was provided for only one time-point. As such, the average days absent for the active 11UI clients were 25.5 days (range = 3-150 days). Please note that there are 4 clients that were considered outliers in terms of days absent (i.e., 72, 99, 113, and 150 days absent) and these numbers would skew the reported average days absent (i.e., 25.5 days). Suspensions were noted for 13.5% (n = 5) of active clients. Supports within the school system were provided for approximately 76% (n = 28) of active clients (e.g., contact with school counselor, psychology, or both).

Prosocial Activities

A little more than half of the active 11UI clients were not engaged in any extracurricular activities (n = 20). Of those who were engaged in an extracurricular activity (e.g., sport, drama, art, after-school program, or activities with support worker or Big Brother), the number of activities ranged from 1-4 activities. 11UI support workers were provided for 52.9% (n = 9) of active clients.

Contact with Regina Police Services (RPS) and Assessment of Child Risk

Of the active 11UI clients, approximately 36% (n = 13) had contact with RPS during this time period. Types of contact included fire setting, missing, abandonment (by other), abuse (by other), mischief, possession of weapon at school, assault, and suicide attempt. Child risk was assessed by completing the Early Assessment Risk Lists [EARL-20B for boys and the EARL-21G for girls; (Augimeri, Koegl, Webster, &

Levene, 2001)]. The EARL was completed at two time-points during the specified time-period by 11UI staff. Dependent sample t-tests were computed to assess change over time in EARL scores for active 11UI clients with complete data (i.e., 31 clients). A significant reduction in EARL-PC scores were observed from time 1 (mean score = 20.54; SD = 5.10; range 10-30) to time 2 (mean score = 18.35; SD = 2.22; range 10-27), t(30) = 6.44, p = .000. The reduction in EARL scores suggests that overall, levels of child risk has been significantly reduced for our active 11UI clients during this time period.

How would TRiP work?

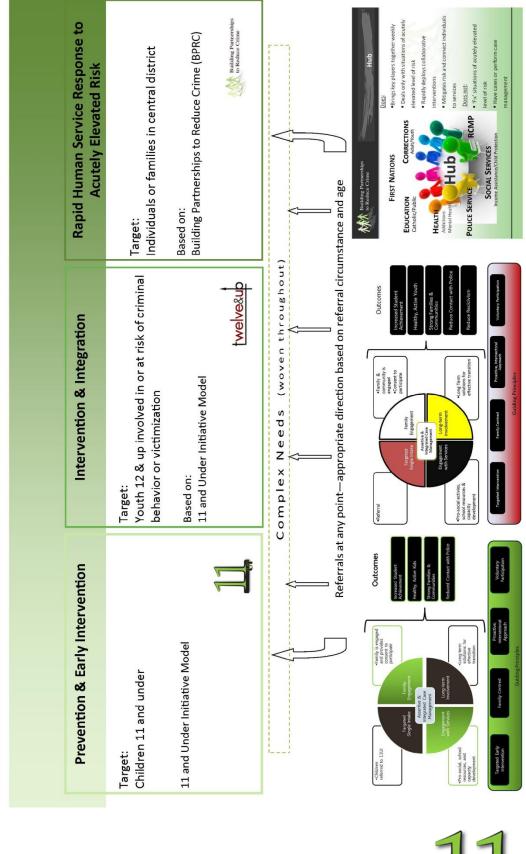
Governance for TRiP would be provided by a single steering committee, it is anticipated that this responsibility would remain with the current 11UI Steering Committee with the addition of representation from the Ministry of Justice.

The three initiatives, 11UI, twelve&up and the Hub are all unique in their own way. They each deal with people who have a specific set of complex and often interconnected needs. Each initiative is designed with those needs in mind, resulting in developed partnerships with appropriate service providers. A child, youth or family can become involved with TRiP in a number of ways. Currently, the 11UI receives referrals from many sources: Provincial Ministries, Regina Police Service (SRO's, Missing Persons Coordinator, Patrol); Public and Catholic School Administration (Principals, Vice Principals, Counsellors, teachers); and parents or guardians. TRiP model would receive referrals in the same fashion including those brought to the HUB table by partner agencies.

Though each initiative is different there is much overlap in the clients (and their familial structures) that are being served and in the services that are being provided. TRiP model shown on page 25 displays a continuum for clients who enter via the 11UI, however, identifies that entry into the model can occur at any point within these three initiatives.

The Regina intersectoral Partnership (TRiP)

a Targeted Collaborative Approach to Crime Prevention, Reduction & Community Well-Being



January 2015