



# **The 11 and Under Initiative** est.2010 **Conceptual Framework**

Regina Intersectoral Partnership  
**PREVENTION & REDUCTION OF CRIME**

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## Executive 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; 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).

## Impetus for the 11UI

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. An opportunity was also identified to support improved community safety and social well-being.



## 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.

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.

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.

<http://www.publicsafety.gc.ca/cnt/rsrcts/pblctns/rslts-stp-nwpln/index-eng.aspx>

## Opportunity for Change

### Early Intervention

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.

### Family & Parental Engagement

Research clearly and consistently demonstrates that 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

Research studies have indicated that 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 multi-faceted 'wrap-around' model of service delivery can be implemented.

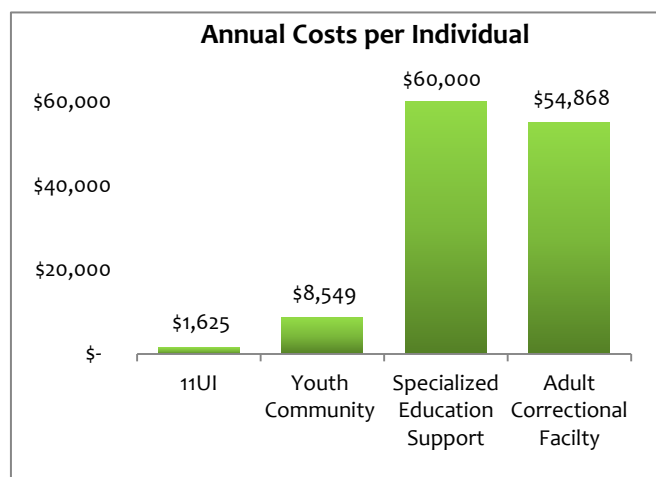
Families benefit from services that foster resilience and are least intrusive, while mitigating stated risk factors. This is often most effectively achieved through intersectoral collaboration and communication.

### Mental Health

In terms of mental health and well-being, "... early interventions and easily accessed effective treatments may improve both short and long-term outcomes. These outcomes include, but are not limited to; the prevention of some disorders, reduction in disability and enhanced civic and economic participation in a cost-effective manner."<sup>1</sup>

### 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 year<sup>2</sup>. As the table illustrates, specialized and highly intrusive services are much more costly on an annual basis.



Note: Values in the graph were gathered from; The 11 and Under Initiative, Ministry of Justice and Regina Public Schools.

### Case Example

Jenny was referred to 11UI by the Regina Police Service School Resource Officer assigned to her community school in Regina. Concerns noted at the time of referral included sporadic school attendance, significant behavioural concerns and conflictual relationships with peers, which were hampering her ability to learn effectively. Concerns were also noted that she often went missing from her home, which was located in a core neighbourhood.

When initially contacted by the 11UI Officer, her father declined services, noting that she had an appointment with a clinician at Child and Youth Mental Health Services. Two weeks later, at a case conference at her school, attended by her clinician and the Regina Public Schools 11UI liaison, after being provided with further information about how 11UI could support his daughter and family, her father agreed to work with 11UI.

Her father signed informed consent and met the 11UI Officer for an interview, which informed the EARL (Early Assessment Risk List), completed by the 11UI Officer and presented to the 11UI Working Group (WG). Prior to the WG meeting, partner agencies such as the Ministry of Social Services and Child and Youth Mental Health Services were contacted to determine historical contact. Following consultation with the WG, a community safety plan was completed and shared with Jenny's father. Risk factors identified by the EARL included supervision in the community, lack of opportunity to participate in structured leisure, and the need for Jenny and her father to continue to work with their assigned clinician at Child and Youth Mental Health Services.

The 11UI Coordinator maintained contact with Jenny's father, school personnel and her clinician. She was offered the opportunity to attend a choral camp facilitated by the Saskatchewan Choral Federation and a YMCA day camp at a community school near her home, which she loved. She was also registered for a singing class and received funding through Creative Kids Saskatchewan. She changed school placements over the summer due to substandard housing. Prior to attending her new school placement, Jenny and her father met at her new school with the 11UI Coordinator and 11UI liaison from Regina Public Schools, and met the school counsellor assigned to her school. When school began, he met her at the door and walked her to her new classroom.

She continues to work with her clinician at Child and Youth Mental Health Services, attends singing classes, and via the SaskSport Dream Broker at her school, participates weekly in wrestling. She works with an 11UI Support Worker weekly, who has facilitated attendance at art and dance classes, and provides transportation, support and coaching to her and her family in the community, which allows them to participate in community events.

Following involvement with 11UI, her school attendance and engagement improved significantly. She attends and enjoys structured leisure activities. Jenny remains engaged with services at Child and Youth Mental Health Services and her father notes her behaviour and relationships with peers have improved, which is confirmed by her school counsellor. She has not been reported missing or had police contact since referral. Her father notes increased success managing her behaviour at home, and supervising her in the community.

<sup>1</sup> Kutcher S; McLuckie A: Evergreen: A Child and Youth Mental Health Framework for Canada. Calgary, Canada, Mental Health Commission of Canada, Child and Youth Advisory Committee, 2010. Available at [teenmentalhealth.org/resources/entries/evergreen-a-youth-mental-health-framework-for-canada-english1](http://teenmentalhealth.org/resources/entries/evergreen-a-youth-mental-health-framework-for-canada-english1). Accessed Jan 7, 2011

<sup>2</sup> Public Safety Canada, National Crime Prevention Centre: Results from the Stop Now and Plan (SNAP®) Program, 2013.

## Components of 11UI

11UI is a collaborative intersectoral approach in which the Regina Public School Board, Regina Catholic School Board, Ministry of Social Services, 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.

<b>1. Targeted Single Intake</b>	Targets children 11 years and under who are displaying at-risk behaviour. Initial contact is made by the 11UI Early Intervention Officer where the family is introduced to the initiative. An Early Assessment Risk List (EARL) is used to assess if 11UI is suitable or appropriate for the child.
<b>2. Family Engagement</b>	Consent is given to 11UI by the child's legal guardian to share information amongst the 11UI working group. The child's family is engaged throughout the process and is closely involved in developing the intervention plan.
<b>3. Assertive &amp; Integrated Case Management</b>	An assessment of the child's circumstance is completed to develop an appreciation of the child's past and present environment. The assessment is completed with the inclusion of the Ministry of Social Services, Regina Police Services, Regina Qu'Appelle Health Region as well as the 11UI Case Manager. Additional partners are included as required. Complex cases are handled through Case Conferences, which include all participating service providers to ensure proactive case management.
<b>4. Engagement with Services</b>	11UI will support engagement with existing support services that provide what best meets the needs of the child and their family. 11UI will connect the child and family with pro-social activities, school resources, and/or parenting capacity opportunities.
<b>5. Long-term Involvement</b>	Intervention plans are developed to promote long-term solutions for both the child and family involved. 11UI is committed to ensure that children and their families can smoothly transition out of the initiative. 11UI will remain in contact with the child to ensure that the desired outcomes continue to be achieved.

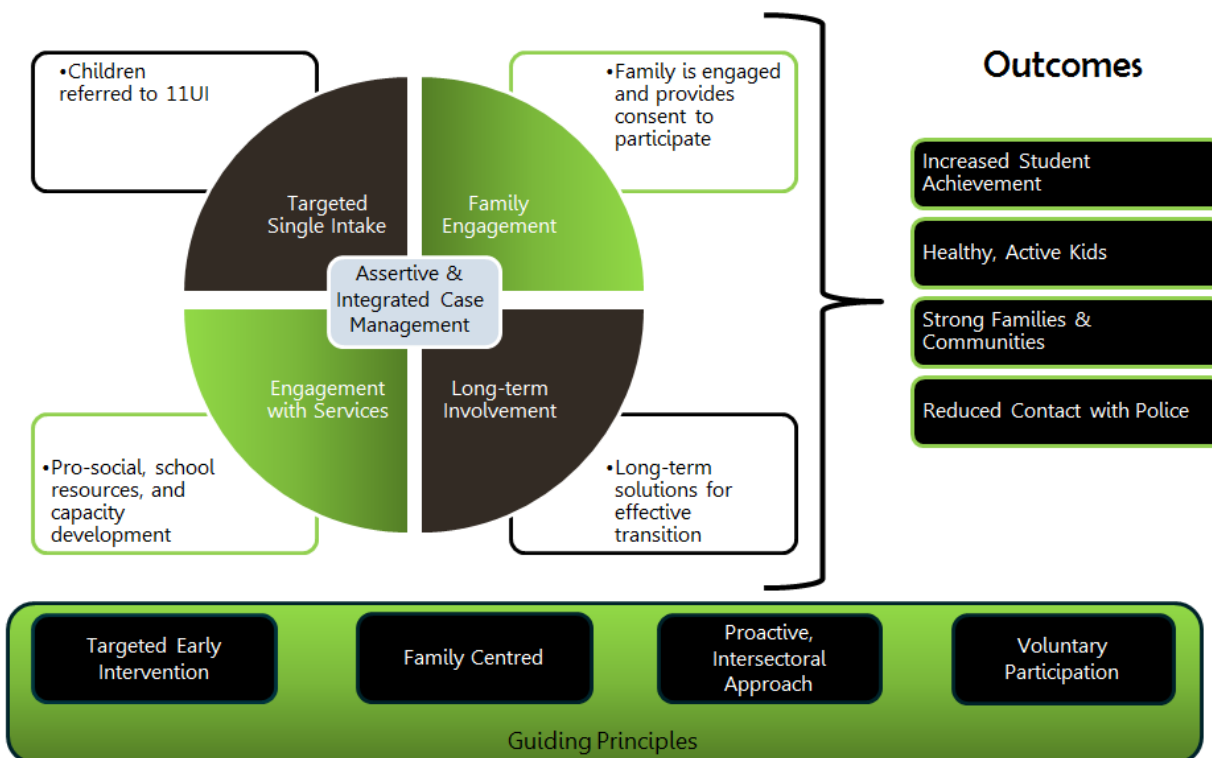
## Advancing the Crime Reduction & Stronger Communities Agenda

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. As the tables below illustrate, the 11UI is also well aligned to support the provincial child and youth agenda:

<b>Saskatchewan Child &amp; Family Agenda</b> <ul style="list-style-type: none"> <li>• Children get a good start in life</li> <li>• Youth are prepared for their future</li> <li>• Families are strong</li> <li>• Communities are supportive</li> </ul>	11UI is strongly aligned with the Saskatchewan Child & Family agenda by: <ul style="list-style-type: none"> <li>• Engaging children and families with services that promote pro-social activities and school engagement</li> </ul>
<b>Building Partnerships to Reduce Crime</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• It advocates government, police and community partners working together collaboratively to find local solutions to crime and victimization, and community safety and wellness</li> <li>• It is an integrated, deliberative, collaborative and committed approach that is community driven and provincially supported</li> </ul>	11UI is strongly aligned with the Building Partnerships to Reduce Crime agenda by: <ul style="list-style-type: none"> <li>• Utilizing evidence-based early intervention to engage and support children and families</li> <li>• Leveraging intersectoral collaboration among government, police and community partners to identify crime prevention and community well-being solutions</li> </ul>
<b>Mental Health &amp; Addictions Strategy</b> <ul style="list-style-type: none"> <li>• Inter-ministerial approach</li> <li>• Collaborative approach</li> </ul>	11UI is well aligned with the anticipated Mental Health and Addictions Strategy by: <ul style="list-style-type: none"> <li>• Providing children and families with access to services through a collaborative, intersectoral partnership</li> </ul>
<b>Children's Advocate</b> <ul style="list-style-type: none"> <li>• Advocate for social and public policy change that benefits all children and youth</li> <li>• Promote high quality government and community-based programs and services for children and youth</li> <li>• Strengthen collaboration and partnerships to achieve better outcomes for children and youth</li> <li>• Ensure the advocate for Children and Youth delivers excellent, accessible and accountable services</li> </ul>	11UI is supportive of the recommendations of the Children's Advocate by: <ul style="list-style-type: none"> <li>• Engaging children with government and community services</li> <li>• Using collaboration and partnerships to achieve positive outcomes for children</li> <li>• Ensuring that child remain engaged with services and programs</li> </ul>
<b>Drop-out Prevention Strategy</b> <ul style="list-style-type: none"> <li>• Achieve 85% graduation rate</li> <li>• Proactive engagement</li> <li>• Career path &amp; goal development</li> </ul>	11UI is closely aligned with the anticipated Drop-out Prevention Strategy by: <ul style="list-style-type: none"> <li>• Proactively identifying children who are experiencing sporadic attendance</li> <li>• Engaging children with pro-social activities in their school and community</li> </ul>

## 11UI Conceptual Framework

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.



### Evaluation

In partnership with Dr. Kristi Wright from the University of Regina, 11UI has also integrated a rigorous evaluation methodology to track and measure progress towards the 11UI outcomes. Though the initial evaluation is based from a rather small sample size, this particular methodology is displaying promising results. A follow up evaluation is underway and is expected to be completed late 2014. Evaluation is an important aspect of 11UI, and aligns with Public Safety Canada early action to strengthen data collection and assessment.



## 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.

## Improved Outcomes

<b>Student Achievement</b>	<ul style="list-style-type: none"> <li>Children are encouraged and supported to attend and actively participate in their school, leading to higher achievement and increased graduation rates.</li> <li>Children are adequately prepared to engage in school activities, and obtain education at the same level as their peers.</li> </ul>
<b>Healthy Active Children</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Children are less prone to displaying anti-social behaviour, and are less active in at-risk behaviours.</li> <li>Increased supervision of vulnerable children.</li> </ul>
<b>Strong Families &amp; Emotional Development</b>	<ul style="list-style-type: none"> <li>Care givers have enhanced capacity to parent their children, and lead productive lives within their communities.</li> <li>Families experience a long-term reduction of involvement with the criminal justice system and less intensive involvement with child welfare and/or social services.</li> <li>Families and their children have the opportunity to receive early intervention when they may be at risk for mental health and/or addictions issues.</li> </ul>
<b>Reduced Contact with Police</b>	<ul style="list-style-type: none"> <li>Children and their families experience reduced contact with police services.</li> <li>Reduced numbers of children who may become involved in the criminal justice system as both youth and adult offenders.</li> <li>Police officers are utilizing less intrusive, less costly, and more effective measures to handle children displaying signs of at-risk behaviours.</li> </ul>

## Organizational Structure

11UI began taking referrals in January 2010. The initiative started with a Steering Committee, Referral Officers and a Working Group. By 2011, the initiative expanded to include a Coordinator, Steering Committee and Working Group as key resource components. In its early development stages, the initiative managed to accomplish a great deal including meaningful partnerships, number of referrals, and family and community impact. The Initiative continues to grow and has added a number of new positions. The matrix below identifies the current 11UI structure.

### 11 UI Steering Committee - in-kind from stakeholder organizations

Regina Public Schools, Regina Catholic Schools, the Regina Police Service, the Ministry of Social Services, 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).

### Coordinator - 60% funded position\*

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

### Administrative

**Support**—1/8 time  
In-kind from Regina Police Service

### Case Manager - 3/4 time secondment\*

Working group lead; oversight of WG meetings; case management; ensuring follow through on case plans; with partners liaison with the Support Workers

### 11UI Officer - FT Regina Police Service Employee

Referral intake; initial conversation and consent; conducts EARL and baseline questionnaires; justice perspective at working group

### Catholic School

**Liaison**—1/4 time  
In-kind from Regina Catholic Schools

### 11 UI Working Group - in-kind from stakeholder organizations

Regina Public Schools, Regina Catholic Schools, the Regina Police Service, the Ministry of Social Services, 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).

### Public School

**Liaison**—1/2 time  
In-kind from Regina Public Schools

### Case Conferences - in-kind from stakeholder organizations

Meet monthly or bi-monthly involving families and service providers and partners supporting the child and family

### Support Workers

3 casual funded positions\*

\* Ministry of Social Services provides salary and operational funds for the 11 and Under Initiative.