An Ongoing Assessment for Effective Implementation

Includes:

Final Report

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Situation Tables: An Ongoing Assessment for Effective Implementation

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Key Research Terms and Definitions
HKPR: Haliburton Kawartha Pine Ridge

HSJCC: Human Services and Justice Coordinating Committee

Situation Table ("Hubs"): refers to meetings in which human service providers work together to reduce victimization in the community within a 24-to-48-hour timeframe. This is done by critically analyzing and responding to instances of Acutely Elevated Risk that are presented within the community.

Acutely Elevated Risk (AER): an escalating state in which an individual faces imminent harm or victimization due to a variety of risk factors being presented simultaneously.

Risk factor: a circumstance or behaviour that increases the likelihood an individual will face harm or victimization.

Protective factor: a circumstance or behaviour that reduces the likelihood an individual will face harm or victimization.

Risk-driven: A form of community-based safety planning that aims to identify and mitigate risks before a crime or victimization occurs.

Abstract

Situation Tables, or *Hubs*, as they are commonly known as, are one example of a preventative measure that has been implemented in communities to reduce victimization experienced by marginalized individuals. This community-based research project focused on the Situation Table online training that was released by Laurier University in 2016. It examined the overall effectiveness of the training, whether it was adequately preparing human service providers to make decisions at the Table, and if there were any identifiable gaps in the training itself. This was completed through online surveys, to be completed by the members of the City of Kawartha Lakes Table, the Peterborough Table, and Northumberland Table, who are tables in the Haliburton, Kawartha, Pine Ridge region. The results show that the Laurier University Situation Table online training effectively provides trainees with the knowledge, skills and tools they need to *start* participating at a Situation Table. However, there are gaps in the training that, once mitigated, human service providers are likely to feel better prepared to assess AER in individuals being presented at the Table, as well as create more consistency between different Tables, and among members/agencies at a particular Table. Gaps in the training module as identified by participants include the lack of complex mock case examples. Efforts to mitigate such gaps include implementing mandatory annual training sessions and updating course material in the training to include complex scenarios in mock cases.

Background

The Situation Table Model was first introduced to Canada in 2011 to reduce victimization experienced by marginalized individuals (Corley & Teare, 2019). A Situation Table refers to a group of people, typically those who work in the Human Services fields, who meet to discuss individuals in the community that potentially meet the *Acutely Elevated Risk (AER)* threshold

(Wilfrid Laurier University, 2016). The Acutely Elevated Risk threshold is defined as "factors or behaviours that negatively affect an individual, or community, due to a rapid increase in multiple, and often chronic, conditions that result in a high probability of harm occurring to the individual or community" (Wilfrid Laurier University, 2016). An example of an individual who has the potential to meet the AER threshold can be described as the following: an individual who has a criminal history, has no access to housing, uses substances, has presented a threat to public safety, and has an untreated mental illness (Wilfrid Laurier University, 2016). These risk factors, when presented simultaneously, would result in an individual meeting the AER threshold requirements. What is unique about Situation Tables is that it anticipates the harm before it occurs and refers the individual to resources in the community, and in doing so, avoids the need to call emergency services and reduces the chance of victimization (Wilfrid Laurier University, 2016). Furthermore, it requires intervention to take place in a 24-to-48-hour timeframe once the meeting at the Table has been concluded, which ensures that the individual receives support as soon as possible (Wilfrid Laurier University, 2016). Otherwise, if the individual is not brought to the Table, the individual and their situation is likely to continue to escalate into a crisis.

When an individual is presented to the Situation Table, the information is presented using the Four-Filter process: internal agency screening, de-identified information, limited identified information, and planned intervention. The first three filters discuss de-identified information about the individual, how they've been brought to the attention of the agency that is presenting their case, their risk and protective factors, and which agencies are needed for an intervention plan if AER is agreed upon. Once this has been outlined, the members at the Table vote on whether this individual meets the AER threshold and needs immediate intervention. If the majority votes yes, the Table moves into filter four with only the agencies that are a part of the

intervention plan. Filter four is where identifying information about the individual is disclosed, such as their name, age, and gender. At this stage, the Table creates an intervention plan and refers the individual to the appropriate community resources.

With the guidance of The Human Services and Justice Coordinating Committee (HSJCC) of Haliburton, Kawartha, Pine Ridge region and Trent University, a research project was completed in the 2022-2023 academic year. This research project is the third to be completed on the behalf of the HSJCC; the previous two research projects focused on the overall efficiency of the Situation Table model in the Haliburton, Kawartha, Pine Ridge region.

Introduction

This research focused on the training that Human Service providers take to learn how to participate in Situation Tables. Specifically, the Laurier University Situation Table online training that was released in 2016. This online, self-directed training can be completed in one to four hours and consists of five modules: internal agency screening, de-identified information, limited identified information, planned intervention, and reporting back to the Situation Table (Wilfrid Laurier University, 2016). Modules one to four represent each of the filter stages of a Situation Table. The modules are made up of lessons, practice videos, activities, and an end-of-module quiz that must be completed with a minimum average of 80% to successfully move onto the next module with a certification provided with the successful completion of all modules.

The purpose of this community-based research project is to determine how effective the Laurier University Situation Table Training is, how well the training is preparing Human Services providers regarding appropriate disclosure of private information, and to identify any gaps in the training. To answer these questions, data analysis of collected survey responses was completed. In the Haliburton, Kawartha, Pine Ridge region, there are three Situation Tables: the

City of Kawartha Lakes Table, the Peterborough Table, and the Northumberland Table. The data collected and used to implement potential recommendations in this project applies for this region specifically. It is important to consider that there are over 60 Situation Tables in Ontario, and in comparison, the sample size in this project is small. This project collected data from the City of Kawartha Lakes Table and Peterborough Table and does not include data collected from the Northumberland Table, meaning that 2 out of 3 tables in the Halliburton, Kawartha, Pine Ridge region was observed.

By analyzing the effectiveness of Situation Table training, it can be determined whether or not members at the Table have a thorough understanding of the knowledge and skills needed to assess AER right as they begin participating at their Table. This could ultimately result in Table members efficiently and effectively deciding if an individual being presented at the Table will receive support offered by the Table, or if this individual simply needs other types of resources outside of the Table. This is important, because it can indicate whether Table members are over-assessing individuals with AER (meaning, they have decided an individual is meeting the AER threshold, when in reality they do not), or under-assessing AER (meaning, they have decided that an individual does not meet the AER threshold, when in reality, they do). As such, this can ensure that agencies are working within their capabilities while still supporting the community.

Something to also consider is whether the training is ensuring consistent decisions on AER between members/agencies at the Table, and between other Tables in the region. This is in part because there are six pieces of legislation that discuss disclosure rights of an individual's privacy, and each one uses different terms and definitions. As a result, agencies adopt different language and policy standards in regard to the disclosure of private information about an

individual which can create variances between agencies policies and practice. If gaps are identified in the training, it is important that they are recognized and acknowledged, so that recommendations can be made to enhance the overall training process. Changes in the training process can equip Human Service providers with better knowledge, tools, and skills, deepen their understanding of the AER threshold, and improve their engagement at their Table. Today, there is minimal research done on training modules, opportunities, and their effectiveness to prepare Human Service providers to participate at Situation Tables.

Methodology

An online survey, completed on the platform *Qualtrics*, was sent to current members participating at a Table, as well as those who participated at a Table in the last 12 months (no later than January 2022). The survey link was sent to the Chairs of the City of Kawartha Lakes and Peterborough Table through email and was then forwarded to the rest of the members of their respective Table. The survey opened on January 18th, 2023 and closed on February 8th, 2023. There were multiple sections on the survey, starting with the consent and demographic questions, before moving into the multiple-choice questions and long answer portion. The multiple-choice questions were based on the Likert-scale answers (strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree, or I don't know/not applicable). The long answer portion had textboxes for participants to type their responses in. Should a participant answer "No" to any of the consent questions, their responses were not saved. If a participant only finished some portions of the survey, their responses were still saved and used for data interpretation. All responses were anonymous, and no identifying information was collected. A copy of the survey questions can be seen in Appendix 1. There were three email reminders that were sent at the start of the week to each of the Tables to maximize the number of

responses, which can be seen in Appendix 2. Once the survey closed online, the data was exported as an Excel spreadsheet for data interpretation. Prior to the survey distribution, an ethics application was completed, reviewed, and approved by Trent University's Forensic Science Research Ethics Committee for this project. Ethics approval was given on December 19th, 2022.

Results

In total, 32 responses were collected: 16 from City of Kawartha Lakes Table and 16 from the Peterborough Table. Below, each question is italicized, followed by the results.

As a service provider, I am confident in my ability to assess an individual and if they meet the Acutely Elevated Risk (AER) threshold.

Of the 16 responses at the City of Kawartha Lakes Table, 12 participants strongly agree (75%), 3 participants somewhat agree (19%), and 1 participant neither agree nor disagree (6%). Of the 15 responses at the Peterborough Table, 6 participants strongly agree (40%), 7 participants somewhat agree (47%), and 2 participants stated that they did not know/not applicable (13%).

I am familiar with the legislation and agency policies that guide when and how I might need to share confidential client information without explicit consent.

Of the 16 responses at the City of Kawartha Lakes Table, 10 participants strongly agree (62.5%), and 6 participants somewhat agree (37.5%). Of the 16 responses at the Peterborough Table, 4 participants strongly agree (25%), 11 participants somewhat agree (69%), and 1 participant stated that they did not know/not applicable (6%).

The training I took has provided useful resources for me to refer to that I still use today at my Table.

Of the 14 responses at the City of Kawartha Lakes Table, 7 participants strongly agree (50%), 6 participants somewhat agree (43%), and 1 participant somewhat disagrees (7%). Of the 16 responses at the Peterborough Table, 3 participants strongly agree (19%), 8 participants somewhat agree (50%), 3 participants neither agree nor disagree (19%), and 2 participants somewhat disagree (12%).

The training I took has provided me with an understanding of the Wrap-Around Approach, which focuses on the individual's strengths and community-based support systems, that I now actively use at my Table.

Of the 15 responses at the City of Kawartha Lakes Table, 6 participants strongly agree (40%), 7 participants somewhat agree (47%), and 2 participants neither agree nor disagree (13%). Of the 14 responses at the Peterborough Table, 3 participants strongly agree (21%), 8 participants somewhat agree (57%), and 3 participants somewhat disagree (21%).

The training provided the knowledge, tools and skills to know how to bring information to the Situation Table appropriately using the Four-Filter framework.

Of the 16 responses at the City of Kawartha Lakes Table, 11 participants strongly agree (69%), and 5 participants somewhat agree (31%). Of the 15 responses at the Peterborough Table, 2 participants strongly agree (13%), 10 participants somewhat agree (67%), and 3 participants somewhat disagree (20%).

The training has improved my knowledge and/or skills at the Table.

Of the 16 responses at the City of Kawartha Lakes Table, 10 participants strongly agree (62.5%), and 4 participants somewhat agree (25%), and 2 participants neither agree nor disagree (12.5%). Of the 14 responses at the Peterborough Table, 2 participants strongly agree (14%), and 12 participants somewhat agree (86%).

The training makes me feel engaged at Table meetings and allows me to regularly participate.

Of the 16 responses at the City of Kawartha Lakes Table, 5 participants strongly agree (31.25%), and 5 participants somewhat agree (31.25%), 5 participants neither agree nor disagree (31.25%), and 1 participant stated that they did not know/not applicable (6.25%). Of the 14 responses at the Peterborough Table, 1 participant strongly agree (7%), 8 participants somewhat agree (57%), and 5 participants somewhat disagree (36%).

I do not feel the need to take another Situation Table training after completing the one I have already completed.

Of the 16 responses at the City of Kawartha Lakes Table, 5 participants strongly agree (31.25%), and 2 participants somewhat agree (12.5%), 1 participant neither agreed nor disagreed (6.25%), 6 participants somewhat disagree (37.5%), and 2 participants strongly disagree (12.5%). Of the 15 responses at the Peterborough Table, 1 participant strongly agree (6.6%), 4 participants somewhat agree (26.7%), 6 participants somewhat disagree (40%), and 4 participants strongly disagree (26.7%).

Figure 1 and Figure 2, respectively, are the responses from the City of Kawartha Lakes and Peterborough Table in a stacked bar table.
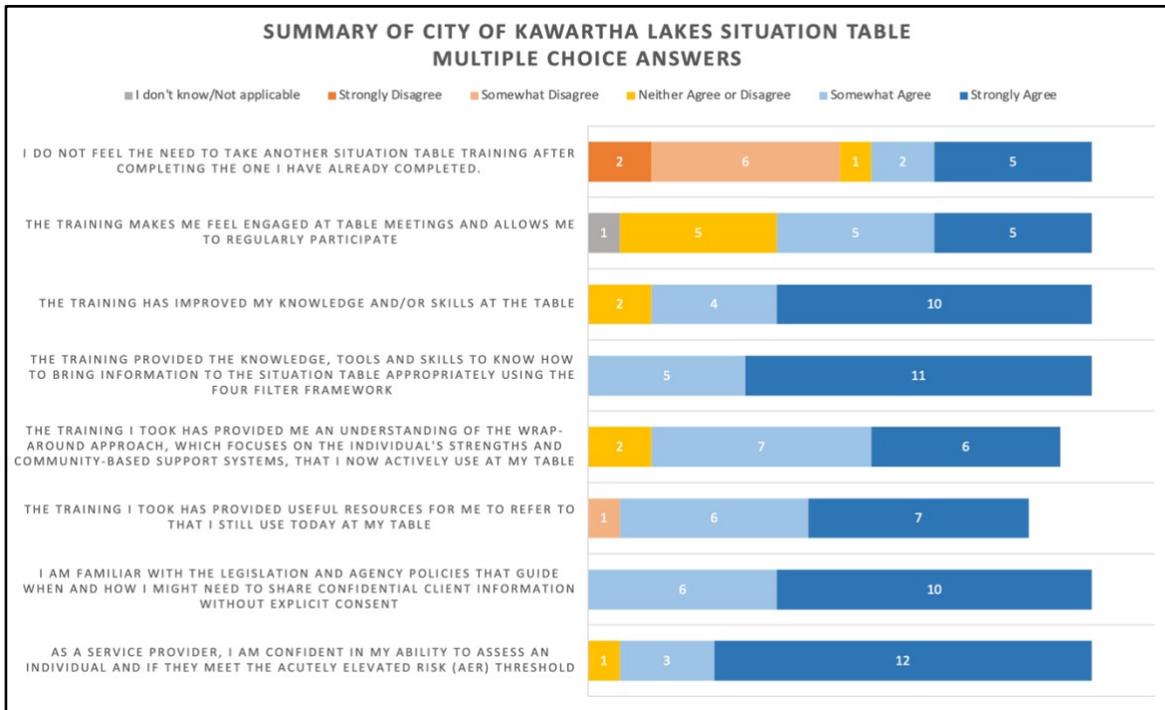
Figure 1: Summary of multiple-choice responses from the City of Kawartha Lakes Situation Table
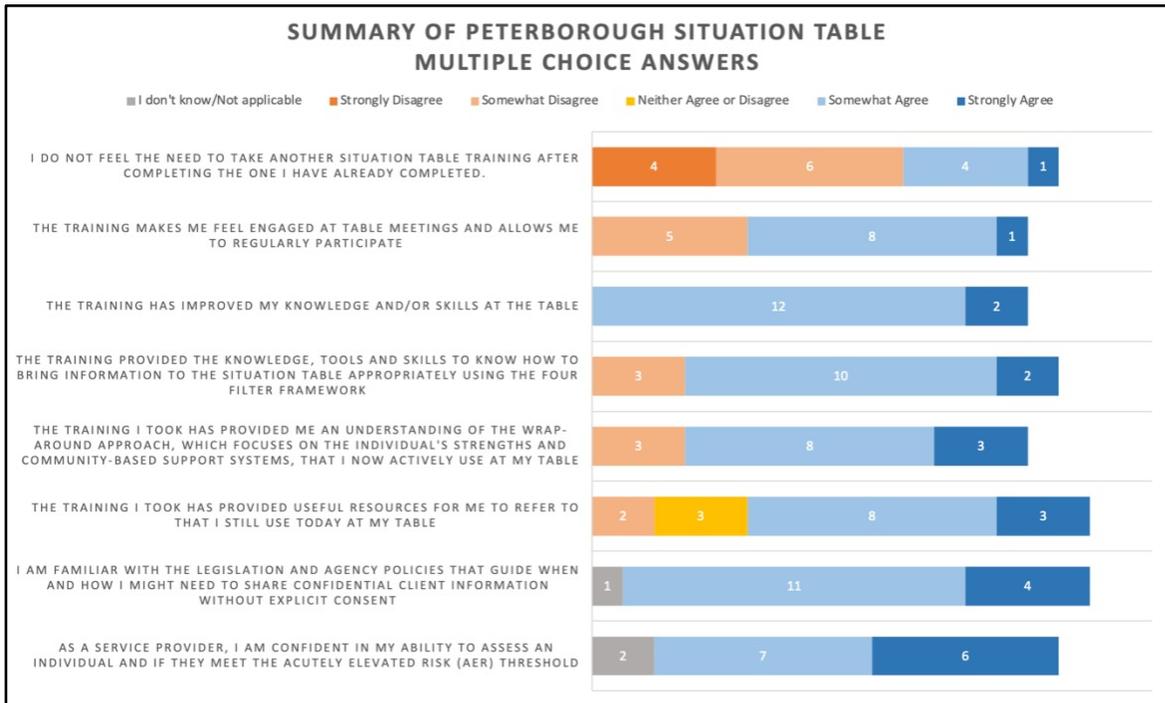

Figure 2: Summary of multiple-choice responses from the Peterborough Situation Table

If you completed the Laurier University training or any other Situation Table training, can you provide a real-life example of when the training has worked well for you?

At the City of Kawartha Lakes Table, participants have stated that the Laurier University Situation Table training has provided a foundation of knowledge and skills for them to start participating at their Table. An example that participants included is that the training has helped them understand how to assess an individual who meets the AER threshold. Participants also mentioned that the training helped them understand the Four-Filter process, as well as how the training has helped them differentiate between an individual meeting the AER threshold and those who simply need extra community support elsewhere. At the Peterborough Table, participants also mentioned that the training module has provided them with the knowledge they needed to start participating at their Table, such as the Four-Filter process. Participants also mentioned that the training aided in their understanding of what risk factors and protective factors are, and how it affects their assessment of an individual being presented at the Table.

If you completed the Laurier University training or any other Situation Table training, can you provide a real-life example of when the training did not work well for you?

City of Kawartha Lakes participants mentioned that the Laurier University Situation Table training does not provide enough mock case examples for them to practice what they learned, and thus, when they began participating at their Table, they do not feel confident in their decision. One noteworthy response mentioned that while many cases were brought forward and determined to be AER, these cases did not meet their agency's understanding of AER, and ultimately put them in a difficult spot when they first started at their Table. Other participants also expressed that they are not engaged, or invested, in the training since the module is completed online. Peterborough participants have also said that the Laurier training does not

provide enough mock case examples, with the specific request that the mock cases should

represent complex case scenarios. One participant said that the training keeps things simple,

when real cases being presented are more complex. Like the City of Kawartha Lakes Table,

Peterborough participants have also mentioned that it is hard to stay engaged with the training

material, due to its online nature.

If you completed the Laurier University training or any other Situation Table training, what gaps

do you see in the training that are apparent to you after completing the training and going back

to participate at a Table?

Responses from the members at the City of Kawartha Lakes Table spoke positively of the

training, stating that the training provided them with the knowledge to start participating at their

Table. However, their confidence to assess AER threshold began to build after spending time at

their Table, where their knowledge was used in practice. Participants requested that there should

be yearly training opportunities to act as a refresher course. Once again, participants have

mentioned that the mock cases are generic and are not reflective of the complex scenarios that

are presented at the Table. Conversely, other responses from the Peterborough Table have stated

that the training needs to include more information on when to present a case, and how to present

the case effectively. One response mentioned that the training does not include how to proceed

when the vote, on whether an individual receives the Table's support, is evenly split. They also

expressed that the training does not go into depth on debriefing forms and documents, and how

to answer specific questions on privacy legislation.

If you completed the Laurier University training or any other Situation Table training, do you

have any suggestions to improve the training? This can include: the format, the material, the

module tests, etc.

At the City of Kawartha Lakes Situation Table, participants requested that there should be more information on agency collaboration once the AER has been established and an intervention plan is in place. There should be a re-certification course that is offered as well. Additionally, complex mock cases should be added, as well as more information on case presentation and the overall process on when to bring forward a case to the Table. At the Peterborough Table, many participants wished that the training was more interactive and engaging, and even said that there should be an in-person training opportunity. As mentioned before, members of this table have also asked that the training should include more complex mock cases that resemble real-life cases being presented at Situation Tables.

What additional opportunities would you like to see other than a training module to reinforce what you learned?

Most participants at City of Kawartha Lakes emphasized how useful it would be to have additional training that re-certifies them on a yearly or bi-yearly basis, to refresh their knowledge and skills. One participant mentioned that at this Table, they did additional training on confidentiality, and found this helpful when they first started. Responses also included that their Table should encourage practicing mock cases on weeks where there are no real cases to be presented. Peterborough responses are quite similar; opportunities to refresh their knowledge and skills through additional training or seminars were mentioned, to help reinforce course material. One participant mentioned that they hope to see recorded webinars and presentations, so that the material and its relevant legal documents can be referred to when necessary. Many respondents also wish to practice more mock cases, whether it be in person or online at their Table meetings.

What aids your decisions surrounding Acutely Elevated Risk, in terms of your OWN individual professional perspective?

The reoccurring theme, with most participants at the City of Kawartha Lakes table responding, is that past experiences aid in their decision when determining if an individual meets the AER threshold. This includes their own personal life experiences, or past experiences in other careers such as working in other social service fields or front-line jobs, in which they work with other high-risk individuals. Knowledge of past outcomes of other cases also shapes some participant's decisions surrounding AER. Once again, responses were very similar for the Peterborough participants. Past experiences, both personal and professional, shape their decision surrounding the assessment of an individual's AER. Moreover, participants mentioned that the idea of an individual not receiving community support, and how it may escalate into a crisis, aids their final decision. One response stated, "…if nothing is done people can get hurt". Another notable response that aids people's decision surrounding AER is whether the individual being brought to the table has already reached out for community support and resources.

What aids your decision surrounding Acutely Elevated Risk, in terms of your AGENCY'S policy and procedures?

Members of the City of Kawartha Lakes Table commented on how their agency's mandate is to advocate for those in need, and thus, shapes their decision surrounding AER. Other responses mentioned that if consent from the individual being presented has already been given, it will affect their final decision. Furthermore, if children or minors are involved, it will affect their decision on assessing AER. Additionally, it was mentioned that their agency's policy, paired with legislation such as the *Mental Health Act* assist in their decision surrounding AER. Members of the Peterborough Table stated that if consent to disclose information about the individual was given, it will affect the member's decision on assessing AER. Participants have also mentioned if the individual has already connected with community resources and support,

that will impact their AER decision. In addition to this, if other agencies expressed how willing they are to support the presenting agency during the intervention plan is considered in their final decision. Furthermore, past outcomes of similar cases that have already been presented also shape decisions surrounding Acutely Elevated Risk.

Discussion

Returning to the objectives of this project, it may be concluded that the Laurier University Situation Table online training is effectively training individuals to *begin* participating at Tables. As seen in the long answer portion, most participants have stated that the training module provides them with the knowledge, skills, and tools they need. This includes what a Situation Table is, their responsibility, criteria to assess Acutely Elevated Risk, understanding risk and protective factors, and how to process through the Four-Filter stages. This can also be seen in the lack of discrepancies in the multiple-choice questions between regional Tables. Examples of this can be seen in answers that were received to the survey question that asked, "as a service provider, I am confident in my ability to assess an individual and if they meet the Acutely Elevated Risk (AER) threshold". When comparing responses between the City of Kawartha Lakes Table and the Peterborough Table, both are either consistently agreeing or disagreeing with the proposed questions. This supports the idea that the training module is effectively training Human Service providers, and in a consistent manner.

When comparing those who recently started at their Table (less than 1 year) and those who are very experienced (4 or more years), there is a difference between responses. For example, when comparing City of Kawartha Lakes responses to the question, "as a service provider, I am confident in my ability to assess an individual and if they meet the Acutely Elevated Risk (AER) threshold" 3 out of 6 the of newer participants strongly agree, whereas 8

out of 8 of the experienced participants strongly agree. Another factor to consider is those who have taken additional training, or other such opportunities, and those who have not taken additional training. It was found that there were no significant differences when comparing the multiple-choice answers between those who took additional training and those who did not. In this particular research project, no correlation can be found, but it is important to keep in mind that this project has a small sample size to consider.

Although the Laurier training is effectively setting up trainees with the knowledge, skills, and tools they need to begin participating at a Situation Table, there are identifiable gaps that can be addressed to better prepare individuals to assess AER. A common response from this project's participants is the need for complex mock cases in the training. In the Laurier University Situation Table online training, trainees watch videos on a case being presented through the Four-Filter stages. Trainees are then asked to answer questions on the mock case. This mock case example is said to be simple and generic, and not reflective of the complex and challenging cases that are being presented at Situation Tables in real life. As a result, Human Service providers do not feel as prepared to assess the Acutely Elevated Risk of complex individuals and therefore, do not feel confident to handle the disclosure of private information of such individuals. A participant stated, "training does not provide enough case examples/complex case scenarios for people to be confident enough to participate at Table". Three different responses mentioned case presentation. For context, the training starts with filter one, in which a Table member/agency decides whether an individual should be presented to the Table. This includes answering questions such as, "are there several risk factors?", "has the agency exhausted all other possible agency approaches?", "could the situation be more effectively addressed through a multi-agency approach?", and "is the situation being motivated to intervene

on an assessment, and the probability that the situation will lead to victimization?". This occurs prior to the Table meeting. Based on responses, more information on when to present a case, with one response requesting, "preparation for case presentation and specifics of AER". This can help improve overall case presentation skills. Many participants have also mentioned that, because the training is online, it is difficult to stay engaged and invested in the course material.

It has not been confirmed whether the Laurier University Situation Table online training has been updated since its first release in 2016. The next steps would be to confirm if funding was given in the past few years to make any amendments to the training modules and compare those who took the training prior to those amendments and those who took the training after the amendments. Once again, there are over 60 Situation Tables in Ontario, and this project analyzed a small sample size from Situation Tables in the Haliburton, Kawartha, Pine Ridge region. It is important to note that this research project received no responses from the Northumberland Situation Table. Therefore, results from this project are only reflective of a portion of the Haliburton, Kawartha, Pine Ridge region. A recommendation for future HSJCC projects is to secure support from all three regional Tables. Additionally, in a few years, to complete a survey to compare those who took the Laurier Situation Table online training and those who did not take this particular training module at all. This comparative analysis could further support the interpretations made in this project.

A recommendation to the Laurier University Situation Table training, as mentioned throughout this paper, is to incorporate complex mock cases in the training. This will better prepare individuals to handle complex cases that are being presented in real life, as the practice mock cases in the training will reflect this. In other words, the mock cases should be more challenging, and not generic. If possible, in-person sessions should be offered throughout the

year, to accommodate for those who prefer in-person learning. The training should also be accessible after completion, so that Situation Table members can refer to the material whenever necessary.

It is imperative that there is an annual training session that re-certifies Situation Table members. This can be done by putting an expiration date on the certificate that a trainee receives at the end of the training module. Given the long answer portion, the most reoccurring suggestion was the need for re-training opportunities to act as a refresher course, especially from those who have been participating at their Table for several years. In fact, when asked, "if you completed the Laurier University training or any other Situation Table training, what gaps do you see in the training that are apparent to you after completing the training and going back to participate at a Table?", one participant said, "I would have to do the training again to comment on this...it has been awhile". To further support this, responses to the multiple-choice question, "I do not feel the need to take another Situation Table training after completing the one I have already completed" showed that 37.5% of participants somewhat disagree and 12.5% of participants strongly disagree from those sitting at the City of Kawartha Lakes Table. 40% of participants somewhat disagree and 26.7% of participants strongly disagree from those sitting at the Peterborough Table somewhat disagree. Additionally, responses have stated that job shadowing at the Table has aided in their overall training process. One response mentioned, "…I gained far more knowledge by seeing [a Situation Table] in action…". Another response said, "…time spent at the table observing and participating certainly builds confidence and opportunity to apply what was learned". This will further reinforce the course material that is taught in the training and help them apply theory to practice and is something that should be encouraged at all Situation Tables in Ontario.

Conclusion

The Situation Table model has increased community support for those in need, and Human Service providers participating at these Tables are a credit to this. Observing this training module is one way to measure the effectiveness of the Situation Table model in Ontario. However, it is important to note that this is the only formal training that is offered (this does not include training offered by the Tables to their own Table members). Ideally, the Laurier University Situation Table training should not be the only source for training and should act as a foundation. Although the training is effectively equipping Human Service providers with the knowledge, skills, and tools they need to *begin* sitting at a Table, there are identifiable gaps that, once mitigated, can better prepare individuals to participate at their Table, assess Acutely Elevated Risk in vulnerable individuals, and make decisions with more confidence. In doing so, it will ensure more consistency between regional Tables. This can be done by implementing annual re-training opportunities and adding complex mock cases examples to reflect real-life cases being presented. Such efforts to make these changes will ensure consistent decisions being made between Table members and ensure members are confident to vote and assess AER. Ultimately, the decisions made by the Table, and how effectively they can do so, will help more individuals be brought to the Table to receive the support they rightfully deserve.

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Appendix 1: Copy of the Survey sent to Participants

<u>Introduction & Background</u>

      This research project is in collaboration with Trent University and The Human Services and Justice Coordinating Committee of Haliburton-Kawartha, Pine Ridge region. The project will focus on the Laurier University Situation Table online training, its overall effectiveness, and how it equips social service workers to handle the disclosure of information and identify any gaps in the training so that individuals who do not currently meet the AER threshold are brought to the Table. This will be done through an in-depth literature review and survey collection.

<u>Instructions</u>

      The survey will begin with Declarations and Consent questions before getting to the questionnaire. You are allowed to withdraw your consent at any given point in the survey, and if you no longer consent, you may simply exit out of the survey and close the web browser. To proceed to the survey, you must consent to all of the questions asked, otherwise the survey will

close. Once the questionnaire begins you cannot exit the survey as your progress will not be saved. Please note that no identifiable information will be collected, and the data that will be collected is completely confidential and only seen by the researcher. The survey will take approximately 15 minutes to complete. If you have any questions or concerns, please contact Ganga Siva at the following email address: gangasivarajan@trentu.ca.

Declarations & Consent
1. I understand that my privacy, such as my occupation and region in which my Table resides in, and the confidentiality of my participation in this project will be maintained and will be known only to the researcher and will not be part of the final report or any other documents.
   - Yes
   - No

2. I understand that I am free to stop the survey at any point in time, and if I do, my response will not be recorded and used for the study.
   - Yes
   - No

3. I permit data from this research to be used in research publications so long as my privacy and confidentiality are protected.
   - Yes
   - No

4. I understand that I will not receive compensation, of any kind, for my participation in this study.
   - Yes
   - No

5. After reading the above statements, do you give your consent to participate in this study by completing this survey?
   - Yes
   - No

Demographics
1. **Which regional Situation Table do you/did you participate in?**
   - Peterborough
   - Northumberland
   - City of Kawartha Lakes
   - None of the Above
2. **How long did you participate at your Situation Table?**
   - Less than a year
   - 1 year
   - 2 years
   - 3 years
   - 4 or more years

3. **What field best describes your agency?**
   - Addiction services
   - Child and Youth Services
   - Mental Health services
   - Medical Services
   - Police/Probation Services
   - School Services
   - Victim Services
   - Community Care
   - Other (please specify)
4. **Have you completed the Laurier University Situation Table Training? (this is an online training that was released in 2016)**
   - Yes
   - No
   - I do not recall the name of the training I took
5. **If you have taken the Laurier University Situation Table Training, in what year did you complete the training?**
   - 2016 • 2017 • 2018 • 2019 • 2020 • 2021 • 2022
   - 2023
   - Not applicable
6. **Do you recall how long it took you to complete the Laurier University Situation Table Training?**
   - Less than 1 hour
   - 1 hour
   - 2 hours
   - 3 hours
   - 4 hours
   - 5 hours
   - Not applicable
   - I do not recall
7. **If you did not complete the Laurier University Situation Table Training, which training course did you complete in order to participate at your Table?**
   - *written text response box*
8. **Have you taken any other training in order to participate at your Situation Table?**
   - Yes (please specify which training, and in what year)
   - No

Survey - Part 1: Multiple Choice
1. **As a service provider, I am confident in my ability to assess an individual and if they meet the Acutely Elevated Risk (AER) threshold.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree

- Strongly disagree
- I don't know/Not applicable

2. **I am familiar with the legislation and agency policies that guide when and how I might need to share confidential client information without explicit consent.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

3. **The training I took has provided useful resources for me to refer to that I still use today at my Table.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

4. **The training I took has provided me an understanding of the Wrap-Around Approach, which focuses on the individual's strengths and community-based support systems, that I now actively use at my Table.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

5. **The training provided the knowledge, tools and skills to know how to bring information to the Situation Table appropriately using the Four-Filter framework.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

6. **The training has *improved* my knowledge and/or skills at the Table.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

7. **The training makes me feel engaged at Table meetings and allows me to regularly participate.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable
8. **I do not feel the need to take another Situation Table training after completing the one I have already completed.**
   - Strongly agree
   - Somewhat agree
   - Neither agree or disagree
   - Somewhat disagree
   - Strongly disagree
   - I don't know/Not applicable

Survey- Part 2: Feedback & Suggestions

1. **If you completed the Laurier University training or any other Situation Table training, can you provide a real-life example of when the training has worked well for you?**
   - *written text response box*

2. **If you completed the Laurier University training or any other Situation Table training, can you provide a real-life example of when the training did not work well for you?**
   - *written text response box*
3. **If you completed the Laurier University training or any other Situation Table training, what gaps do you see in the training that are apparent to you after completing the training and going back to participate at a Table?**
   - *written text response box*

4. **If you completed the Laurier University training or any other Situation Table training, do you have any suggestions to improve the training? This can include: the format, the material, the module tests, etc.**
   - *written text response box*

5. **What additional opportunities would you like to see other than a training module to reinforce what you learned?** • *written text response box*

6. **What aids your decision surrounding Acutely Elevated Risk…**
   - **a. In terms of your OWN our individual professional perception?**
      - *written text response box*
   - **b. In terms of your AGENCY'S policy and procedures?** •
      written text response box

Appendix 2: Email Reminder to Complete the Survey
Hello,

My name is Ganga Siva, and I'm currently a 4th-year Forensic Science student at Trent
University. This year I have the privilege of completing a Community-Based Research Project
on Situation Tables in the Haliburton-Kawartha Region. More specifically, the training that
individuals take to participate at the Table. The goal of the project is to examine how effective
the Laurier University Situation Table online training is and if there are any identifiable gaps in
the training so that we can recommend improvements.

This project relies on the voluntary participation from you! Your participation and this research
can shape future Situation Table training courses, and your insight is valuable to us. This project
relies on your meaningful experiences!

Anyone who is currently sitting at a Situation Table is qualified to participate, as well as anyone who was participating at a Table in the last 12 months (no later than January 2022). Please forward this email/survey link to anyone you believe meets these requirements.

If you are interested in participating in the project, please complete this 15 minute online survey. Please note that no identifiable information will be collected, such as your name or birthday. All information collected will be completely confidential.

The survey can be found by **clicking the link below. Please have this completed by Wednesday February 8th, 2023.**

Survey link: https://trentu.qualtrics.com/jfe/form/SV_0I2H8B3KdOCFtQi

If you have any questions or concerns, please don't hesitate to reach out to me, the researcher, at gangasivarajan@trentu.ca.

Thank you again for your time!

My best,
Ganga Siva

Ganga Sivarajan (she/her)
Forensic Science Undergraduate Student, Trent University