

SAFETY DIAGNOSIS TOOL KIT
FOR LOCAL COMMUNITIES

Safety Diagnosis Handbook

[charting a course > to safe living]

vol. 6

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*Institut national
de santé publique*

Québec 

In cooperation with:

• Ministère de la Sécurité publique

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Ce document est aussi disponible en version française sous le titre de Trousse diagnostique de sécurité à l'intention des collectivités locales – Manuel pour accompagner le processus et déterminer le diagnostic de sécurité. Il est accessible dans chacun des sites Internet mentionnés ci-dessus.

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The [charting a course > to safe living] collection

This document is part of a collection prepared to foster and support safety promotion in life settings. Volumes 6 to 12 are the main components of a safety diagnosis tool kit developed for local communities. To date, the following volumes have been compiled for this collection:

Please note that the following list of volumes in the [charting a course to safe living] collection is different from the one provided in volumes 6, 10, 11 12 and 13, which were published prior to 2011.

VOLUME 1

Renée Levaque, Laurence Le Hénaff and Pierre Maurice. *Formation pour l'amélioration de la sécurité et la prévention de la criminalité à l'intention des collectivités locales*, Québec, Institut national de santé publique du Québec, 2006.

VOLUME 2

Josephina Alvarez. *Réalisation d'un diagnostic de sécurité. Trousse à l'intention des collectivités locales – Les diagnostics locaux de sécurité: une étude comparée pour mieux comprendre et mieux agir*, Québec, Institut national de santé publique du Québec, 2006.

VOLUME 3

Julie Laforest. *Indicateurs de vulnérabilité associés à la sécurité d'un territoire*, Québec, Institut national de santé publique du Québec, 2007.

VOLUME 4 (forthcoming)

VOLUME 5

Louise Marie Bouchard, Monique Rainville, Pierre Maurice and Mélanie Tessier. *Survey on Personal Safety and Victimization in Life Settings - Questionnaires and Instructions for Using a Computerized Data Capture, Processing and Analysis Tool*, Québec, Institut national de santé publique du Québec (forthcoming in 2012).

VOLUME 6

Louise Marie Bouchard, Pierre Maurice and Monique Rainville. *Safety Diagnosis Tool Kit for Local Communities - Safety Diagnosis Handbook*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 7

Louise Marie Bouchard, Pierre Maurice, Daniel Rochette and Robert Lavertue. *Safety Diagnosis Tool Kit for Local Communities - Guide to Developing a General Portrait of Life Settings*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 8

Louise Motard. *Safety Diagnosis Tool Kit for Local Communities - Guide to Analyzing Crime Using Official Statistics – 2nd edition*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 9

Catherine Goulet-Cloutier, Louise Marie Bouchard and Pierre Maurice. *Safety Diagnosis Tool Kit for Local Communities - Guide to Conducting Surveys on Personal Safety in Life Settings*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 10

Monique Rainville, Louise Marie Bouchard and Pierre Maurice. *Safety Diagnosis Tool Kit for Local Communities - Guide to Organizing Focus Groups - 2nd edition*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 11

Julie Laforest, Louise Marie Bouchard and Pierre Maurice. *Safety Diagnosis Tool Kit for Local Communities - Guide to Organizing Semi-Structured Interviews With Key Informants - 2nd edition*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 12

Louise Marie Bouchard, Pierre Maurice and Monique Rainville. *Safety Diagnosis Tool Kit for Local Communities - Guide to Direct Observation of Community Safety - 2nd edition*, Québec, Institut national de santé publique du Québec, 2012.

VOLUME 13

Julie Laforest, Louise Marie Bouchard and Pierre Maurice. *Turning Safety Diagnoses Into Action Plans: A Guide for Local Communities, Québec*, Institut national de santé publique du Québec, 2010.

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We would like to underscore the contribution of the many people who helped directly or indirectly to make this safety diagnosis tool kit what it is today.

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- Rachel Lacombe and Cécile Leclerc (interim coordinator for one year), Les Laurentides Regional County Municipality;
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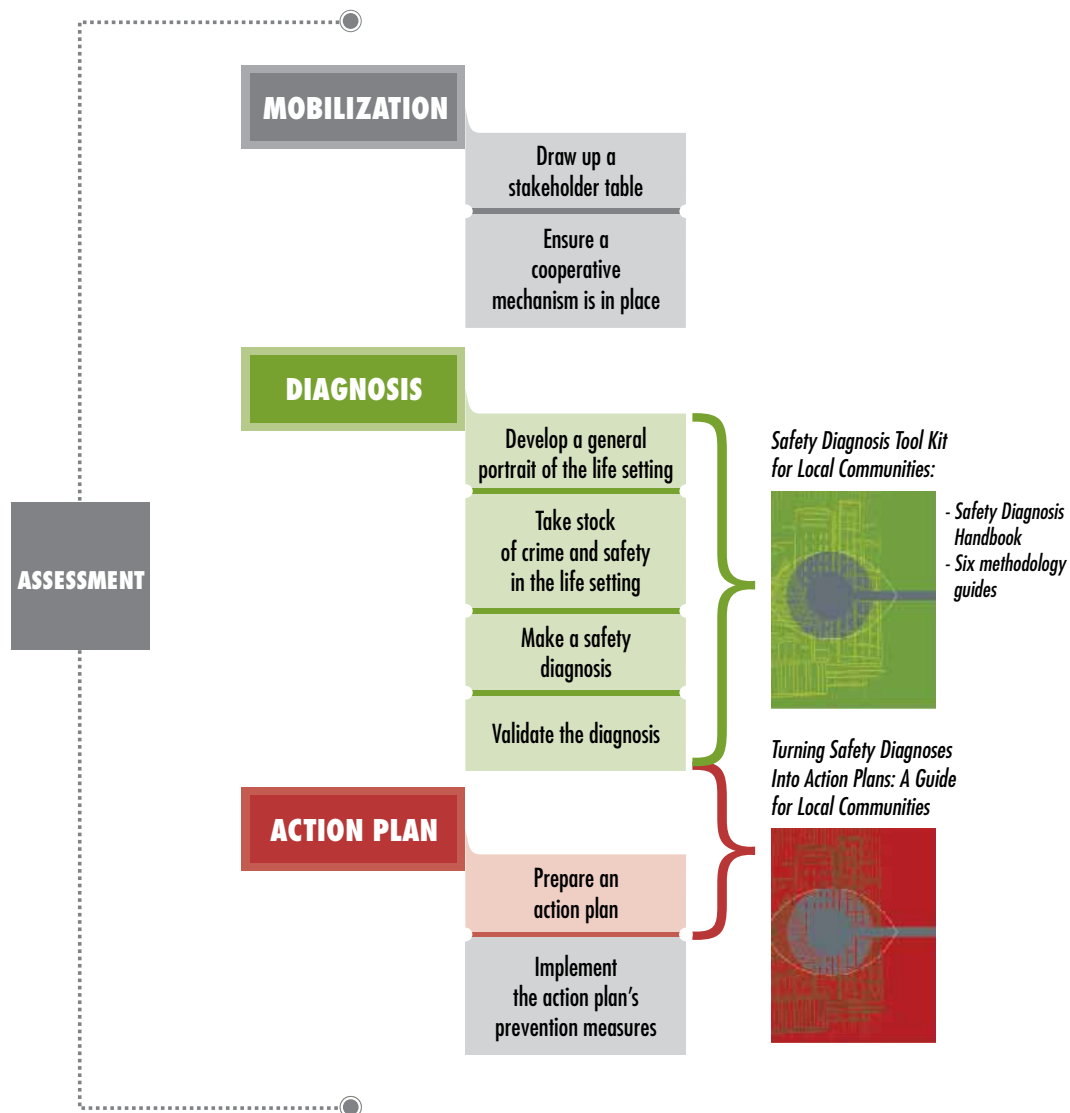
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The aforementioned people and the organizations to which they belong are not bound by the information and opinions contained in the documents making up the *Safety Diagnosis Tool Kit for Local Communities*.

About this guide

Promoting safety and preventing crime through a setting-oriented approach requires a structured procedure for planning the various activities to be carried out. The procedure involves mobilizing the population and intersectoral partners, making safety diagnoses and drawing up action plans. The *Safety Diagnosis Tool Kit for Local Communities* was prepared to assist with this procedure. It comprises several tools, including the *Safety Diagnosis Handbook* and six methodology guides. The document *Turning Safety Diagnoses Into Action Plans: A Guide for Local Communities* was prepared in addition to the tool kit, to facilitate the process of translating diagnoses into effective action plans.

Structured activity-planning procedure



To make sound decisions as to what should be done to improve safety and prevent crime in a particular life setting, it is useful to have access to a safety diagnosis for the setting concerned. A rigorous safety diagnosis will enable you to identify the problems and the social and physical conditions that are likely to have an impact on the setting's safety. This information will help the various stakeholders choose appropriate preventive action.

Several questions immediately come to mind as to what should be done to gain a good grasp of the safety issues and problems in a particular life setting. Where do you start? What do you look for? Where do you find the information you need? How do you gather, process and analyze it? And lastly, how do you draw up a list of problems that all stakeholders will agree on? The *Safety Diagnosis Tool Kit for Local Communities* strives to answer these questions. Essentially, it aims to provide local communities with the tools they need to apply a structured procedure for defining the safety situation in a life setting as objectively as possible without getting bogged down in too much information.

The *Safety Diagnosis Handbook* is the centrepiece of the tool kit. It is designed to assist with the process of making safety diagnoses, from the preliminary stages to the final report. It also provides guidelines for processing, analyzing and summarizing information that can be used to take stock of safety in a life setting.

The tool kit is designed for easy use so that communities can conduct safety diagnoses with maximum autonomy. Special attention has been paid to the tools themselves to make them as user friendly as possible. However, certain activities may require the input of people with special expertise. Perhaps some of your partners will have the necessary expertise and be able to help with certain aspects of the data collection, processing and analysis phases. If not, you may have to ask resource people from universities, public health directorates or other organizations likely to support your activities if they will play a partnership role in your safety diagnosis project.

Life setting

“A life setting is a place where people live, learn and work. It consists of a particular location and the social context in which people interact on a daily basis.”¹ [Translation]

A life setting may be a private home, school, workplace, village or neighbourhood. It can also be the territory of an administrative entity, such as a borough, municipality or an RCM, or an area defined by the members of a community on the basis of where they carry out their daily activities.

1. Ministère de la Santé et des Services sociaux, *Cadre conceptuel de la santé et de ses déterminants. Résultat d'une réflexion commune*, March 2000, p. 12. [<http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2010/10-202-02.pdf>].

TOPICS COVERED BY THE TOOL KIT

To make a safety diagnosis, safety must be viewed on the basis of the realities experienced by the population concerned. Since these realities are numerous and can vary from one life setting to another, the definition of safety used in this tool kit is sufficiently inclusive to address all of the concerns a population might have. This definition, which appears in the adjacent box, has provided the inspiration for the definition proposed in the document *Safety in Life Settings. A Guide for Québec Municipalities*.³ It takes into account not only observable problems but also people's perceptions and their feeling of safety.

Definition of safety

*“Safety is a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community.”*²

Although most of the tools included in the kit are designed to take into account all of the safety issues encompassed by the above definition and can be adapted to the specific needs of safety diagnosis projects, they focus in particular on the following topics: crime and victimization,⁴ disorder and incivility, people's perception of safety, their feeling of safety and their assessment of public services. These topics are defined in Appendix 1.

TOOLS AVAILABLE IN THE TOOL KIT

To ensure that you choose the right tools for making a safety diagnosis, it is a good idea to know what the available tools are designed to achieve, what you can actually do with them and what their main characteristics are.

This tool kit includes, in addition to the present handbook, six methodology guides. The first guide is intended to help you to develop general portraits of life settings, and the five others to collect, process and analyze safety data:

- *Guide to Developing a General Portrait of Life Settings;*
- *Guide to Analyzing Crime Using Official Statistics;*
- *Guide to Conducting Surveys on Personal Safety in Life Settings;*
- *Guide to Organizing Focus Groups;*
- *Guide to Organizing Semi-Structured Interviews With Key Informants;*
- *Guide to Direct Observation of Community Safety.*

2. P. Maurice, M. Lavoie, R. Levaque, A. Chapdelaine, H. Bélanger-Bonneau, L. Svanström, L. Laflamme, R. Andersson and C. Romer, *Safety and Safety Promotion: Conceptual and Operational Aspects*, Québec, WHO Collaborating Centre for Safety Promotion and Injury Prevention, 1998, p. 1.
[<http://www.inspq.qc.ca/publications/notice.asp?E=p&NumPublication=149>].

3. This document is available from the Québec Safety Promotion and Crime Prevention Resource Centre/ Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité at www.crpspc.qc.ca.

4. This term is defined as “a situation where a person is a victim of an action that adversely affects the person or his or her property”. [Translation] Sébastien Roché, *Insécurité et libertés*, collection L'épreuve des faits, Seuil, France, 1994, p. 25.

All of these methodology guides, which are described in Appendix 2, are designed to address a range of needs and can be used in a variety of situations. Obviously, it is not necessary or desirable to use all of the guides in order to make a safety diagnosis. For example, if your diagnosis concerns a city block, a municipality with fewer than 10 000 inhabitants, or streets next to a park or a commercial artery, you may decide to simply conduct interviews with key informants and consult crime statistics in order to draw a portrait of the setting's reported and perceived safety problems. Or you may decide to do a survey along with interviews with key informants. In other words, there is no right or wrong choice of tools. The ones you select depend above all on your needs, the type of life setting concerned, the resources available to you and the skills needed to use the tools.

Table of contents

Organization to the handbook	XI
1. Safety diagnosis procedure at a glance	1
2. Create the necessary conditions	3
SHARE BASIC CONCEPTS	3
What is a safety diagnosis?	3
Why make a safety diagnosis?	3
One step in a sequence... ..	5
Factors for a successful safety diagnosis	6
DEFINE THE OBJECTIVE OF THE SAFETY DIAGNOSIS PROJECT	9
DETERMINE WHO WILL BE IN CHARGE OF THE DIAGNOSIS	10
3. Develop a general portrait of the life setting	11
4. Take stock of crime and safety in the life setting	13
PLAN ACTIVITIES	13
What information do you need?	13
What methods should be used to explore safety topics?	13
What period should the information cover?	16
How should you proceed?	17
CARRY OUT PLANNED ACTIVITIES	18
IDENTIFY SAFETY PROBLEMS	19
5. Make a diagnosis	25
6. Validate the diagnosis	31

Appendix 1 – Definition of the topics covered by the safety diagnosis tool kit	33
Appendix 2 – Description of the methodology guides	39
Appendix 3 – Stakeholder table	43
Appendix 4 – Sample safety topics	47
Appendix 5 – Plan for implementing activities aimed at taking stock of safety in a life setting	57
Appendix 6 – Ethical considerations in safety diagnoses	61

Organization to the handbook

THIS DOCUMENT IS DIVIDED INTO SIX PARTS.




<p>The first part provides an overview of the steps involved in making a safety diagnosis.</p>	<p>1 OVERVIEW</p>
<p>The second part discusses the different conditions that must be in place before you embark on a safety diagnosis.</p>	<p>2 CONDITIONS</p>
<p>The third part explains how to develop a general portrait of a life setting based on its different characteristics.</p>	<p>3 PORTRAIT</p>
<p>The fourth part, which is central to the diagnosis, explains how to take stock of safety in a life setting, that is, to identify the safety problems encountered there.</p>	<p>4 STOCK-TAKING</p>
<p>The fifth part discusses how to make a diagnosis based on the key findings derived from the general portrait of a life setting and the description of the setting's safety problems.</p>	<p>5 DIAGNOSIS</p>
<p>The sixth and last part explains how to validate the safety diagnosis.</p>	<p>6 VALIDATION</p>
<p>This handbook concludes with brief definitions of the safety topics covered by the tool kit, a summary description of each methodology guide, a sample stakeholder table, a list of safety topics that might be explored in making a safety diagnosis, a sample action plan, and a few ethical considerations.</p>	<p>APPENDICES</p>

Safety diagnosis procedure at a glance

Making a safety diagnosis requires drawing up a list of problems and social and physical conditions that are likely to affect the safety of a life setting. Obviously, you have to base the diagnosis on the actual situation in the setting and, to that end, you have to collect information. However, so that you don't get bogged down in too much information, we recommend that you carefully plan and follow the procedure outlined in this handbook. It involves not only collecting data, but also processing and analyzing it in order to obtain an overview of the life setting's safety.



Figure 1 summarizes each of the steps that must be taken to make a safety diagnosis. It provides a brief description of each one, specifies what you need before embarking on it and indicates what the outcome should be.

Figure 1 Safety diagnosis procedure: step by step

WHAT YOU NEED FOR EACH STEP	STEP	OUTCOME
<ul style="list-style-type: none"> A clear commitment (formal or informal) to improve safety or reduce crime problems 	<p>CREATE THE NECESSARY CONDITIONS</p> 	<p>A shared understanding of the role the diagnosis will play in improving safety and of the conditions needed for the process to be successful</p> <p>A shared understanding of the objective of the safety diagnosis project</p> <p>A clear definition of the responsibilities of each party involved in carrying out the project</p>
<ul style="list-style-type: none"> A clearly defined target population or life setting 	<p>DEVELOP A GENERAL PORTRAIT OF THE LIFE SETTING</p> 	<p>Key findings about the setting's geographic, human and economic characteristics and some of its physical characteristics related to housing</p>
<ul style="list-style-type: none"> A statement on the community safety vision and objective of the safety diagnosis project A list of safety topics A clear understanding of what information is required A set of well-planned methods for gathering, processing and analyzing the information 	<p>TAKE STOCK OF CRIME AND SAFETY IN THE LIFE SETTING</p> 	<p>A list of safety problems</p>

...continued on next page

Figure 1 Safety diagnosis procedure: step by step (cont.)

WHAT YOU NEED FOR EACH STEP	STEP	OUTCOME
<ul style="list-style-type: none"> • A list of safety problems • Key findings on the setting's geographic, human and economic characteristics and some of its physical characteristics related to housing 	<p style="text-align: center;">MAKE A DIAGNOSIS</p> <p style="text-align: center;">  </p>	<p>A diagnosis including a list of the problems and the social and physical conditions that are likely to affect the safety of the life setting</p>
<ul style="list-style-type: none"> • The diagnosis and all of the key findings on which it is based 	<p style="text-align: center;">VALIDATE THE DIAGNOSIS</p> <p style="text-align: center;">  </p>	<p>A diagnosis validated by a limited number of people, particularly those who played a role in making it, representatives of the target population and representatives of organizations likely to contribute to the action plan</p> <p>A FINAL REPORT</p>

Create the necessary conditions

SHARE BASIC CONCEPTS

Making a safety diagnosis usually involves the participation of a number of partners with specific mandates. These partners may have very different visions of safety and of the need for a safety diagnosis. As well, they usually have their own working methods that reflect their mandate, vision and expertise. To ensure that the activities involved in making a safety diagnosis run smoothly, it is important to make sure that all of the partners agree on a certain number of concepts. The following sections describe the main concepts that should be considered.

What is a safety diagnosis?

A safety diagnosis is a portrait of the safety situation in a life setting. As shown in Figure 2, the diagnosis takes into account the problems identified in taking stock of the setting's safety, as well as observations on the conditions that make the setting vulnerable, namely, the social and physical conditions that are likely to affect its safety. These conditions are identified on the basis of the setting's general portrait.

The diagnosis is based on an analysis of the information gathered through one or more methods, be it the analysis of statistical or factual data on crime and victimization, surveys, focus groups, interviews with key informants or direct observation. The methodology guides in this tool kit describe the various methods for gathering and analyzing this information. Ultimately, a safety diagnosis consists of a documented list of crime and safety problems that give cause for concern in a particular life setting. The diagnosis may also highlight vulnerability conditions that have to be considered in order to understand and eventually resolve the problems.

Why make a safety diagnosis?

Safety diagnoses may be made for several reasons. For example, they may be conducted to obtain general information about safety in a life setting as part of a strategic planning exercise. A case in point would be a municipality wanting to do a diagnosis with a view to using safety as an argument for attracting new residents or businesses. Diagnoses may also be made in response to citizens' concerns about their safety. In such instances, municipalities should have a fairly general understanding of the safety situation in their territory as a whole in order to better address citizens' concerns and adjust their public policies accordingly. Safety diagnoses may also be undertaken when police departments want to better tailor their services to community needs based on a general portrait of the main safety problems that have to be managed in all or part of the territory they serve. They may be required as well for taking action in particularly sensitive areas faced with a range of safety problems. In such instances, the diagnosis will focus on a smaller area such as a neighbourhood, a city block, a park, a street and so forth.

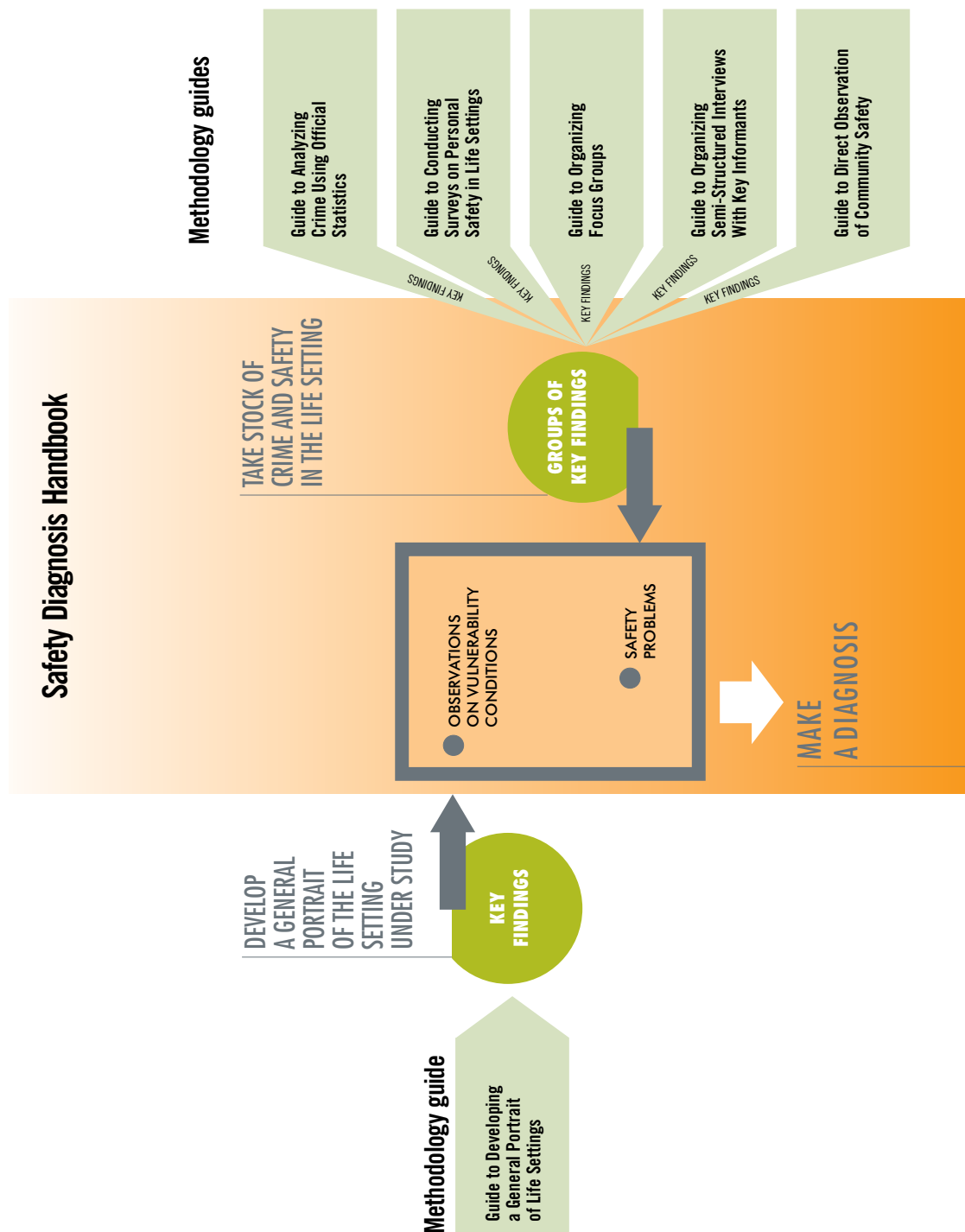


Figure 2 Procedure for making safety diagnoses using the guides in the tool kit

Lastly, safety diagnoses may also be conducted to find solutions for specific problems, such as drug trafficking, conjugal violence, breaking and entering, alcohol- or drug-impaired driving, disorder and incivility, and so forth. Such problems may affect all or part of the life setting under study. Moreover, since they are complex, often interrelated and frequently the product of common causes, it is a good idea to take a step back and look at them globally in the course of the diagnosis.

In short, safety diagnoses may be conducted in response to a range of different needs. The goal may be to encourage a community to address specific problems, or to listen to the safety concerns of the population and the organizations active there. It may also be to reach a consensus on action priorities within a working group so as to more easily engage the various partners involved. But regardless of what motivates the different partners, they must discuss what they would like to achieve so as to identify one or more objectives that reflect all of the needs expressed.

One step in a sequence...

Making a safety diagnosis is just one step in a sequence of activities that makes it possible to obtain a good grasp of the crime and safety problems in a life setting for the purpose of taking appropriate action. The diagnosis is made through several different activities, involving data collection, processing, and analysis. The final product is a list of safety problems that, ideally, has been validated and agreed upon.

Once a diagnosis has been made, the next step is to draw up an action plan.⁵ To that end, you have to look at how many problems the diagnosis has identified and, if there are too many, you will have to set priorities. To be realistic, an action plan should target only a limited number of problems. Therefore, we recommend that you set priorities before documenting the problems identified in greater depth (circumstances, causes, consequences, etc.). You will thus avoid gathering information not needed for the diagnosis and save time and energy.

5. See the document *Turning Safety Diagnoses Into Action Plans: A Guide for Local Communities* at www.crpssc.qc.ca.

Factors for a successful safety diagnosis

A clear political will

It is essential to obtain a political commitment from local authorities in regard to your safety diagnosis project, as they will be involved in the actions that must be taken to resolve some of the problems highlighted. Such a commitment may also lead to formal recognition of the safety diagnosis committee and procedure (official statement, municipal council or borough resolution, etc.).

A clearly defined group

The diagnosis must be made by a multi-disciplinary group of local partners who take an interest in safety issues. In addition to the people in charge of governance in the life setting under study (elected officials, administrators, etc.), you can enlist the participation of representatives of police organizations, the health and education sectors, recreation, municipal public works departments, and so forth. You should also consider getting community organizations and representatives of the private sector involved.

It is not always necessary to set up a new group, committee or issue table. In fact, it is often more realistic to use the structures already in place.

If you have not already done so, we suggest that you draw up a short list of the various organizations that might be interested in taking part in the diagnosis (stakeholder table). This list will allow you to ensure that the make-up of the proposed working group is appropriate. It will also be useful for identifying people who are likely to take part in some of the data gathering activities aimed at obtaining a broader understanding of the population's perceptions, opinions, expectations, reservations and interests as far as safety is concerned. Appendix 3 suggests a procedure for drawing up a stakeholder table.

Political will

Authorities can demonstrate that a real political will exists by putting their safety objectives in writing. These objectives might include:

- *foster the development of safe life settings;*
 - *bolster citizens' feeling of safety;*
 - *broaden public involvement in safety;*
 - *boost partner participation.*⁶
-

6. Based on Renée Levaque, *Safety in Life Settings. A Guide for Québec Municipalities*. Comité intersectoriel sur la sécurité dans les milieux de vie, Québec, 2nd edition, 67 pages and appendices [www.crpspc.qc.ca].

A working climate conducive to partnership

A climate conducive to partnership must be created in order to foster harmony among the members of the working group. For this purpose, certain values must be encouraged; for example:

- respect for individual differences and the strengths they bring to the group;
- openness to new perspectives, so as to better take into account the different interests of all the members. Organizations or individuals will probably be more inclined to take part in achieving a common goal if they see an advantage in it;
- honesty and transparency, so that the rules are clear to and accepted by everyone and a climate of trust and solidarity is created;
- pragmatism, so that the diagnosis can be made within a reasonable amount of time, taking available resources into account.

A partnership action diagnosis tool has been developed by a team of Québec researchers. The tool consists of 18 statements that can encourage people to work in partnership based on the values described here.⁷

A shared vision of safety

A shared vision of community safety will enable partners to discuss their objectives and priorities so that they can arrive at a common understanding of what constitutes a safe community and work together. Therefore, it is useful to discuss and gain a better grasp of how each partner defines community safety. For example, for some people, a safe community is one where there is no crime, while for others it is one where the roads are safe or the different groups making up the population live in harmony with each other. Although several different visions of safety may be adopted, it is preferable that the working group agree on a vision statement that will be supported by all of the partners. This vision statement will provide a frame of reference for determining what information is needed to make a safety diagnosis.

To develop a vision

The tool kit of the Réseau québécois des Villes et Villages en santé includes fact sheets and workshops to help communities develop their own vision of community safety

(see the section Amorcer la discussion – Définir une vision).⁹

In more concrete terms, a vision of community safety should be developed by having the various stakeholders think about the term "safe community" and define what they mean by it. This can involve asking them to describe the anticipated outcome of a safety improvement process, an ideal to be achieved⁸ or changes that have to be made. To be effective, a vision statement must be clear and concise, propose a positive vision and be supported by all partners.

7. The document *Outil diagnostique de l'action en partenariat* is available in electronic format at http://www.cacis.umontreal.ca/pdf/Outil_DX_%20partenariat.pdf.

8. Adapted from *Communities That Care. Community Planning Training. Developing Community-Level Outcomes*, Module 2. [http://www.sdr.org/ctcresource/Key%20Leader%20Information/Participant%20Guide/KLO_PG_mod2.pdf].

9. These Web pages are available for consultation at http://www.rqvvs.qc.ca/trousse_outils/toc.asp.

Table 1 provides two visions of community safety. It also presents, in the right-hand column, the practical consequences of choosing one vision over the other. It should be noted that these are just two examples of community safety visions and that a range of other options exist. Regardless of the vision you choose, the main thing is that it be shared by all the partners concerned.

Table 1 Sample vision statements

VISION STATEMENT	ANTICIPATED CONSEQUENCES OF THE VISION
<p>A safe community is one where people can go about their activities without fear of being the victim of a criminal act and where people of different ages, ethnic backgrounds, sexual orientation or religions live in harmony with each other.</p>	<p>With this vision, the diagnosis will be aimed at collecting information on social cohesion, crime and delinquency.</p>
<p>A safe community is one where hazards and conditions that can lead to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community.</p>	<p>Since this vision represents a broad view of safety, the diagnosis will consider not only crime and social cohesion problems, but also other problems related to accidents (alcohol-impaired driving, speeding, fire and drowning risks, unsafe bicycle facilities, etc.). In addition, this vision introduces the need to consider not only the physical consequences of a lack of safety, but also the psychological consequences. Lastly, it means that the diagnosis will focus not only on observable problems, but also on people’s perceptions and feeling of safety.</p>

OTHER EXAMPLES OF VISION STATEMENTS

- A safe community is one that offers people the services they need in order to feel safe.
- A safe community is one where people do not use violence and are not subjected to violence.
- A safe community is one where people are not likely to be victims of assault.
- A safe community is one where people feel safe.

DEFINE THE OBJECTIVE OF THE SAFETY DIAGNOSIS PROJECT

To define the objective of the safety diagnosis project, you must first reflect on why you want to conduct the diagnosis and how much time you have to do it in. The objective must also take into account the decisions made with regard to the target population and life setting.

Why are you conducting the diagnosis?

As explained in the section “Why make a safety diagnosis?”, you have to make sure that the reasons are clearly understood and approved by all the partners involved.

How much time do you have to do it in?

The amount of time you have for doing a diagnosis depends on its purpose, how urgent it is to act, the resources available and the size of the area under study. If the objective is to improve safety in a life setting, it is important to take concrete action rapidly in the field. Therefore, you must avoid getting bogged down in an overly long process that might result in participants losing interest. Generally speaking, all of the steps should be completed within six months so that an action plan can be drawn up and implemented. The successes and changes achieved along the way will help to keep your partners mobilized and motivated.

What is the target population?

You also have to define the population you want to study. For example, is it the population of the life setting as a whole or a specific clientele, such as vulnerable people, young people, women, adults or seniors?

What is the target life setting?

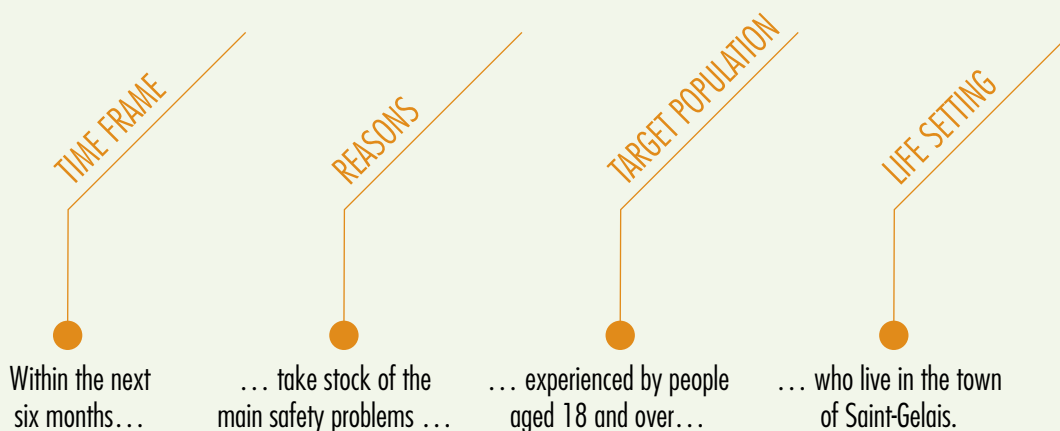
The diagnosis may concern the territory of an administrative unit (RCM, municipality, borough), an area used for a particular purpose or an area defined by the members of the community or the committee in charge of the diagnosis (neighbourhood, city block, area next to a commercial artery, park, etc.). The main thing is to clearly define the life setting’s limits and components (towns and cities in the case of an RCM, boroughs in the case of a large city, streets in the case of a smaller setting, etc.) and to describe adjacent areas, if applicable. The larger a life setting is, the more resources you will have to deploy to complete the diagnosis within a reasonable amount of time.

Once you have reflected on the above four questions, you will be ready to define the general objective of your safety diagnosis project. It should reflect the decisions made with regard to these questions (see the example in the box below).



The example of Saint-Gelais

Saint-Gelais' healthy cities and towns committee was asked to develop an action plan for improving the population's safety and feeling of safety, following a decision by the town council to develop a positive image of the community. Once the committee was sure that all the necessary partners were at the table, and it had adopted a common vision of community safety, it decided to undertake a safety diagnosis that would later serve as a basis for the action plan. The committee defined the following objective based on discussions about the purpose of the safety diagnosis project:



DETERMINE WHO WILL BE IN CHARGE OF THE DIAGNOSIS

It is important to decide from the outset which person or organization will be in charge of conducting the diagnosis, who that person or organization will report to and who will be presented with the results. Several scenarios are possible. For example, a committee might be placed in charge of the process as a whole and be asked to appoint someone to plan and coordinate the diagnosis activities.

Generally speaking, the person or organization in charge of conducting the diagnosis should report to a local governance structure or consultative authority as this will legitimize the process as a whole and provide access to the means for carrying out the various activities. The structure or authority you choose is very important since this body will be presented with the results of the diagnosis for the purpose of preparing and implementing an action plan. Depending on the life setting under study, the body may be a municipal or borough council, an RCM council, a public safety committee, a citizens' committee, a neighbourhood council, the administrative branch of an institution, and so forth. Regardless of the scenario you opt for, the lines of responsibility must be clearly defined and known to all of the parties involved.

Develop a general portrait of the life setting

To do a safety diagnosis for a particular life setting, you have to get to know the setting. This will enable you to gain a good understanding of its specific characteristics and provide a frame of reference for data collection activities. Although many parameters can be used to characterize a life setting, some warrant special attention in a process aimed at improving safety or preventing crime; for example, the setting's geographic, human and economic characteristics and some of its physical characteristics pertaining to housing. A better understanding of these characteristics will enable you to:

- share in general knowledge about the life setting under study;
- clearly define the setting in relation to the surrounding area and in terms of sectors of interest;
- ensure that all segments of the population are well represented;
- frame requests for information more precisely so as to obtain the data you need;
- better understand the specific characteristics of the life setting in relation to those of other settings;
- identify characteristics that will make it possible to determine the social and physical conditions likely to affect the safety of the life setting;
- formulate a message tailored to the different segments of the population.

It is important, therefore, to develop a general portrait of the life setting under study at the beginning of the diagnostic process. The *Guide to Developing a General Portrait of Life Settings*¹⁰ has been prepared to assist you with this task. It proposes a six-step procedure:

- plan the way in which the general portrait will be developed;
- process and analyze the information on the setting's physical characteristics;
- process and analyze the information on the characteristics of the population;
- process and analyze the information on the setting's economic characteristics;
- process and analyze the information on the characteristics pertaining to housing;
- identify the key findings about the setting's characteristics.

Developing a general portrait of a life setting can be fairly complicated depending on the size of the setting, the different groups represented in the population, the range of economic activities and so forth. Nonetheless, you must ensure that the information gathered will really be useful for the diagnosis. In addition, you have to avoid complicating the process, insofar as possible. Therefore, we suggest that you check to see if certain information is not already available.

Once you have developed the general portrait of the life setting targeted by the safety diagnosis, you will have identified the key findings about the setting's characteristics. These findings, coupled with the crime and safety issues identified (see the next section), will enable you to make a safety diagnosis, that is, to pinpoint the main problems and social and physical conditions that are likely to affect the safety of the life setting.

10. This guide is available on the Web site of the Québec Safety Promotion and Crime Prevention Resource Centre/Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (www.crpspc.qc.ca).

Take stock of crime and safety in the life setting

This step is central to the safety diagnosis for it involves identifying the safety problems encountered in the life setting. Special attention must be paid to available crime statistics and citizens' concerns. Generally speaking, the information needed for this step is collected from several sources, including private citizens, community leaders or representatives, administrative databanks, surveys and reports. The activities to be carried out at this stage must be carefully planned.

PLAN ACTIVITIES

What information do you need?

Discussions on the information you need must take into account the vision of safety selected at the start of the safety diagnosis project (reread “A shared vision of safety” in the section “Factors for a successful safety diagnosis”). The present tool kit focuses more specifically on the four safety topics mentioned earlier:

- crime and victimization;
- disorder and incivility;
- perception of safety and feeling of safety;
- assessment of public services.

You have to decide how many of these topics you will deal with in your diagnosis. In fact, you may even decide to add others. Appendix 4 contains a list of sample safety topics that can be considered in a safety diagnosis. The list can be used to foster group discussion or to guide personal reflection. It is not exhaustive, however, and other topics can be included.

What methods should be used to explore safety topics?

The method you choose to explore a particular topic depends on several factors: your objectives, the type of information you have to collect (e.g. sensitive information on victimization), the complexity of processing and analyzing the information, available resources (expertise, time and money) and the characteristics of respondents (e.g. literacy level, spoken and written languages, etc.).

Some victimization topics are particularly difficult to explore because of a lack of documentation, the relative infrequency of the phenomenon, the small number of offences reported and certain taboos (e.g. incest, violence against homosexual prostitutes, pedophilia, etc.) or because of the consequences to which victims expose themselves when they report such incidents (e.g. conjugal violence).

Table 2 summarizes some of the characteristics that should be taken into account when discussing what method to choose. Note that there is no ideal method; each has advantages and disadvantages. In fact, using a combination of several different methods will enable you to better understand the safety situation in a particular life setting and validate the information gathered.

Table 2 Comparison of the objectives, advantages and disadvantages of various methods for collecting data during safety diagnoses

Method	Objectives	Advantages	Disadvantages	Comments
SURVEYS ON PERSONAL SAFETY IN LIFE SETTINGS	<p>Help identify crime and safety problems as they are perceived by the population.</p> <p>Obtain a portrait of the main safety issues from information gathered from a sample of individuals in the population.</p> <p>Develop a portrait of how the population perceives safety issues (e.g. feeling of safety, victimization experience, assessment of services, avoidance and protective behaviour, and disorder and incivility).</p>	<p>Makes it possible to obtain a large enough sample for painting a representative portrait of the situation in a life setting.</p> <p>Makes it possible to compare information from different sub-groups within the population (e.g. men vs. women, young adults vs. seniors, people from Sector A vs. people from Sector B).</p> <p>Makes it possible to gather information in a uniform way.</p> <p>Can be implemented fairly rapidly.</p> <p>Can cover a wide range of topics, including victimization.</p>	<p>Can be fairly costly.</p> <p>Does not provide, in many cases, enough information for an in-depth understanding of the reasons behind the situations observed.</p>	<p>Requires expertise in quantitative analysis during both the survey design and data analysis phases.</p> <p>Usually reaches a larger number of people than other methods such as semi-structured interviews, direct community observation and focus groups. Also provides insight into a wide range of safety problems and is the best method for gathering information on victimization because it allows respondents to remain anonymous.</p>
FOCUS GROUPS	<p>Help identify crime and safety problems as they are perceived by the population or their representatives.</p> <p>Highlight viewpoints that are more explicit or more deeply rooted in a specific context than information gathered through closed questionnaires.</p> <p>Elicit the opinions of several stakeholders or groups so as to gain a better grasp of the similarities and differences between their opinions.</p>	<p>May provide a better understanding of the reasons behind the situations observed.</p> <p>Involves different stakeholders who might be mobilized for future action.</p> <p>Sheds light, through participant interaction, on the dynamics between different groups in the study area.</p> <p>Offers flexibility in gathering data from different groups.</p> <p>Can be organized at little cost.</p>	<p>Can deal with only a limited number of topics at a time (no more than three or four per session).</p> <p>Does not constitute the most appropriate forum for discussing certain topics (e.g. violent victimization).</p> <p>Does not necessarily provide a representative portrait of the life setting concerned.</p>	<p>Requires specific expertise for analyzing qualitative data.</p> <p>Requires skilled facilitators to ensure that all participants have a chance to express themselves openly.</p> <p>Entails variable costs depending on the number of focus groups organized and the expertise available for analyzing the qualitative data collected during the sessions.</p>

Method	Objectives	Advantages	Disadvantages	Comments
SEMI-STRUCTURED INTERVIEWS WITH KEY INFORMANTS	<p>Assist with the process of identifying crime and safety problems as they are perceived by representatives of the population, safety experts or other key informants.</p> <p>Highlight viewpoints that are more explicit or more deeply rooted in a specific context than information gathered through closed questionnaires.</p> <p>Elicit the opinions of several stakeholders on the safety of their life setting.</p>	<p>Captures perceptions about the causes of the situations observed.</p> <p>Provides an opportunity to determine if key informants are interested in participating in future stages of the project.</p> <p>Provides a means of contact with groups represented by key informants, where applicable.</p> <p>Makes it possible, due to the open-ended format of interviews, to capture key informants' perceptions while keeping interviewers' influence to a minimum.</p> <p>Can be organized at little cost.</p>	<p>Does not necessarily provide a representative portrait of the life setting concerned.</p>	<p>Due to the subjective nature of opinions, should be conducted with key informants likely to express the full range of viewpoints found in the life setting under study.</p> <p>Requires specific expertise for analyzing qualitative data.</p> <p>Entails variable costs depending on the number of interviews conducted and the expertise available for analyzing the qualitative data collected.</p>
DIRECT OBSERVATION	<p>Obtain information on certain characteristics of a life setting's physical environment, without intermediaries.</p> <p>Obtain information on certain behaviours in a life setting, without intermediaries.</p> <p>Obtain more detailed information on disorder and incivility in certain areas, taking into account the characteristics of the built environment and the use of certain areas.</p>	<p>Makes it possible to obtain more explicit or more meaningful information from concrete examples observed in the field.</p> <p>Provides more in-depth understanding of the situation in the field.</p> <p>Produces less biased and subjective results than consultations with individuals, due to the lack of intermediaries.</p> <p>Can be carried out at little cost.</p>	<p>Can be used to explore only a limited number of topics, primarily the built environment and disorder and incivility.</p> <p>Can be used to study only situations that occur in areas accessible to the general public.</p>	<p>Entails variable costs depending on the number of observation sessions.</p>

4
STOCK-TAKING

One data collection method not discussed in Table 2 is the analysis of existing documents. Such documents may be official publications put out by various organizations, administrative documents such as annual reports, unpublished in-house reports, or newspaper and magazine articles. These documents may be useful even if they have been prepared for purposes other than safety diagnoses. However, should you decide to use them, you must make sure that the information they contain:

- *concerns the study area;*
- *is up to date;*
- *does not have to be modified due to recent events.*

Probably the most efficient way to identify appropriate documents is to talk to your partners.

to go back three, five or more years? A number of considerations can help you decide what would be the best period to cover: the availability of information, the frequency of pertinent events (the less often such events occur, the longer the period that will have to be covered), the resources available for gathering the information, and so forth. Moreover, if you want to detect trends, you have to cover at least three different periods (e.g. three different census years).

In short, you must decide on a time frame for your study depending on the topics to be explored and the method or methods chosen for that purpose. Although we suggest that you cover more or less the same time period with each of the methods you select, it is not always necessary or even possible to do so. All decisions made in this regard can be entered in the far right-hand column of the table in Appendix 4.

Once you have clearly identified the topics you want to cover in the safety diagnosis and have reviewed the different methods available for exploring them, you must decide which method is the most appropriate for each topic. For this purpose, you can refer to the same tool you used to choose the topics (Appendix 4).

When you plan the data collection process, you have to consider certain biases that can skew the portrait you obtain. These biases often stem from the fact that it is impossible to gain equal access to information from all of the sub-groups in a population. For example, if your diagnosis targets the entire population of a life setting and you use focus groups as your information source, some sub-groups, such as young people, ethnic communities and the disabled, will not spontaneously respond to a public appeal to take part in a focus group. Therefore, you may have to hold specific focus groups for these sub-groups or use other data collection methods.

What period should the information cover?

A safety diagnosis is aimed at assessing the safety problems in a life setting at a particular point in time. Of course, the assessment is based largely on the community's past experience. Therefore, you have to decide what period is to be covered by the information gathered for the diagnosis. For example, do you want the analysis of crime data

How should you proceed?

You should now draw up a plan for implementing the activities needed to take stock of safety in the life setting, making sure it takes into account all of the decisions you have made thus far. Appendix 5 contains a sample implementation plan showing all of the activities that might be carried out at this stage. For each of the activities you select, we suggest that you identify the person or organization in charge, indicate the budget required, name the support resources, set a start and an end date and describe the anticipated end product(s). The following sections outline a procedure that can be used for preparing this type of plan.

Decide which activities will be carried out

If you have used the tool proposed in Appendix 4, you already know what methods you will employ to explore each of the safety topics selected. You now have to decide, on the basis of these methods, what activities you will carry out. For example, if your working group wants to analyze official crime statistics in order to explore all of the issues relating to crime, victimization, disorder and incivility in the target life setting, if it wants to conduct interviews with key informants and a survey in order to gain a better grasp of how the population perceives these issues, and if it wants to use direct observation to gain better insight into the problems of disorder and incivility, the working group must explain in detail what data collection, processing and analysis activities will be used with each of these methods.

Determine what financial, human and material resources are required

The financial, human and material resources devoted to carrying out the activities selected will depend on the availability of these resources and the extent to which they are needed to conduct the safety diagnosis project. If there is a major gap between the two, you will have to make choices: either abandon certain activities or find additional resources by raising funds, enlisting the support of sponsors, collaborators or partners, and so forth. In addition, you will have to name a lead person for each of the activities to be performed and ensure that potential collaborators will follow through on their commitments.

Activity schedule

You will have to draw up a schedule indicating the time and duration of each activity. Generally speaking, you must also ensure that the activities follow a logical order. For example, before you can decide on the focus of a survey, you may have to consult crime statistics from police departments or the ministère de la Sécurité publique.¹¹ The schedule also has to take into account the amount of time required to carry out each activity and the constraints imposed on the people or groups involved. Ideally, no more than six months should be devoted to making a safety diagnosis (see the section “Define the objective of the safety diagnosis project”). To respect this time frame, you should take one month to develop a general portrait of the life setting under study, four months to take stock of the setting’s crime and safety problems and one month to make and validate the diagnosis and write a report.

11. See the *Guide to Analyzing Crime Using Official Statistics of the Safety Diagnosis Tool Kit for Local Communities* to find out how the ministère de la Sécurité publique analyzes crime and identifies the most worrisome problems in a given area. The guide also explains how to request analyses of official crime statistics from the department.

CARRY OUT PLANNED ACTIVITIES

Once you have completed the previous step, you will have a plan for taking stock of safety in the life setting under study. This plan will describe the various activities that must be performed in order to collect, process and analyze the information you require. Moreover, you will now be aware of the topics that will be explored with each of the data collection methods selected. For example, you will know that you are going to study crime and victimization and disorder problems through interviews and a survey. You will also know that you are going to document crime and victimization through official statistics, and disorder problems through direct observation. The various methodology guides in the safety diagnosis tool kit contain all the information you need to help you plan and carry out your activities (see Appendix 2). They also suggest ways to process and analyze the data you gather so as to highlight key findings about public safety.

Ethical issues inevitably come up when you gather, process and analyze information on problems as sensitive as those pertaining to safety and victimization, and these issues should be kept in mind throughout the entire process. Therefore, we recommend that you reflect on the kinds of delicate situations that can arise so that none of the people taking part in the diagnosis are adversely affected. The adjacent box can

Ethical principles that should be adhered to:

- *respect for human dignity;*
 - *consideration of the vulnerability
of certain people;*
 - *respect for free and informed
consent;*
 - *respect for privacy and personal
information;*
 - *maximization of advantages and
minimization of disadvantages for
the population.*
-

help to guide your reflection in this regard, as it contains a number of ethical principles that should be adhered to. To learn more, we recommend that you read Appendix 6 on the ethical issues that should be considered in a safety diagnosis.

Once you have finished gathering, processing and analyzing the data with the various methods selected, you will have a series of key findings on which to base your safety diagnosis. The following section suggests a method for synthesizing and summarizing this information.

IDENTIFY SAFETY PROBLEMS

Once your working group has carried out the planned activities, it will have access to a series of key findings derived from the information gathered with each of the methods used for the safety diagnosis. To adequately understand the safety problems in a life setting, an effort must be made to synthesize and summarize these findings. Since this step requires good judgment based on in-depth knowledge of the life setting and its population, it is best carried out in a group.

When several key findings are related to the same problem, they must be grouped together. This involves classifying the information according to various criteria and organizing the crime and safety problems by topic (rape, conjugal violence, feeling of safety, etc.), clientele (young people, seniors, women, etc.) or setting (park, street, sector, school, etc.). This can be done in several different ways. One possible approach is illustrated by the following key findings analysis.

Key findings reflect important realities that should be singled out. The importance of these realities derives from their frequency (the number of times they occur and their repetitive nature), the perceived seriousness of their consequences, the fact that they represent a trend (e.g. an ever-growing problem), their unusual nature and so forth. A key findings statement can be formulated in different ways, referring to the When? What? Where? Who? or How?



The example of Saint-Gelais

When the safety diagnosis committee of the town of Saint-Gelais planned its safety diagnosis project, it decided to explore the topics of crime and victimization, disorder and incivility, and the feeling of safety. To clearly define the safety issues related to these topics, the committee also decided that information would be gathered from several different sources using the methods best suited to the sources concerned (surveys, semi-structured interviews, focus groups, direct observation, and analysis of existing documents, including a report by the ministère de la Sécurité publique on reported crime).

The key findings¹² derived from the information collected with the different methods were entered in a table (see following pages). The safety topic, clientele and setting concerned were specified for each key finding. The clientele, in this case, consisted of the people who were affected by a particular problem rather than those who caused it. For easier processing, the person or organization in charge of the diagnosis used an electronic spreadsheet to group the information according to various criteria. When several key findings were similar, they were combined into one. Since the key findings were derived from information gathered

12. The key findings in this example were taken in part from examples given in the information processing and analysis sections of the four methodology guides of the *Safety Diagnosis Tool Kit for Local Communities: Guide to Conducting Surveys on Personal Safety in Life Settings, Guide to Organizing Focus Groups – 2nd edition, Guide to Organizing Semi-Structured Interviews With Key Informants – 2nd edition and Guide to Direct Observation of Community Safety – 2nd edition*. We have added other key findings based on meaningful information derived from existing documents and from an analysis of official crime statistics by the ministère de la Sécurité publique. This example of Saint-Gelais is fictitious.

with different methods, a code identifying the method used was assigned to each finding in order to trace its origin. This was designed to enable the committee to return to the raw data so as to clarify the way a key finding should be worded or to understand subtle differences in meaning.

The key findings were first classified by topic in order to identify the safety problems. They were then grouped for each topic by place or clientele in order to highlight similar findings. The resulting groups of key findings were presented to the members of the safety diagnosis committee, who then discussed them and formulated the following eight problems:

- ❶ theft problem (breaking and entering) in the municipality, especially in the North District;
- ❷ shoplifting problem in the commercial district;
- ❸ several signs of disorder and incivility in the commercial district, related in particular to the presence of abandoned buildings and certain disruptive behaviour (people making noise at night);
- ❹ numerous disorder and incivility problems in the South District, especially in the park, related to intimidating or disruptive behaviour by certain groups of young people;
- ❺ problem of conjugal violence in the South District;
- ❻ problem of violence and intimidation at the school in the South District;
- ❼ speeding problem in several parts of the municipality;
- ❽ limited feeling of safety among seniors, related especially to disorder caused by certain groups of young people in certain places (park).

Grouping the key findings by clientele (table not shown here) revealed that seniors, women and young people were affected the most often by the problems identified.

Grouping the key findings by place (table not shown here) revealed three concentrations of problems in three different places:

- ❑ concentration of safety problems in the South District: violence and intimidation at school, conjugal violence, feeling of safety, road safety, physical and social disorder (graffiti, vandalism, disruptive behaviour, use of drugs and alcohol in public places);
- ❑ concentration of theft problems in the North District, primarily theft in secondary residences;
- ❑ concentration of safety problems in the commercial district, including speeding, physical and social disorder, and theft.

The process of taking stock of safety in the town of Saint-Gelais identified eight safety problems, three clienteles that were particularly affected by the problems and three areas where the problems were concentrated. These results, along with the social and physical conditions defined in the general portrait of the town, will be used in the next section to make a safety diagnosis.

Classification of the key findings derived from information gathered in taking stock of safety in the town of Saint-Gelais

Key findings	Topic	Clientele	Place	Safety problem
<ul style="list-style-type: none"> Upward trend in property crime in the past three years, according to the municipality. [annual report by the municipality] 	Property crime	General population	Municipality	<p>1</p> <p>Theft problem (breaking and entering) in the municipality, especially in the North District.</p>
<ul style="list-style-type: none"> Higher breaking and entering rate in the municipality than in the region and in Québec as a whole. [MSP] 	Offences against property	General population	Municipality	
<ul style="list-style-type: none"> Increase reported by the police last year in complaints about breaking and entering during the winter in the part of the municipality where secondary residences are located. [police department report] 	Breaking and entering	Seasonal residents	Municipality	
<ul style="list-style-type: none"> Problem of theft during breaking and enterings in secondary residences in the North District. [Ss] 	Theft	General population	North District	
<ul style="list-style-type: none"> Breaking and enterings in secondary residences, according to key informants. [I] 	Theft	Seasonal residents	Lake sector	
<ul style="list-style-type: none"> Breaking and enterings in secondary residences, according to focus group participants: check to see if the problem emerges from data collected using other methods. [F] 	Theft	Seasonal residents	Lake sector	
<ul style="list-style-type: none"> Shoplifting problem in certain stores on Main Street. [I] 	Theft	Store owners	Commercial district	<p>2</p> <p>Shoplifting problem in the commercial district.</p>
<ul style="list-style-type: none"> Some thefts due possibly to a drug use problem: check to see if the problem emerges from data collected using other methods. [I] 	Theft	General population	Municipality	

Legend

- MSP Report by the ministère de la Sécurité publique du Québec on reported crime.
- Ss Key finding derived from the safety survey conducted during the diagnosis.
- I Key finding derived from semi-structured interviews.
- F Key finding derived from focus groups.
- O Key finding derived from direct observation of the life setting.

Key findings	Topic	Cientele	Place	Safety problem
<ul style="list-style-type: none"> Higher rate of wrong-doing in the municipality than in the region and in Québec as a whole. [MSP] 	Offences against property	General population	Municipality	<p>3</p> <p>Several signs of disorder and incivility in the commercial district, related in particular to the presence of abandoned buildings and certain disruptive behaviour (people making noise at night).</p>
<ul style="list-style-type: none"> Higher rate of drugs and narcotics offences in the municipality than in the region and in Québec as a whole. [MSP] 	Drugs and narcotics offences	General population	Municipality	
<ul style="list-style-type: none"> Possible disorder problem in the commercial district: check to see if the problem emerges from data collected using other methods. [I] 	Disorder	General population	Commercial district	
<ul style="list-style-type: none"> Built environment in a poor state (abandoned buildings, lighting, graffiti, etc.) and disruptive behaviour along the western part of Main Street. [O] 	Disorder	General population	Commercial district	
<ul style="list-style-type: none"> Residents bothered by disturbance of the peace at night on streets next to Main Street [municipal complaints register] 	Disorder	General population	Commercial district	
<ul style="list-style-type: none"> Concerns about people coming and going in the vicinity of abandoned buildings on Main Street. [municipal complaints register] 	Disorder	General population	Commercial district	
<ul style="list-style-type: none"> Disorder caused by young people in the park. [F] 	Disorder	General population	Park	<p>4</p> <p>Numerous disorder and incivility problems in the South District, especially in the park, related to intimidating or disruptive behaviour by certain groups of young people.</p>
<ul style="list-style-type: none"> Badly maintained and poorly used park. [O] 	Disorder	General population	Park/South District	
<ul style="list-style-type: none"> Increase in the cost of repairing play equipment in the park because of vandalism. [report by the municipal public works department] 	Disorder	General population	Park	
<ul style="list-style-type: none"> Numerous instances of inappropriate behaviour (rudeness, intimidation, failure to obey municipal by-laws, etc.) in the South District. [O] 	Disorder	Women	South District	
<ul style="list-style-type: none"> Disorder in the South District, mainly in the form of vandalism and the sale or use of drugs in public places. [Ss] 	Disorder	General population	South District	
<ul style="list-style-type: none"> Major graffiti problem in and around the comprehensive school. [O] 	Disorder	General population	South District/ Comprehensive school	

Legend

- MSP Report by the ministère de la Sécurité publique du Québec on reported crime.
 Ss Key finding derived from the safety survey conducted during the diagnosis.
 I Key finding derived from semi-structured interviews.
 F Key finding derived from focus groups.
 O Key finding derived from direct observation of the life setting.

Key findings	Topic	Clientele	Place	Safety problem
<ul style="list-style-type: none"> Higher rate of assault in the municipality than in the region and in Québec as a whole. [MSP] 	Offences against the person	General population	Municipality	5 Problem of conjugal violence in the South District.
<ul style="list-style-type: none"> Possible conjugal violence problem: check to see if the problem emerges from data collected using other methods. 	Conjugal violence	General population	South District	
<ul style="list-style-type: none"> Problem of conjugal violence in the South District. [Ss] 	Conjugal violence	General population	South District	
<ul style="list-style-type: none"> Young people subjected or exposed to various types of violence at school or at home. [I] 	Violence	Young people	School / South District	6 Problem of violence and intimidation at the school in the South District.
<ul style="list-style-type: none"> Potential violence problem at school: check to see if the problem emerges from data collected using other methods. [F] 	Violence	Young people	School / South District	
<ul style="list-style-type: none"> High rate of intimidation reported in the South District elementary school. [school board report] 	Violence	Young people	School / South District	
<ul style="list-style-type: none"> Concerns expressed by parents from the South District about road safety, particularly because of speeding and chaotic traffic near the school. [I] 	Road safety	Young people	School / South District	7 Speeding problem in several parts of the municipality.
<ul style="list-style-type: none"> Speeding on Main Street. [I] 	Road safety	General population	Commercial district	
<ul style="list-style-type: none"> Speeding in the commercial district near the Manoir (seniors' residence). [I] 	Road safety	Seniors	Commercial district	
<ul style="list-style-type: none"> Concerns expressed by pedestrians and cyclists about their safety on the district's streets because people drive too fast and can now turn right on the red light. [F] 	Road safety	General population	South District	
<ul style="list-style-type: none"> Road safety: the problem that gives rise to the most concern among the population of the municipality. [Ss] 	Road safety	General population	Municipality	
<ul style="list-style-type: none"> Speed limit exceeded by more than 20 km/h in the vicinity of the South District elementary school by 20% of drivers. [report by the municipal police department] 	Road safety	Young people	School / South District	

Legend

- MSP Report by the ministère de la Sécurité publique du Québec on reported crime.
 Ss Key finding derived from the safety survey conducted during the diagnosis.
 I Key finding derived from semi-structured interviews.
 F Key finding derived from focus groups.
 O Key finding derived from direct observation of the life setting.

4 STOCK-TAKING

Key findings	Topic	Cientele	Place	Safety problem
<ul style="list-style-type: none"> Feeling of insecurity among seniors when they are at home or go out after dark. [I] 	Feeling of safety	Seniors	Municipality	<p>8</p> <p>Limited feeling of safety among seniors, related especially to disorder caused by certain groups of young people in certain places (park).</p>
<ul style="list-style-type: none"> Feeling of insecurity among seniors because of activities engaged in by young people in the park. Probable link with the key findings pertaining to disorder and incivility. [F] 	Feeling of safety	Seniors	Park	
<ul style="list-style-type: none"> Feeling of insecurity among seniors when they go out after dark. [F] 	Feeling of safety	Seniors	Municipality	
<ul style="list-style-type: none"> High rate of insecurity among seniors in the municipality, as shown by protective behaviour and mistrust of young people. [Ss] 	Feeling of safety	Seniors	Municipality	
<ul style="list-style-type: none"> Feeling of insecurity among seniors when they visit the park in the South District. [Ss] 	Feeling of safety	Seniors	South District/ Park	
<ul style="list-style-type: none"> High rate of insecurity among women in the South District. [Ss] 	Feeling of safety	Women	South District	Probable consequence of problems 3 and 6 .

Legend

- MSP Report by the ministère de la Sécurité publique du Québec on reported crime.
- Ss Key finding derived from the safety survey conducted during the diagnosis.
- I Key finding derived from semi-structured interviews.
- F Key finding derived from focus groups.
- O Key finding derived from direct observation of the life setting.

Make a diagnosis

This is the last step in the safety diagnosis procedure, and it is based to a large extent on a deliberative process. Therefore, as in the case of the previous step, it should be carried out in a group.

As explained in the definition at the beginning of this handbook, making a safety diagnosis involves compiling a list of problems and vulnerability conditions (see Figure 3).

Thus far, the process of taking stock of safety in the life setting has enabled you to identify the main safety problems encountered there. Similarly, the general portrait you developed of the setting has enabled you to pinpoint conditions that might make it vulnerable as far as safety is concerned (reread the section “Develop a general portrait of the life setting”). You now have to combine these two sets of information. Although many conditions can affect the safety of a life setting, a number of studies suggest that some conditions have a greater impact than others, namely, age structure, economic characteristics and housing characteristics. These conditions and their effect on safety are summarized in Table 3.

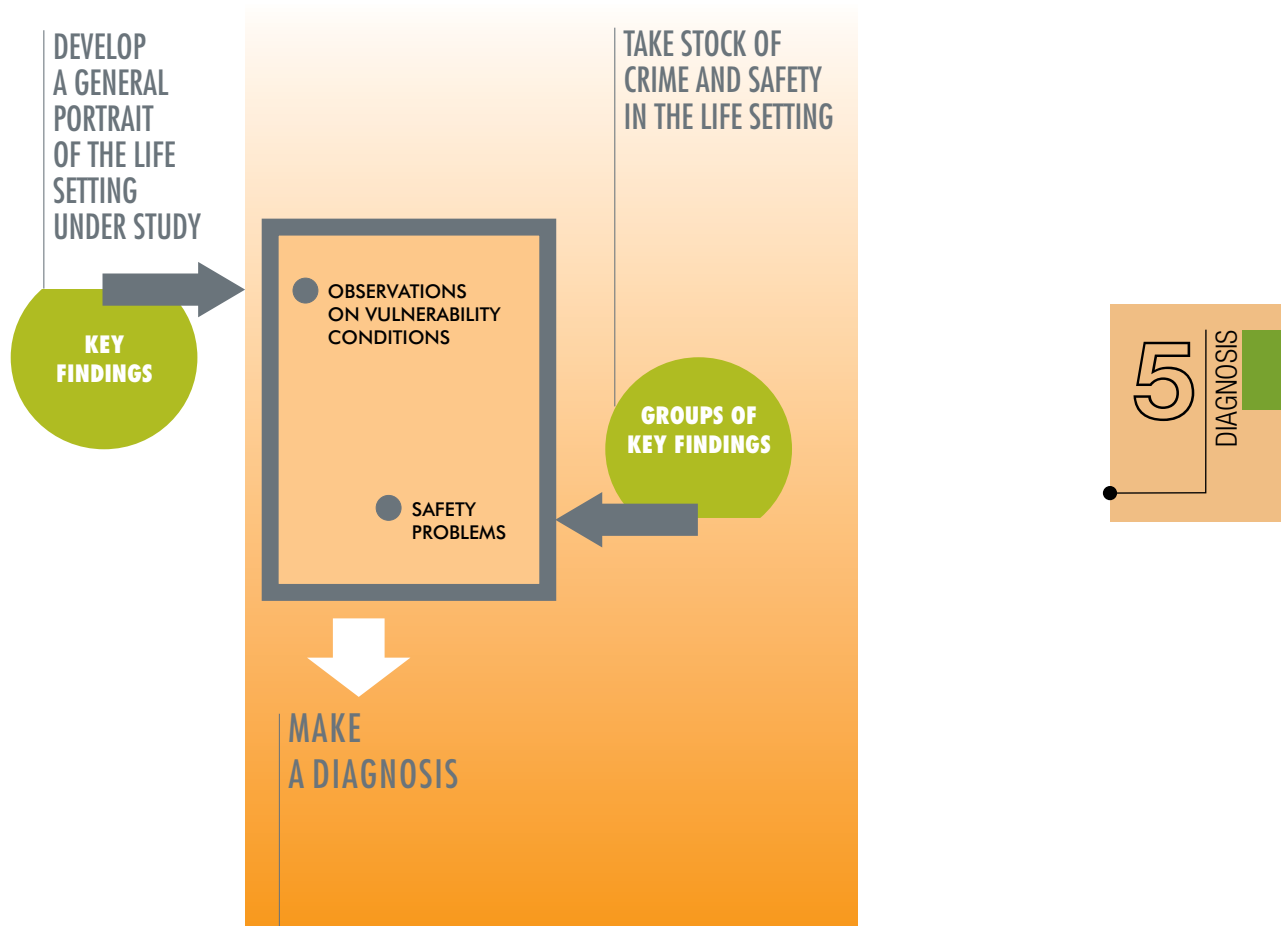


Figure 3 Safety diagnosis procedure

Table 3 Vulnerability conditions in life settings and probable links to crime, the feeling of safety and disorder¹³

Vulnerability conditions	Probable links
Age structure of the population	<p>The age structure of a population might be associated with crime. According to some authors, the more young people there are in a population, the more the population will be subject to crime. Therefore, it is a good idea to look at the age structure of the population in a life setting as it may provide some insight into how vulnerable the setting is with regard to safety and crime, especially property crime.</p>
Economic characteristics	<p>Income Indicators related to poverty and socioeconomic disadvantage can affect the type of crime encountered in a given setting, as well as the population's perception of crime and safety. In fact, the link between these indicators and violent crime seems to be even stronger than it is with crime against property. Low income and median income are two factors that seem to be particularly relevant in a safety diagnosis.</p> <p>Unemployment rate The scientific literature often associates a population's unemployment rate with crime. Indeed, most of the studies consulted in preparing this handbook report that the higher the unemployment rate is in a population, the more the population will be subject to crime and disorder.</p>
Housing characteristics	<p>Housing tenure Areas with a high percentage of dwellings occupied by owners are apparently less subject to crime, especially property crime, than areas with a high proportion of tenants.</p> <p>Type and condition of housing Certain characteristics related to housing type and condition may be indicators of an area's vulnerability in regard to safety. Multiple dwelling housing creates residential instability, which is not very conducive to social cohesion and the development of a sense of belonging or a climate of mutual aid. Poorly maintained housing can affect people's feeling of safety since a high number of dilapidated dwellings can give rise to an impression of disorder.</p>

13. From J. Laforest, *Indicateurs de vulnérabilité associés à la sécurité d'un territoire*, Institut national de santé publique du Québec, 2007.

Although each of the aforementioned conditions is important, it is their cumulative impact that really determines how safe a life setting will be. However, caution must be exercised in interpreting these conditions, for the fact that two variables are associated with one another does not necessarily mean that one causes the other. For example, many studies report that an overrepresentation of young people in the age structure of a population seems to be linked to increased crime in the life setting concerned, but this does not necessarily mean that young people are responsible for the rise in crime. The link may simply be due to the fact that young people tend to be victims of crime more often than older people. In addition, a relationship has been shown to exist between crime and a high proportion of tenants in a neighbourhood. However, this does not mean that the tenants are responsible for the offences committed. Instead, the determining factors could be residential instability and social disorganization.

In other words, the information derived from the general portrait of a life setting cannot be interpreted mechanically if you are to determine what conditions make the setting vulnerable with respect to its safety. The extent to which the vulnerability conditions defined in the general portrait are serious must be determined in light of the characteristics of the setting and other information concerning, in particular, its safety problems. For example, if there is a high proportion of tenants in the life setting and a high rate of breaking and entering, it might be a good idea to consider whether the breaking and entering problem is associated with the greater social disorganization caused by residential mobility rather than with the large number of tenants. Similarly, if there is a high proportion of young people and a high crime rate, it is worth exploring several hypotheses on how these two variables interact.

A given vulnerability condition may be connected to one or more problems. For instance, the state of housing in a life setting may be associated with crime, the feeling of safety, and disorder and incivility. Conversely, a particular problem may be associated with one or more vulnerability conditions. For example, crime may be related to the life setting's age structure, economic characteristics and certain housing characteristics.

It is also important to avoid falling into the trap of stereotyping and prejudice when you identify a life setting's vulnerability conditions. As well, you have to avoid ostracizing or stigmatizing certain groups.

Therefore, to determine how one of the key findings derived from a life setting's general portrait is related to the setting's safety, you need to view the finding from the kind of global perspective that only a group of local stakeholders familiar with the setting can provide. There is no magic formula; you have to rely on the exchange of views within this group to make a diagnosis.



The example of Saint-Gelais

The safety diagnosis committee examined the following key findings derived from the general portrait of the life setting, against the backdrop of the problems identified in taking stock of the setting's safety:

- ❑ The age structure shows that 15- to 24-year-olds are overrepresented in the population compared to the proportion observed in Québec as a whole.
- ❑ Although median income in the municipality is comparable with that in Québec as a whole, it is much lower in the South District.
- ❑ A high rate of unemployment is also observed in the South District.
- ❑ When the secondary residence sector in the North District is excluded, the proportion of households that own a dwelling is less than in Québec as a whole.

After reflecting on the question of age structure, the committee decided that the high proportion of 15- to 24-year-olds was an asset rather than a problem for the community. Even though it is true that certain safety problems involve youth, the latter play an active role in different spheres of community life (youth centre, sports, scouts and guides, etc.). The committee also decided that the presence of so many young people in the community should be viewed as a challenge rather than the source of all of the community's problems. An effort should be made to channel the excess energy of these youngsters in constructive ways for the community.

In regard to the three other key findings, the committee saw them as being closely related. These findings reflect to some extent "the community's economic vulnerability", especially in the South District, following the closure of two factories over the past five years. Therefore, this vulnerability condition was singled out in the diagnosis.

After completing all of the steps in the safety diagnosis procedure, the committee made the following diagnosis:

SAFETY PROBLEMS

1. Theft problem (breaking and entering) in the municipality, especially in the North District.
2. Shoplifting problem in the commercial district.
3. Several signs of disorder and incivility in the commercial district, related in particular to the presence of abandoned buildings and certain disruptive behaviour (people making noise at night).
4. Numerous disorder and incivility problems in the South District, especially in the park, related to intimidating or disruptive behaviour by certain groups of young people.
5. Problem of conjugal violence in the South District.
6. Problem of violence and intimidation at the school in the South District.
7. Speeding problem in several parts of the municipality.
8. Limited feeling of safety among seniors, related especially to disorder caused by certain groups of young people in certain places (park).

PROBLEMS RELATED TO CLIENTELES

9. Concentration of safety and perceived insecurity problems among seniors, women and young people.

PROBLEMS RELATED TO SPECIFIC PLACES

10. Concentration of safety problems in the South District: violence and intimidation at school, conjugal violence, feeling of safety, road safety, physical and social disorder (graffiti, vandalism, disruptive behaviour, use of drugs and alcohol in public places).
11. Concentration of theft problems, primarily theft in secondary residences, in the North District.
12. Concentration of safety problems, including speeding, physical and social disorder and theft, in the commercial district.

VULNERABILITY CONDITIONS

13. Economic vulnerability, particularly in the South District.

Validate the diagnosis

You now have a safety diagnosis that includes a list of problems as well as one or more vulnerability conditions related to the safety of the life setting under study. In all likelihood, the diagnosis was made with the help of at least some representatives of the population, if not with the help of the population as a whole. Organizations able to play an important role in ensuring the population's safety may also have lent a hand.

At this point in the safety diagnosis procedure, the goal is not to call the diagnosis into question, but to validate the interpretation of the facts derived from all the information collected with the different methods employed (interviews, surveys, direct observation, focus groups, etc.). To that end, the information used to make the diagnosis must be disseminated. A practical and probably quite satisfactory approach – and one that could be taken in the example of Saint-Gelais – would be to distribute the key findings table, the list of problems drawn from it and the final diagnosis to the people who have been asked to take part in the validation process. You should not aim for widespread distribution of the diagnosis, as it might be dangerous to submit a list of problems to a large number of people and the media without first reflecting on possible solutions and implementation methods (action plan). Instead, you should transmit the diagnosis to only a limited number of people, particularly those who helped to make it, representatives of the population and representatives of organizations likely to contribute to the action plan.

To ensure that the validation process is successful, it is a good idea to plan it carefully. Answering the following questions may prove helpful in this regard:

- Who will be involved in the process (citizens, decision makers, administrators, politicians, partners, target groups, business people, etc.)?
- What strategies or means will be deployed (formal meetings, focus groups, community forums, mailings, Web site feedback, etc.)?
- Who will be in charge (the working group, a particular person, etc.)?
- When will the diagnosis be validated?
- What budget will be required?

Regardless of the strategies and means used to validate the diagnosis, at least four questions must be answered:

- Do the people who have been asked to participate in the validation process think the diagnosis accurately reflects the safety problems encountered in the life setting?
- Have any major problems been overlooked?
- To what extent do the people agree with each of the statements included in the diagnosis?
- Is there any information that should be added with regard to these problems?

Although the validation process will not completely alter a diagnosis made using the systematic procedure described in this handbook, it will no doubt help to complete or adjust the content, where necessary. Moreover, it will inform local stakeholders of the diagnosis results and thus create the conditions needed to mobilize the main partners and take action.

Lastly, even though safety diagnoses are not aimed at selecting the problems that will be addressed by an action plan, their validation may provide you with an opportunity to discover which issues are most important to the target population.

Once the validation process is complete, you should write a report containing: a brief description of the reasons for the diagnosis, the vision of safety adopted, the objective of the procedure, the safety topics selected, the information sources, the methods used to collect, process and analyze the data, the validation method, and the key findings derived from the general portrait of the target life setting and from the description of the safety problems encountered there. The last part of the report should discuss the principal safety problems identified and the setting's main vulnerability conditions.



In short...

A safety diagnosis may be conducted to address citizens' concerns about their safety, gain a better grasp of specific problem situations or acquire general knowledge about the safety of a life setting as part of a strategic planning exercise. Regardless of the objective, the diagnosis must be based on local realities, which means that data must be collected from local sources. A systematic procedure must be followed for this purpose so as to avoid getting bogged down in too much information. The procedure also makes it easier to process the information collected and ensures that it will be analyzed properly, which in turn ensures that only relevant problems will be singled out for intervention. The complexity of a safety diagnosis depends on the reasons for which it is undertaken, the means used, the context in which it is carried out and the magnitude of the safety problems. This tool kit is designed to assist working groups with the procedure and, to that end, it proposes a number of tools that can help them to collect, process and analyze pertinent information. These tools must of course be adapted to each situation. Once a diagnosis has been made, we strongly recommended that it be validated. You will then be able to translate the results into an action plan.¹⁴

14. A guide has been prepared to assist with the process of translating diagnoses into action plans: *Turning Safety Diagnoses Into Action Plans: A Guide for Local Communities*. It is available for consultation at www.crpspc.qc.ca.

Appendix 1

Definition of the topics covered by the safety diagnosis tool kit



Definition of the topics covered by the safety diagnosis tool kit

CRIME AND VICTIMIZATION

Crime and victimization are topics that cannot be ignored. In fact, they are often the first concerns that come to mind in regard to the safety of a life setting. Since they have a direct impact on the setting's social peace and cohesion, they affect the population's quality of life to varying degrees.

Crime is defined as offences under federal legislation, particularly the *Criminal Code* and laws respecting drugs and narcotics, as well as under provincial legislation concerning, for example, provincial taxes and the control of alcoholic beverages.¹⁵ Even though official crime statistics provide excellent estimates of the incidence of crime in a given area, it is important to note that they do not always reflect criminal acts or events as a whole. Many events are not reported to police organizations because of their nature (e.g. psychological abuse, theft of objects of little financial value, etc.) or intensity or because they did not give rise to an official complaint. Therefore, it can be useful to document such events in greater depth through other data sources (surveys, focus groups, interviews with key informants, etc.).

Victimization is defined in this tool kit as “a situation where a person is a victim of an action that adversely affects the person or his or her property” [*Translation*].¹⁶ Even though data on victims exist in official statistics, they are often hard to obtain from police organizations for confidentiality reasons, especially in small communities. Therefore, it is often necessary to do surveys on victimization or to use other data collection methods in order to document this phenomenon.

Information on crime and victimization can be derived from several different sources during safety diagnoses. When it comes from official statistics, the different acts or events are designated by the **terms used in the *Criminal Code*** (e.g. homicide, assault, robbery, breaking and entering, etc.), whereas when it comes from other sources, the acts or events are designated in **lay terms** (conjugal violence, taxing and intimidation, discrimination, possession of stolen goods, bar brawls, violence at school, alcohol-impaired driving, break-ins, etc.). Regardless of whether such acts and events are designated in this tool kit using the terms in the *Criminal Code* or in lay terms, they are always classified under the topic of crime and victimization.

15. From *Crime and Crime Prevention* [http://www.crpspc.qc.ca/Criminalite_nov2005_anglais.pdf], consulted on July 1, 2010.

16. Sébastien Roché, *Insécurité et libertés*, collection L'épreuve des faits, Seuil, France, 1994, p. 25.

DISORDER AND INCIVILITY

Several different terms are used to refer to disorder and incivility in the scientific literature, i.e. disorder, physical disorder, decay, physical decay, social disorder, incivility and physical incivility. In this tool kit, we use only the terms disorder and incivility. These terms refer to actions, conditions or behaviour that adversely affect public order, that is, actions, conditions or behaviour that are perceived as annoying, potentially threatening¹⁷ or visibly abnormal¹⁸ by the people who live in, pass through, study or work in the life setting concerned. Although the two concepts are definitely related, we have divided them into two groups to make them easier to use in safety diagnoses.

Disorder (physical disorder, decay, physical decay, physical incivility) differs from incivility in that it designates **physical signs** that can be observed in the built environment (e.g. graffiti on buildings or public works, garbage on roads or in public spaces, abandoned or dilapidated buildings, syringes left in public places, etc.). The signs of physical disorder are fairly stable over time.¹⁹

Incivility (social disorder) refers to **behaviour** that goes against the customary rules of life in a community, particularly in public spaces. These rules may be official regulations (municipal by-laws, etc.) or they may reflect cultural factors specific to the life setting concerned, with the result that something that is acceptable in one community is absolutely prohibited in another (e.g. spitting on the floor). Unlike the signs of physical disorder, which are fairly stable over time, the manifestations of incivility usually appear on an occasional,^{20,21} but repetitive basis.

Disorder and incivility are expressed in a multitude of ways that can usually be observed by the population of a life setting, but that are not necessarily punishable by law. These actions, conditions or behaviours have a major impact, especially because the motives behind them often seem irrational or totally gratuitous. Disorder and incivility adversely affect people's feeling of safety over time.²² They are also frequently associated with neighbourhood "petty crime". According to Kelling and Wilson,²³ more serious crime can emerge as disorder and incivility become worse. It is very important therefore to document these topics, as they entail nuisances²⁴ that have direct and indirect negative effects on the safety of life settings.

17. Ralph B. Taylor, "The Incivilities Thesis: Theory, Measurement, and Policy," in Robert H. Langworthy, ed., *Measuring What Matters: Proceedings From the Policing Research Institute Meetings*, National Institute of Justice and Office of Community Oriented Policing Services, 1999, p. 65-88.

18. Stéphane Leman-Langlois, "Le maintien de l'ordre," Course No. 8, *Sécurité intérieure : nature et missions*, SIP 1000, École de criminologie, Université de Montréal, retrieved from the following Web site on September 28, 2010 [http://www.crime-reg.com/police/sip1000_cours08.htm le 2010-09-28].

19. Robert J. Sampson and Stephen W. Raudenbush, "Systematic Social Observation of Public Spaces: A New Look at Disorder in Urban Neighborhoods," *American Journal of Sociology*, Vol. 105, No. 3 (November 1999), p. 603-651.

20. Ibid.

21. W.G. Skogan, *Disorder and Decline. Crime and the Spiral of Decay in American Neighborhoods*, University of California Press, 1990, 218 pages.

22. Centre d'études et de recherches sur la police (CERP), F. Dieu, ed., *Diagnostic local de sécurité. Contrat local de sécurité périurbain de l'agglomération de Toulouse*, Toulouse, Presses de l'Université de Toulouse, 2001, 418 pages.

23. G.L. Kelling and J.Q. Wilson, "Broken Windows. The Police and Neighborhood Safety," *The Atlantic*, March 1982.

24. D. Sansfaçon, *Guide méthodologique sur le diagnostic des nuisances relatives aux drogues et à la prostitution*, Centre international de prévention du crime, 2006 [www.crime-prevention-int.org]

PERCEPTION OF SAFETY AND FEELING OF SAFETY

A population's experience with regard to its safety can be understood in several different ways. According to the Dicopsy dictionary of social psychology, a **feeling of safety** is “a feeling of assurance and inner peace that flows from the absence of fear”.²⁵ [Translation] To better comprehend this concept, it might be useful to look at how the opposing concepts of **insecurity** and **feeling of insecurity** are defined. According to the Oxford Dictionaries online, **insecurity** is “the state of being open to danger or threat; lack of protection”. By extension, the City of Québec has defined **feeling of insecurity** as “people's perception that they are vulnerable to possible threats”.²⁶ [Translation]

In this tool kit, the term “feeling of safety” refers to the way in which a population perceives its safety. This feeling can vary in time and space depending on real or perceived threats. People can overestimate danger or, on the contrary, underestimate or even ignore it.²⁷

It is important to consider both the objective and subjective dimensions of safety since both have an impact on lifestyle habits and behaviours, which in turn affect the health and well-being of a population. For example, if seniors limit their outings because they feel threatened, this can affect their autonomy, social participation, mental health and ability to obtain goods that are essential to their well-being.

ASSESSMENT OF PUBLIC SERVICES

The services delivered to a population can affect people's safety and their feeling of safety. Therefore, it is important to examine how people perceive the accessibility and quality of public services, not only those designed to keep them safe (police services, fire protection services, etc.) but also those aimed at maintaining infrastructure (roads, streets, sidewalks, parks, public spaces, buildings, community facilities, public parking lots, etc.), as well as any other service affecting people's quality of life (recreational, environmental and community services, public transit, etc.).

Like people's feeling of safety, their perception of the services available to them is subjective. Therefore, it can be a good idea to study the accessibility and quality of public services using objective parameters (e.g. the number of times police officers patrol a neighbourhood over a given period of time, the number and type of recreational services offered to different clienteles, the average time it takes to respond to a fire alarm, etc.).

25. Dicopsy Web site [<http://www.dicopsy.com/securite.htm>], consulted on September 26, 2006.

26. Oxford Dictionaries [<http://oxforddictionaries.com/definition/insecurity?region=us>] and City of Québec, *Politique de sécurité urbaine*, 2004, Appendix 2, Web site consulted on October 11, 2006 [http://www.ville.quebec.qc.ca/fr/document/politique_secureite_urbaine.pdf].

27. M. Wiewiorka, “Objectivité et subjectivité de l'insécurité,” paper given at the 3rd plenary session of the Colloque international sur le maintien de l'ordre et de la sécurité held in Montréal in February 2003.

OTHER TOPICS OF INTEREST

The topics to be covered by a safety diagnosis depend on the vision of safety adopted and shared by all of the partners involved (see “A shared vision of safety” in the section “Factors for a successful safety diagnosis”). This vision might encourage a working group to look at safety-related topics other than those described above. For example, the group may want to study road safety, civil safety (fires, floods, violent wind, landslides, etc.) and safety in sports and recreation. In that case, however, it will have to adapt the data collection tools described in this handbook.

Appendix 2

Description of the methodology guides



Description of the methodology guides²⁸

GUIDE TO DEVELOPING A GENERAL PORTRAIT OF LIFE SETTINGS

The aim of this guide is to assist with the first step in the diagnosis procedure, which is designed to provide a good grasp of the characteristics of the life setting under study, as well as a frame of reference for the data collection activities that will be carried out to take stock of the setting's safety. This guide will thus help to plan and implement the process of developing a general portrait of the setting based on its geographic, human and economic characteristics and certain physical characteristics related to housing. Ultimately, this portrait will make it possible to identify the social and physical conditions that are likely to affect the life setting's safety (vulnerability conditions).

GUIDE TO ANALYZING CRIME USING OFFICIAL STATISTICS – 2ND EDITION

The goal of this guide is to enable local communities to use official crime statistics for making safety diagnoses. The guide is divided into two parts, the first of which discusses the content, sources and limitations of official crime data and the second, the way in which such statistics are analyzed to develop general portraits of crime and identify the most worrisome offences. An appendix to the document describes the procedure for obtaining analyses of crime from the MSP for the territory under its jurisdiction.

GUIDE TO CONDUCTING SURVEYS ON PERSONAL SAFETY IN LIFE SETTINGS

The purpose of this guide is to help identify crime and safety problems as they are perceived by the population. It explains how to develop a portrait of the main safety issues in a life setting, based on information gathered from a sample of people in the population. The guide assists with the process of collecting, processing and analyzing information on, for example, people's feeling of safety, victimization experience, assessment of services, avoidance and protective behaviours, and perception of disorder and incivility. It describes the main steps involved in planning and conducting surveys and the methodology issues that must be taken into account. It concludes with an explanation of how to process and analyze the data gathered in order to identify the key findings that must be considered in making safety diagnoses.

GUIDE TO ORGANIZING FOCUS GROUPS – 2ND EDITION

The aim of this guide is to help identify crime and safety problems as they are perceived by the population or their representatives. Focus groups tend to highlight viewpoints that are more explicit or more deeply rooted in a specific context than information gathered through closed questionnaires. They also elicit the opinions of several stakeholders or groups and provide a better understanding of the similarities and differences between their opinions. This guide assists with the process of collecting, processing and analyzing information on, for example, people's feeling of safety, their assessment of services and their

28. Electronic versions of all of these guides are available at www.crpspc.qc.ca.

perception of disorder and incivility. It describes the main steps involved in planning focus groups and the procedure for conducting them. It concludes with an explanation of how to process and analyze the data gathered in order to identify the key findings that must be considered in making safety diagnoses.

GUIDE TO ORGANIZING SEMI-STRUCTURED INTERVIEWS WITH KEY INFORMANTS – 2ND EDITION

The goal of this guide is to help identify a life setting's crime and safety problems as they are perceived by representatives of the population, safety experts or other key informants. Semi-structured interviews tend to highlight viewpoints that are more explicit or more deeply rooted in a specific context than information gathered through closed questionnaires. They also make it possible to obtain the opinions of several stakeholders on the safety of their life setting. This guide assists with the process of collecting, processing and analyzing information on the problems encountered in a life setting. It describes the main steps involved in planning semi-structured interviews and the procedure for conducting them. It concludes with an explanation of how to process and analyze the data gathered in order to identify the key findings that must be considered in making safety diagnoses.

GUIDE TO DIRECT OBSERVATION OF COMMUNITY SAFETY – 2ND EDITION

The purpose of this guide is to make it possible to obtain information on the various behaviours encountered in a life setting and on certain characteristics of the physical environment, without the help of intermediaries. The guide assists with the process of collecting, processing and analyzing information on disorder and incivility in certain places by taking the characteristics of the built environment and the use of certain areas into account. It describes the main steps involved in planning direct observation and the procedure for conducting this type of operation. It concludes with an explanation of how to process and analyze the information gathered in order to identify the key findings that must be considered in making safety diagnoses.

Appendix 3

Stakeholder table



Stakeholder table

What is a stakeholder table?

A stakeholder table is the end product of an analysis aimed at identifying the main stakeholders concerned by a safety diagnosis project. Drawing up a stakeholder table is a fairly simple task and does not require the input of experts from outside the project team. Moreover, it can be done with a limited supply of material resources. Stakeholder tables must be drawn up early on in the data collection planning stage and they can be supplemented as the work progresses.

What is a stakeholder table used for?

A stakeholder table is used to set up a reference group that best reflects the full range of perceptions, opinions, expectations, reservations and interests present in a population with respect to safety and insecurity in a particular life setting. It assists with the process of choosing the stakeholders (opinion leaders and group representatives) who must be consulted during the data collection activities.

How is a stakeholder table prepared?

The first step is to compile as complete a list as possible of the local groups, organizations and individuals who are interested in the issue of safety in the life setting under study. To that end, it can be very useful to meet with certain key people who have in-depth knowledge of the setting concerned. Web sites can also be consulted to identify pertinent public organizations and community groups.

The question of whether the stakeholders listed in a stakeholder table are representative of the population of the target life setting is not an easy one to answer, for there can be many stakeholders scattered throughout the setting. Therefore, it is important to validate the table with all of the key stakeholders identified in it.

A sample stakeholder table is presented on the next page.

Sample stakeholder table

Level	Geographic sector	Organization or person	Address	Number of people	Contact person	Position	Contact information	Interest expressed
Municipal	N/A	City council	To be filled in	7	Louise Blais	Mayor	Tel.: E-mail:	Yes
Municipal	N/A	Fire department	To be filled in	15	Pierre Jean	Director	Tel.: E-mail:	Yes
Municipal	N/A	Transport department	To be filled in	6	Lisa Larue	Director	Tel.: E-mail:	No
Municipal	District 3	Recreation committee	To be filled in	5	Mimi Brown	Director	Tel.: E-mail:	Yes
Municipal	District 1	Youth centre	To be filled in	9	Éric Lapierre	Director	Tel.: E-mail:	Yes
Municipal	N/A	Golden age group	To be filled in	25	Jeanne Doré	Director	Tel.:	Yes
Municipal	District 2	Citizen	To be filled in	1	Colette Simon		Tel.: E-mail:	Yes
Regional	N/A	CLSC	To be filled in	35	Guy Bastien	Community organizer	Tel.: E-mail:	Yes
Regional	N/A	Boisjoli secondary school	To be filled in	30	Simone Leblanc	Director	Tel.: E-mail:	Yes
Regional	N/A	Entreprise J.B. Altarme	To be filled in	3	Jean Gauvin	Director	Tel.: E-mail:	No
National	N/A	Sûreté du Québec	To be filled in	15	Paul Cyr	Regional director	Tel.: E-mail:	Yes

Appendix 4

Sample safety topics



Sample safety topics

This tool can be used to foster group discussions or to guide personal reflection on the various safety topics selected for your safety diagnosis project. It can also be used to determine what methods will be employed to explore these topics. A column is provided on the far right-hand side of the table for indicating the time period to be covered for each topic. Note that this list is not exhaustive and other topics can be added.

Choosing safety topics

The vision of safety defined at the beginning of your safety diagnosis project should serve as the basis for discussing the kind of information you need (see “A shared vision of safety” in the section “Factors for a successful safety diagnosis”). It can also help you decide which of the topics listed in this tool will be explored to make the safety diagnosis and whether you would like to add any others.

Choosing methods for exploring the topics

The method you choose to explore a particular topic depends on several factors: your objectives, the type of information you have to collect (e.g. sensitive information on victimization), the complexity of processing and analyzing the information, available resources (expertise, time and money) and the characteristics of respondents (e.g. literacy level, spoken and written languages, etc.). Some victimization topics are particularly difficult to explore because of a lack of documentation, the relative infrequency of the phenomenon, the small number of offences reported and certain taboos (e.g. incest, violence against homosexual prostitutes, pedophilia, etc.) or because of the consequences to which victims expose themselves when they report such incidents (e.g. conjugal violence).

The list of sample safety topics presented here offers a choice of six methods for collecting data on each topic. Five of these methods, namely, focus groups, direct observation, semi-structured interviews, surveys and analysis of official crime statistics, are discussed individually in five of the methodology guides included in the safety diagnosis tool kit.

Deciding what period should be covered for each topic

A safety diagnosis is aimed at assessing the safety problems in a life setting at a particular point in time. Of course, the assessment is based largely on the community’s past experience. Therefore, you have to decide what period is to be covered by the information gathered for the diagnosis. For example, do you want the analysis of crime data to go back three, five or more years? A number of considerations can help you decide what would be the best period to cover: the availability of information, the frequency of pertinent events (the less often such events occur, the longer the period that will have to be covered), the resources available for gathering the information, and so forth. Moreover, if you want to detect trends, you have to cover at least three different periods (e.g. three different census years).

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Crime and victimization							
According to the terms used in the <i>Criminal Code</i>:							
<input type="checkbox"/> Offences against the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Homicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Criminal negligence and other offences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Attempted murder or conspiracy to commit murder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Assault (except sexual assault)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other sexual offences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Kidnapping or forcible confinement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Robbery or extortion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Criminal harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Offences against property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Arson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Breaking and entering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Motor vehicle theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Theft over \$5 000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Theft \$5 000 and under	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Possession of stolen property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Fraud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Mischief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other <i>Criminal Code</i> offences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Prostitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Firearms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Acts contrary to public morals or disorderly conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Harassing or indecent telephone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Offences related to the operation of a motor vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Impaired driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Failure to stop or remain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Drugs and narcotics offences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
In lay terms:							
<input type="checkbox"/> Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On religious grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On ethnic grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On linguistic grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On grounds of sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On grounds of disability (physical or intellectual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On grounds of physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On grounds of poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On grounds of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> On other grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Intimidation/harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Bothering people on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Intimidation by groups or individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Intimidation by gang members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Fraud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence (excluding sexual assault)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Conjugal violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Suffering an assault in one's life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Street fighting among gang members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence by or against young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence in youth dating relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Taxing at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence and intimidation on school buses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Violence against seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Sexual assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Break-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Automobile theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Theft of automobile parts or accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Theft of objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Theft of bicycles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Attempted theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Disorder and incivility							
<input type="checkbox"/> Physical disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Lack of cleanliness in public places (presence of litter, syringes, pieces of glass, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Abandoned or dilapidated buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Graffiti on buildings or equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Vandalism on private or public buildings or equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Sound nuisance caused by traffic or by people driving at speeds not adapted to traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Incivility (social disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Nuisances related to alcohol consumption in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Nuisances related to drug dealing or use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Nuisances related to prostitution activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Aggressive or annoying behaviour by itinerant or homeless people ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Inappropriate behaviour by people who are intoxicated or whose mental health is impaired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Conflicts between groups of individuals or residents (ethnic, religious, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other nuisances related to noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Disruptive gatherings of people in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Bothersome, loose animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Nuisances caused by motor vehicle "races" or speeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Perception of safety and feeling of safety							
<input type="checkbox"/> Perceived safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of the safety of one's life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of one's own safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of safety risks in one's life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For oneself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For one's family or children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For other specific clientele: women, seniors, young people, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of safety risks in a particular place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For oneself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For one's family or children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> For other specific clientele: women, seniors, young people, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of risks related to the built environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Boarded-up buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Isolated spots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of risks associated with crime problems in one's life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of risks related to unsettling behaviour by certain individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Avoidance behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Protective behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Taking an object along for protection when going out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Making sure that no intruders are in one's car before getting into it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Not opening the door to strangers for safety reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Keeping the doors to one's house locked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Having a dog for protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Having an alarm system that one activates regularly for protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Taking self-defence courses for protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Keeping a firearm in the house for protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Having a functional smoke detector on every floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Perception of physical health risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Perception of one's own health compared to that of other people the same age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Social cohesion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Housing stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Level of confidence among the residents of a life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Climate of mutual aid among neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Surveillance of houses by neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in an organization or committee concerned with the safety of a life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in municipal council meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in a neighbourhood or borough council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in a citizens' committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in community, mutual aid or volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Involvement in local social, cultural or sports activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Accidents							
<input type="checkbox"/> Road accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Speeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> High number of road accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Traffic conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Risk of injury in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Public services							
<input type="checkbox"/> Police services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Police presence (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with/effectiveness of police work in a particular life setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with police work targeting young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with police work in road safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with police work to resolve delinquency/disorder problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Confidence in police services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Quality of police work in prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Quality of police response to complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Fire service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Quality of fire service response to calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Layout and maintenance of roads, streets and sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Safety of certain intersections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Appropriate road signs and traffic signals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with the maintenance and repair of roads and streets ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Satisfaction with the maintenance and repair of sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Snow removal from streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Snow and ice removal from sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Lighting in public places (streets, sidewalks, parks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Cleanliness of streets and sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Complaints filed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Maintenance of parks and public spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Cleanliness of parks and public spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Cleanliness of facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Cleanliness of public spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Night-time lighting in parks and public spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Safety of public spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Safety of play equipment in parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Safety of facilities in parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Maintenance of public buildings, equipment and parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Maintenance of public buildings and equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Night-time lighting around public buildings, equipment and parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Recreation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Existence/availability of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Assessment of services offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Maintenance of premises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Surveillance of premises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Safety of facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Sample safety topics	Method(s) used to explore each topic						Year or period covered
	Existing documents	Focus groups	Observation	Interviews	Surveys	Official statistics	
<input type="checkbox"/> Other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Quality of pre-hospital emergency services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Quality of the environment or drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Presence of community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Public knowledge of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Appendix 5

Plan for implementing activities aimed at taking stock of safety in a life setting



Plan for implementing activities aimed at taking stock of safety in a life setting

The sample implementation plan described here is intended to help you plan the activities that will be carried out to take stock of safety in the life setting under study. Obviously, it is not necessary or advisable to perform all of the activities listed in this plan. For each of the activities you select, we suggest that you identify the person or organization in charge, indicate the budget required, name the support resources, set a start and an end date and describe the anticipated end product(s).

Components of the plan:

Activities to be carried out. The choices you make regarding the activities that will be carried out are based on decisions about the kind of information you need, the topics to be explored and the methods that will be employed for this purpose. If you use the table on the next page to indicate your choices, simply erase the lines provided for activities that will not be performed.

Lead person or organization. This person or organization will be in charge of planning each activity in detail, implementing it and presenting the results.

Budget. You have to determine how much money is available and how much each activity will cost. To calculate this as accurately as possible, you will probably have to consult the planning section of each of the methodology guides in the safety diagnosis tool kit.

Support resources. This column is reserved for indicating the support resources that will be needed to carry out each activity. Generally speaking, these are people or organizations that will assist the person or organization in charge of the activity. Such support resources may include organizations that have offered to photocopy documents, lend staff to help process or analyze data or supply volunteers to gather information. They may also include local newspapers that are willing to write an article about the safety diagnosis project.

Start and end date of each activity. These dates serve as guideposts for the person or organization in charge of the activity.

Anticipated end product(s). The end product submitted to the safety diagnosis committee will vary depending on the activity. For example, in the case of data gathering activities, some people will only want information on the collection process itself: how many people were targeted, what methods were used, and so forth. Other people will want to know the key findings that have been derived from the information gathered. The important thing is that the person or organization in charge of the activity knows what is needed for the safety diagnosis.

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Plan for implementing activities aimed at taking stock of safety in a life setting

Activity	Lead person or organization	Budget	Support resources	Start date	End date	Anticipated end product(s)
Analysis of official statistics on crime and victimization	Surveys					
	• Data collection					
	• Data processing					
Focus groups	• Data collection					
	• Data processing					
	• Data analysis					
Semi-structured interviews with key informants	• Data collection					
	• Data processing					
	• Data analysis					
Direct observation	• Data collection					
	• Data processing					
	• Data analysis					
Analysis of existing documents						
Other activities						

Appendix 6

Ethical considerations in safety diagnoses



Ethical considerations in safety diagnoses²⁹

Four guiding principles govern the various activities involved in the data collection and processing phase:

- Principle 1 Everyone has the right to privacy, even if he or she is in a public place.
- Principle 2 Everyone has the right to respect for his or her image.
- Principle 3 Interviewers and observers must never confuse their job with that of the police or other service providers.
- Principle 4 Committees and people in charge of conducting safety diagnoses must promise to respect the confidentiality of sources.

OBSERVING PRIVATE OR COMMERCIAL SPACES

If observation sessions are to be held in private or commercial spaces such as shopping centres, it goes without saying that the authorization of the owner or manager must be obtained. However, obtaining such approval does not exempt observers from having to adhere to the principles listed above. In particular, they must make sure that their notes do not contain people's names or allow people to be identified.

TAKING PHOTOGRAPHS IN PUBLIC PLACES

Taking photographs should be guided by principles 1 and 2:

- Observers should always obtain prior approval from people they wish to photograph if the people will be able to be identified on the photograph.
- Photographs of places or buildings should not adversely affect the image or reputation of the owners or occupants. Therefore, if photographs of places or buildings are to be published they should not show any street names or civic numbers.
- Dissemination of photographs should be planned carefully, subject to principles 1 and 2.

PROTECTING INTERVIEWERS OR OBSERVERS, INTERVIEWEES AND VICTIMS

Due to the nature of the topics dealt with during safety diagnoses, interviewers or observers may hear about criminal or illegal activities from interviewees or other people they encounter; in addition, they may even witness such activities. They may then be faced with the dilemma of deciding whether or not to report the activities. The choice is particularly difficult when the person who has confided in them is a victim of the activities in question. Therefore, people in charge of collecting data or making safety

29. The content of this section is based on a talk given by Robert Roy, associate professor of the Chair of Applied Ethics at the Université de Sherbrooke, during a meeting at the ministère de la Sécurité publique on May 22, 2007.

diagnoses must think about these issues beforehand and decide on how to deal with them. Moreover, they must discuss the approach that is to be followed with the interviewers or observers before the data collection phase begins, to enable them to remain calm if such situations occur. The safety of citizens, be they witnesses, victims, interviewers or observers, must never be jeopardized during a safety diagnosis.

Should any of the following three delicate situations arise, principles 1, 3 and 4 would apply:

- An observer witnesses a criminal activity or an illegal act during an observation session.
- During a focus group or an interview with a key informant, an interviewer hears information about criminal activities from someone who has witnessed them.
- During an interview with a key informant, an interviewer hears information about activities of which the informant was a victim, and this information affects the safety of both the interviewer and the informant.

Unfortunately, it is not possible within the scope of this handbook to propose concrete solutions for all of the situations that can arise in the field. Nevertheless, here are some guidelines for reporting problem situations, particularly with respect to the circumstances under which such situations should be reported, the people who should be contacted and how to proceed. In addition, observers must be made to realize that they should not try to act as specialized service providers if a person in distress confides in them. The appropriate course of action is to refer the person to the right resource.

WHEN SHOULD INFORMATION OF A CRIMINAL NATURE OR INFORMATION DEEMED SENSITIVE BE DIVULGED?

When criminal or sensitive information is gathered during a safety diagnosis, it should first be reported to the person in charge of the diagnosis. He or she can then submit a private request to a member of his or her safety committee (e.g. police officer, CLSC representative) for assistance in examining the problem. The following questions and statements can serve as guidelines for deciding whether or not to report criminal or delicate situations. They raise several issues that should be taken into account in determining whether reporting is the best option under the circumstances and whether it can be done without adversely affecting the safety and reputation of the people and life settings concerned.

Useful questions for guiding decision making on the reporting of criminal or sensitive information:

1. Why does the situation observed or disclosed pose an ethical problem (moral dilemma)?
2. Is there a legal obligation to report the situation observed or disclosed? Under section 39 of the *Youth Protection Act*, anyone who has reasonable grounds to believe that the security or development of a child is in danger due to physical or sexual abuse (subparagraphs *d* and *e* of the second paragraph of section 38) must bring the situation to the attention of the Director of Youth Protection without delay.
3. Is there is a formal agreement about the confidentiality of the source of the information divulged to the interviewer or the observer? If so, the agreement should prevail except under exceptional circumstances where the life of someone is at risk (suicide or death threat).
4. Will reporting the situation observed or disclosed put the observer, witness or victim at risk of reprisals? If so, the victim or witness should be asked why he or she did not file a complaint.
5. Does the situation observed or disclosed concern people or property? In the hierarchy of crime, the safety of people takes precedence over that of property.
6. Is there a chance that the situation observed or disclosed will reoccur?

7. Is the victim vulnerable because of isolation, a disability, illness, age or other factors?
8. Did the situation disclosed actually occur or is it merely suspected or assumed to have occurred? Does it reinforce a prejudice of the observer, interviewer or the people in charge of the safety diagnosis?
9. For what reason was the situation disclosed? What are the expectations of the person who described it? Does he or she really want the interviewer to report the situation or is the interviewer simply projecting his or her own values onto that person (e.g. regarding the need to lodge a complaint)? To find out, it is recommended that the person be asked whether he or she is at ease with the idea of filing a complaint.
10. Would revealing the situation interfere with a police investigation that is under way?

WHO SHOULD CRIMINAL OR SENSITIVE INFORMATION BE REVEALED TO AND HOW SHOULD IT BE REVEALED?

Once a decision has been made to divulge such information, the latter should be transmitted directly to a police officer or to the chief of a police department, especially if a crime against a person is involved. This must be done even if it is likely that the information divulged is already known to the police. Moreover, it must be done confidentially so as to avoid jeopardizing the safety of victims and witnesses, disrupting an investigation under way or tarnishing the reputation of someone if the claims are unfounded.

USE OF CRIMINAL OR SENSITIVE INFORMATION

When criminal or sensitive situations are brought to light, they may provide pertinent information for developing local action plans based on a better understanding of the life settings involved. It is up to the people in charge of the safety diagnosis to decide how the information will be used for analysis purposes and how to incorporate it into the final report. The information and statements included in the various documents prepared in order to make a diagnosis must never allow the sources to be identified.

ADDITIONAL REFERENCE

Public Safety and Emergency Preparedness Canada. *Evaluating Crime Prevention through Social Development Projects. Handbook for Community Groups*, [http://www.publicsafety.gc.ca/prg/cp/_fl/Evaluation_handbook-E.pdf], 2006, p. 147-156.

*Institut national
de santé publique*

Québec 

In cooperation with:

• Ministère de la Sécurité publique

