

# REDUCING THE BURDEN ON POLICE SERVICES THROUGH INVESTMENT IN PROMOTING HEALTHY COMMUNITIES: CHALLENGES AND OPPORTUNITIES

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## KEY TAKEAWAYS

- Municipal police in Ontario are overburdened – they are called upon to respond to issues beyond their scope and training.
- Investing in a range of municipal services – including housing, public health, long-term care, social assistance, paramedics, and children’s services – would promote community health and wellbeing and reduce demand for police through preventing crime and other crises from occurring, freeing police capacity for core functions.
- Ontario municipal funding for services promoting health and wellbeing hasn’t kept up with police funding over the past 12 years.
- Despite public support, municipalities face challenges in de-prioritizing police budgets to reinvest in other services, mainly due to the influential role of police boards in budget-setting.
- Community Safety and Wellbeing Plans present an opportunity to better engage local communities in municipal priority setting and could support the reprioritization of resources in future budget-setting.

# MUNICIPAL POLICE IN ONTARIO ARE OVERBURDENED

In the past decade, police in Canada have responded to an increasingly large range of calls, including for mental health crises, social concerns, and homelessness issues.<sup>1</sup> Non-criminal calls are estimated to represent 70-80% of all calls for police services across Canada.<sup>2</sup> Community leaders, health professionals, and police have all expressed concerns with this over-dependence on police services.<sup>3</sup> Scholars have described this trend as “policification,” in which the traditional role of police has gradually expanded to cover roles and responsibilities they are ill-equipped to take on.<sup>4</sup> For instance, many police forces are not adequately trained to address mental health crises; across Canada, police receive between 1 and 20 hours of mental health-related training before entering the service, which is significantly below the 40 hours of training that is standard for Crisis Intervention Teams.<sup>5</sup> This lack of training, in combination with historically ingrained biases, may have contributed to the recent increase in police-associated violence – including police-involved deaths – in interactions with Black and Indigenous people and people facing homelessness or mental health issues.<sup>6</sup> Beyond the risk of additional harm, police services cannot address the root causes of housing or mental health challenges, which require a broad range of other support systems.

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<sup>1</sup> Bradford et al., “What Service Should Police Provide?”; Millie, “The Policing Task and the Expansion (and Contraction) of British Policing”; Caputo and McIntyre, “Addressing Role and Value in Policing”; Viau, “Stress, Burnout among Police in Canada ‘pretty Terrifying,’ Researcher Says.”

<sup>2</sup> McFee, “Standing Committee on Public Safety and National Security.”

<sup>3</sup> CAMH, “CAMH Statement on Police Interactions with People in Mental Health Crisis”; Glauser, “Why Some Doctors Want to Defund the Police”; Glauser, “Police Call for More Mental Health Services”; Szklarski, “Canada’s Policing Failures Show Systemic Need for Better Mental Health Crisis Response”; Waters, “Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response.”

<sup>4</sup> Millie, “The Policing Task and the Expansion (and Contraction) of British Policing”; Clover, “Defund, Dismantle, or Define.”

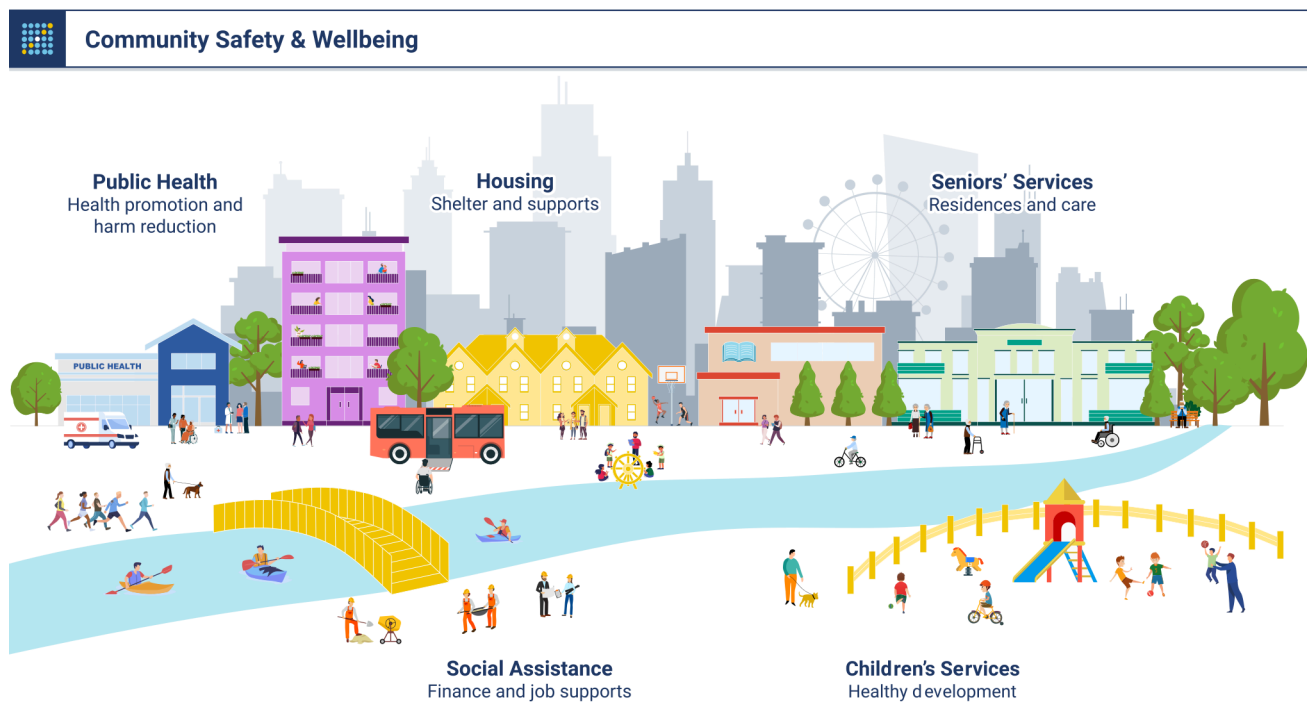
<sup>5</sup> Cotton and Coleman, “A Study of Police Academy Training and Education for New Police Officers Related to Working with People with Mental Illness.” A Crisis Intervention Team is a model of police response involving officers specially trained to attend to calls relating to mental health crises.

<sup>6</sup> Glauser, “Police Call for More Mental Health Services”; Singh, “2020 Already a Particularly Deadly Year for People Killed in Police Encounters, CBC Research Shows”; Tracking (In)Justice, “Police-Involved Deaths Are on the Rise, as Are Racial Disparities in Canada”; DeVlyder et al., “Police Violence and Public Health”; Paynter et al., “Feminist Abolitionist Nursing”; Bulle, “We Cannot Police Systemic Racism and Systemic Poverty.”

# INVESTING IN PUBLIC SUPPORT SERVICES WOULD PROMOTE COMMUNITY SAFETY AND WELLBEING AND REDUCE DEMAND FOR POLICE

Canadian investment in police services has trended upwards since the 1990s,<sup>7</sup> but does not appear to be associated with a decrease in crime.<sup>8</sup> A growing body of research suggests that instability, crime, and harm to communities is instead perpetuated by socioeconomic inequality, lack of social supports, and the vicious cycle of criminalization involving barriers to employment.<sup>9</sup> Some scholars suggest that investment in public support services that promote health and wellbeing could break this cycle and reduce the overall burden on emergency services, including police.<sup>10</sup> A public and expert consultation from Halifax regarding “defunding the police” made similar recommendations.<sup>11</sup> This section

Figure 1: Municipal services contributing to community safety and wellbeing



<sup>7</sup> Statistics Canada, “Police Resources in Canada, 2023.”

<sup>8</sup> Seabrook et al., “Police Funding and Crime Rates in 20 of Canada’s Largest Municipalities.”

<sup>9</sup> Marmot, “Inclusion Health”; Pager, *Marked*; Quillian et al., “Meta-Analysis of Field Experiments Shows No Change in Racial Discrimination in Hiring over Time”; Pedulla and Pager, “Race and Networks in the Job Search Process”; Hagan and Peterson, *Crime and Inequality*; Ousey and Lee, “Community, Inequality, and Crime”; Anser et al., “Dynamic Linkages between Poverty, Inequality, Crime, and Social Expenditures in a Panel of 16 Countries.”

<sup>10</sup> Bulle, “We Cannot Police Systemic Racism and Systemic Poverty”; Pager, *Marked*.

<sup>11</sup> Board of the Police Commissioner’s Subcommittee to Define Defunding Police, “Defunding the Police: Defining the Way Forward for HRM.”

describes how investment in Ontario municipal services, including public health, children’s services, housing, seniors’ services, social assistance, and alternative response services, has the potential to prevent crime and mitigate other social issues currently managed by police while promoting community health and wellbeing.

## PUBLIC HEALTH

Ontario public health units protect population health and promote wellbeing through programs ensuring healthy childhood development, physical activity in schools, and harm reduction in substance-using populations, among various other critical services.<sup>12</sup> Studies have linked public health spending with improved population health outcomes,<sup>13</sup> and evidence suggests that a majority of public health interventions are cost-effective, some even cost-saving, such as tobacco prevention and breastfeeding supports.<sup>14</sup> Harm reduction can also prevent drug-related criminal activity.<sup>15</sup> Overall, public health programs support populations in staying healthy over time, enabling people to attain higher levels of education and employment.<sup>16</sup>

## CHILDREN’S SERVICES

Early childhood education and care programs have positive effects on cognitive development, prosocial behaviour, and health behaviours. They encourage higher educational attainment and higher earnings in later life, which are associated with lower likelihoods of criminal offending.<sup>17</sup> These programs go beyond typical care by ensuring that children participate in educational and social activities that support them in active learning through planning, executing, and reflecting on activities, and by providing parental coaching and home visits.<sup>18</sup> Ensuring quality in childcare program expansion is critical for creating positive outcomes, as demonstrated in Quebec.<sup>19</sup> Community-based youth recreation programs, such as organized sports, can also be effective in crime prevention.<sup>20</sup>

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<sup>12</sup> Ministry of Health, “Ontario Public Health Standards: Requirements for Programs, Services and Accountability.”

<sup>13</sup> Singh, “Public Health Spending and Population Health: A Systematic Review.”

<sup>14</sup> Ball et al., “Investing In Prevention: The Economic Perspective”; McDaid, Sassi, and Merkur, *Promoting Health, Preventing Disease*; Owen et al., “The Cost-Effectiveness of Public Health Interventions”; Province of British Columbia, “The Lifetime Prevention Schedule: Establishing Priorities among Effective Clinical Prevention Services in British Columbia.”

<sup>15</sup> Hedrich and Hartnoll, “Harm-Reduction Interventions.”

<sup>16</sup> O’Donnell, “Health and Health System Effects on Poverty.”

<sup>17</sup> McLaren and McIntyre, “Conceptualizing Child Care as a Population Health Intervention”; García et al., “The Dynastic Benefits of Early Childhood Education”; Dhuey, “Will the Increased Investment in Early Childhood Education and Care in Canada Pay Off?”; Aaltonen, Kivivuori, and Martikainen, “Social Determinants of Crime in a Welfare State.”

<sup>18</sup> García et al., “The Dynastic Benefits of Early Childhood Education”; Dhuey, “Will the Increased Investment in Early Childhood Education and Care in Canada Pay Off?”

<sup>19</sup> McLaren and McIntyre, “Conceptualizing Child Care as a Population Health Intervention”; Dhuey, “Will the Increased Investment in Early Childhood Education and Care in Canada Pay Off?”

<sup>20</sup> Anand, “Preventing Youth Crime”; Nichols, *Sport and Crime Reduction*.

## HOUSING

Housing insecurity is a critical issue in municipalities across Ontario, with an estimated 14.5% of households in Ontario in core housing need in 2022.<sup>21</sup> Homelessness is associated with poor health and a reduced lifespan, through increased risk of disease, injuries and assaults, and barriers to accessing healthcare.<sup>22</sup> Increased housing supports could thus reduce pressures on healthcare and emergency services, including police. Persons experiencing homelessness have extremely high rates of contact with police in Canada. A 2019 study based in Toronto found that adults without housing and experiencing mental illness had a 47% higher chance of interacting with police than those with stable housing.<sup>23</sup> Police cannot address their needs if they cannot be referred to housing supports.

## SENIORS' SERVICES

Seniors' services and long-term care provide a range of services to older adults to protect and support them as they age. However, two recent reports highlight that long-term care in Canada is in desperate need of reform.<sup>24</sup> Older adults face long wait times to enter long-term care,<sup>25</sup> and even when they do access it, their needs are not met for a variety of reasons, chiefly among them a workforce shortage.<sup>26</sup> The wait times, complex health conditions, and changes in life situations like employment loss contribute to growing late-life homelessness in Canada.<sup>27</sup> Direct investments in long-term care will be required to achieve a minimum level of care. Investments in senior services, housing, and community care for seniors would also alleviate pressure on the long-term care sector, acute healthcare, and emergency services, including police. Further, most seniors prefer to live at home,<sup>28</sup> and municipalities are best positioned to collaborate with seniors for aging in place.<sup>29</sup>

## SOCIAL ASSISTANCE

Low socioeconomic status, unemployment for long periods, and low educational attainment are robust predictors of crime and poor health outcomes.<sup>30</sup> Research has demonstrated that social security nets can reduce the negative health impacts of unemployment.<sup>31</sup> However, certain aspects of current social assistance programs in Ontario pose barriers to effectively promoting health and wellbeing. The funds provided by Ontario Works and the Ontario Disability Support Program are

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<sup>21</sup> Canada Mortgage and Housing Corporation, "2022 Canadian Housing Survey."

<sup>22</sup> Frankish, Hwang, and Quantz, "The Relationship Between Homelessness and Health: An Overview of Research in Canada."

<sup>23</sup> Kouyoumdjian et al., "Interactions between Police and Persons Who Experience Homelessness and Mental Illness in Toronto, Canada."

<sup>24</sup> Estabrooks et al., "Restoring Trust: COVID-19 and the Future of Long-Term Care in Canada"; Estabrooks et al., "Repair and Recovery in Long-Term Care: Restoring Trust in the Aftermath of COVID-19."

<sup>25</sup> Estabrooks et al., "Restoring Trust: COVID-19 and the Future of Long-Term Care in Canada"; Estabrooks et al., "Repair and Recovery in Long-Term Care: Restoring Trust in the Aftermath of COVID-19."

<sup>26</sup> Estabrooks et al., "Restoring Trust: COVID-19 and the Future of Long-Term Care in Canada"; Estabrooks et al., "Repair and Recovery in Long-Term Care: Restoring Trust in the Aftermath of COVID-19."

<sup>27</sup> Alston et al., "Tackling Late-Life Homelessness in Canada."

<sup>28</sup> Clutterbuck, "Redirect Our Social and Financial Investments."

<sup>29</sup> Seniors for Social Action, "It Takes a Community: The Case for Municipal Support for Aging in Place."

<sup>30</sup> O'Donnell, "Health and Health System Effects on Poverty"; Aaltonen, Kivivuori, and Martikainen, "Social Determinants of Crime in a Welfare State."

<sup>31</sup> O'Donnell, "Health and Health System Effects on Poverty."

insufficient for an individual to afford the average rent of a bachelor apartment in any region of Ontario.<sup>32</sup> The programs' claw-back rates disincentivize employment and their income-tested requirements burden municipalities and recipients with additional administrative costs.<sup>33</sup> An alternative model was trialed through the recent Ontario basic income pilot which successfully encouraged participants to seek higher education and vocational training to support stable employment.<sup>34</sup> In this way, investment in low-barrier social assistance and employment programs could enable participants to acquire stable employment and improve health, thereby addressing predictors of crime.

## ALTERNATIVE RESPONSE SERVICES

In order to reduce pressure on police and paramedic services, municipalities may also consider creating new services, such as non-police crisis response. Oregon's decades-old CAHOOTS program has been highlighted as a successful model, responding to 17% of all public safety calls in Eugene-Springfield in 2020, and diverting between 5-8% of calls to police.<sup>35</sup> More recently, an evaluation of the City of Toronto's new Community Crisis Service reported positive experiences, with clients saying they felt respected and meaningfully supported, and that they received holistic care. As a result, the city has announced plans to expand the service.<sup>36</sup> A mental health-specific response service also launched in Ottawa in 2024.<sup>37</sup> Such alternative response services can support emergency responses with specific expertise and reduce the risk of negative police interactions. Overall, the research presented here can support city councillors and staff in basing future budget priorities on the evidence of community safety and wellbeing.

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<sup>32</sup> Canadian Centre for Housing Rights, "Nowhere to Go."

<sup>33</sup> Mahboubi and Ragab, "Lifting Lives: The Problems with Ontario's Social Assistance Programs and How to Reform Them"; Peter and Polgar, "Making Occupations Possible?"; Bourke and Garcha, "The City School Model Researching the Impact of Employer-Designed Career Access Programs in Improving Outcomes for Underserved Communities: Final Report"; Fox, Feng, and Reynolds, "The Effect of Administrative Burden on State Safety-Net Participation."

<sup>34</sup> Ferdosi et al., "Life on Basic Income: Stories from Southern Ontario."

<sup>35</sup> Kim et al., "Defund the Police - Invest in Community Care: A Guide to Alternative Mental Health Responses."

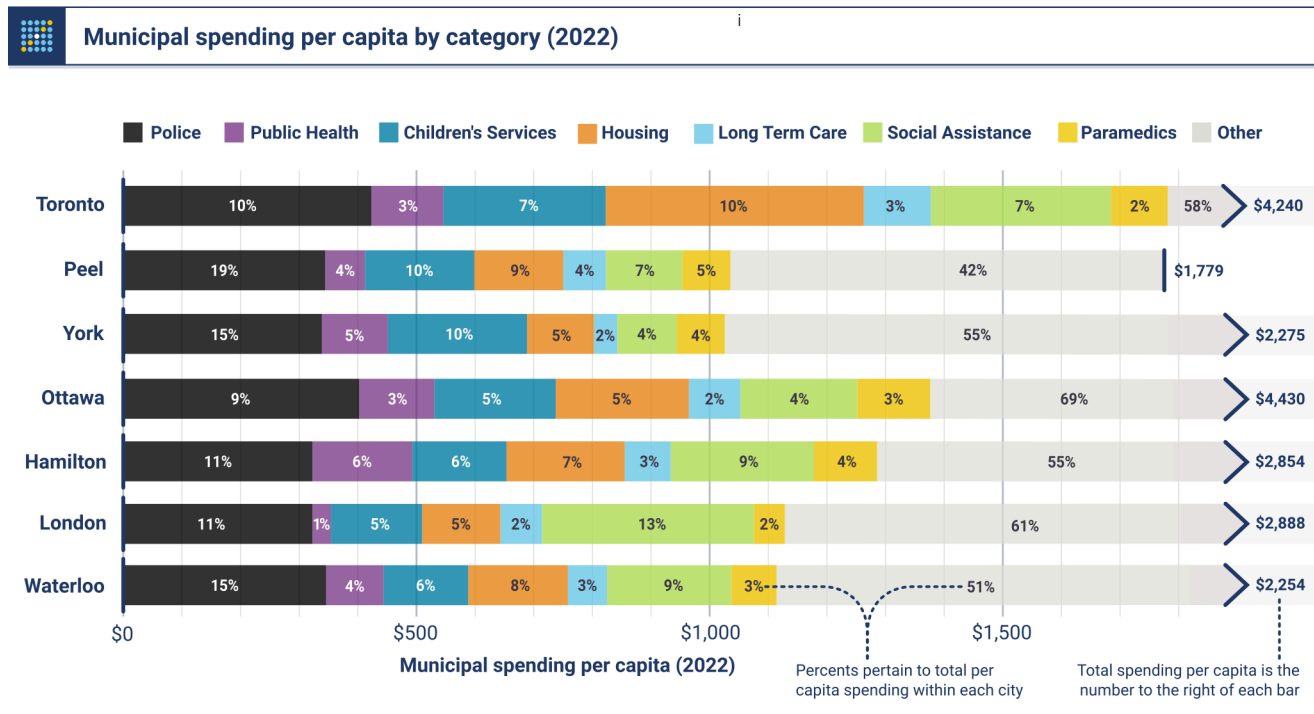
<sup>36</sup> Provincial System Support Program and Shkaabe Makwa, "Toronto Community Crisis Service: One-Year Outcome Evaluation Report."

<sup>37</sup> Freire, "Formative Evaluation for Safer Alternative Response for Mental Health and Substance Use Crises Prototype."

# FUNDING FOR OTHER PUBLIC SERVICES HASN'T KEPT UP

Spending levels and trends from seven Ontario municipalities and regional municipalities from 2010-2022 (portrayed in Figures 2 and 3) demonstrate that police services tend to receive more funding than health promoting and preventative services. Police funding was stable or increased in all municipalities over this period. Other public services either received much less funding than police services or were deprioritized for funding over time.

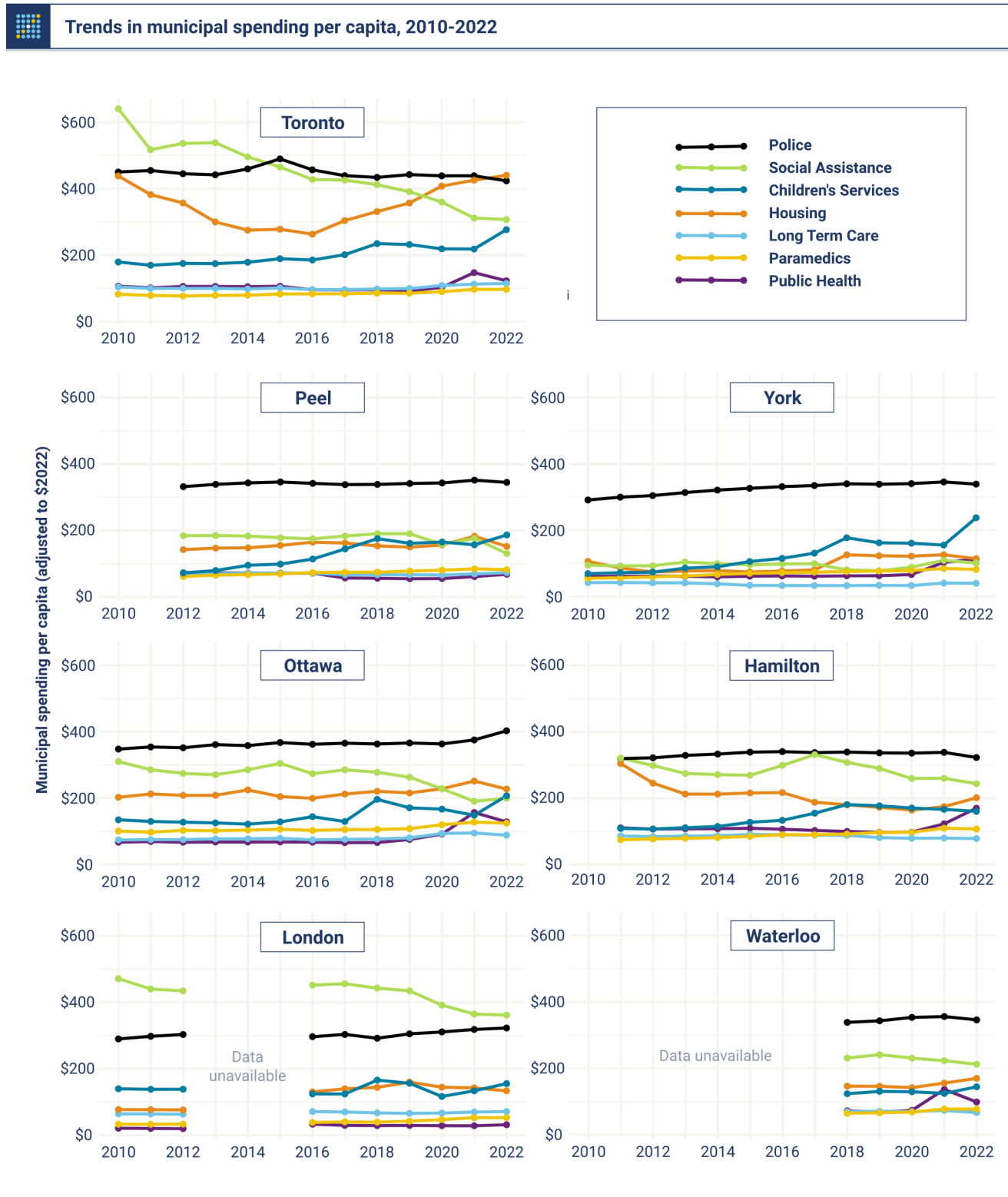
Figure 2: Ontario municipal spending by category per capita (2022)



Data Sources: Municipal budgets and financial statements

The following service definitions were used to compile municipal budget data: "Police" includes municipal police forces and Ontario Provincial Police where applicable. "Public Health" is funding allocated to public health units including for chronic disease prevention, infectious disease prevention and control, adult day services, healthy environments and families, and some non-paramedic emergency services. "Children's Services" includes funding allocated to childcare, early learning, growth and development, and other family and children's services. "Housing" includes funding for affordable housing, shelters, social and community housing, and homeless services. "Long-term Care" includes funding allocated to long-term care facilities and other senior services. "Social Assistance" includes funding for Ontario Works, employment and social services, and other financial or income support. "Paramedics" includes funding allocated to paramedic, ambulance, and emergency medical services.

Figure 3: Trends in Ontario municipal spending per capita, 2010-2022



Data Sources: Municipal budgets and financial statements



# MUNICIPALITIES FACE CHALLENGES IN DE-PRIORITIZING POLICE BUDGETS

Despite strong pressure for change in the past five years resulting from the 2020 Defund the Police movement and the COVID-19 pandemic, municipal fiscal priorities in Canada haven't shifted. Municipalities made significant investments in public health to mitigate COVID-19 impacts, but these have since waned (Figure 3).<sup>38</sup> While some cities have begun implementing alternative crisis response systems, such as Toronto's Community Crisis Service,<sup>39</sup> initial commitments to reduce police budgets in Canada were either not fulfilled<sup>40</sup> or were short-lived in Toronto's case,<sup>41</sup> with 2024 budget announcements approving some of the largest police budget increases in a decade.<sup>42</sup> This lack of change points to barriers faced by municipalities in shifting their budget priorities.

Ontario municipalities depend primarily on property taxes and provincial grants to finance their budgets.<sup>43</sup> For this reason, most municipalities have little flexibility to make large investments in creating new services or expanding existing ones. As a result, municipalities may need to reassess the current distribution of resources within their budgets to address the changing health and safety needs of their communities. Deprioritizing police services for new funding would allow for greater investments in other areas such as housing and children's services. As outlined above, public support services have the potential to reduce dependence on police services through promoting long-term health and economic security, thereby preventing crime and various crises, as well as through reassigning crisis response to more appropriate services.

Municipal leadership may assume that deprioritizing police budgets would be unpopular among voters, as has been suggested in the past.<sup>44</sup> However, a 2020 Ipsos poll showed that 51% of Canadians supported the idea of de-tasking police services and redirecting a portion of police funds to other local government services that are better equipped to address the issues.<sup>45</sup> More recently, a 2021 survey of Halifax residents found that 57% of respondents supported "defunding the police"<sup>46</sup>; a proposed 2024 police budget reduction in Hamilton received overall positive public feedback<sup>47</sup>; and 40% of Toronto's 2025 budget survey respondents supported reducing police investments,<sup>48</sup> demonstrating that public perspectives are continuing to shift.

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<sup>38</sup> See Hamilton 2023 budget and York Region 2025 budget for public health expenditure reductions.

<sup>39</sup> City of Toronto, "Toronto Community Crisis Service."

<sup>40</sup> Neustaeter, "One Year after George Floyd's Death, Where Does 'defund the Police' Stand in Canada?"

<sup>41</sup> Elliott, "Matt Elliott."

<sup>42</sup> De Bono, "Police, Politicians and the 'staggering Pressure' to Fund Big Budget Hikes"; Spurr and Habibinia, "Police Funding Increase, Big Tax Hike Finalized in Mayor Chow's First Budget"; Clarke, "Study Findings Call into Question Sudbury's Police Hiring Spree"; Hamilton Police Service, "2024 Operating & Capital Budget."

<sup>43</sup> Financial Accountability Office of Ontario, "Ontario Municipal Finances."

<sup>44</sup> Fegley and Murtazashvili, "From Defunding to Refunding Police."

<sup>45</sup> Bricker, "Canadians Divided on Whether to Defund the Police."

<sup>46</sup> Board of the Police Commissioner's Subcommittee to Define Defunding Police, "Defunding the Police: Defining the Way Forward for HRM."

<sup>47</sup> Peesker, "2 Hamilton Police Board Members Say the Policing Budget Could Be Cut by \$5M — Here's How."

<sup>48</sup> "Public Consultations on the 2025 Budget."

However, public support is insufficient for catalyzing change in police budgets, as police boards have extensive influence over police budget decision-making. Municipal police boards are made up of the mayor, 1-3 municipal councillors, and 3-5 additional members, and a recent analysis highlighted a lack of police board independence from the police services for which they are responsible.<sup>49</sup> The boards are responsible for preparing the operational and capital police budget and must submit it to the municipal council for approval.<sup>50</sup> Though the *Community Safety & Police Services Act* requires municipalities to provide “sufficient funding for adequate and effective policing,” the municipal council may negotiate or reject the proposed budget. If the municipal council and police board cannot agree to a budget, the police board may appeal to the Ontario Civilian Police Commission (OCPC). In practice, the OCPC has only decided a police budget dispute once, in 1999, supporting a police budget increase. In recent years however, the threat of appeal to the OCPC has led to municipal council settlements.<sup>51</sup>

Beyond appealing to the OCPC, police have used various tactics to prevent budget cuts. Unions have intimidated politicians who support police budget cuts by spreading messaging accusing them of being “soft on crime” to prevent their re-election, stoking fear of crime spikes if budget cuts were to pass, and threatening “Blue Flu,” where officers call in sick *en masse*.<sup>52</sup> Police can also withhold city revenue by reducing ticketing activities, a tactic used by Toronto police in 2016 that was linked to a \$30 million drop in city revenue.<sup>53</sup>

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<sup>49</sup> Hodgkinson, Caputo, and Martino, “The Governance Gap”; Government of Ontario, *Community Safety and Policing Act*.

<sup>50</sup> Government of Ontario.

<sup>51</sup> Schoots-McAlpine, “The Little-Known Ontario Tribunal Standing in the Way of Defunding the Police.”

<sup>52</sup> De Bono, “Police, Politicians and the ‘staggering Pressure’ to Fund Big Budget Hikes”; Powell, “Why Toronto Didn’t Defund Police in 2020 (nor All Those Other Times)”; Duncan and Walby, “Police Union Political Communications in Canada”; DiMatteo, “Move to ‘Defund’ Toronto Police Faces Epic Battle from Cop Union”; Warzecha, “Is the Toronto Police Budget Really ‘Untouchable’?”

<sup>53</sup> DiMatteo, “Move to ‘Defund’ Toronto Police Faces Epic Battle from Cop Union”; Warzecha, “Is the Toronto Police Budget Really ‘Untouchable’?”

## SUPPORTING A SHIFT IN PUBLIC NARRATIVES

City councillors, policy experts, and community organizers can all play an important role in shifting public narratives about how best to invest municipal resources to promote community safety and wellbeing and address local needs. This may be accomplished through sharing success stories of non-police crisis response services such as the Toronto Community Crisis Service.<sup>54</sup> Since mainstream narratives around crime and crises are difficult to counter in an atmosphere of public “fear,”<sup>55</sup> educating and engaging diverse publics about social determinants of health and crime, the criminalization cycle, and restorative justice practices could help build the knowledge needed to shift sentiments. City councillors may also build connections and consult with communities highly impacted by over-policing and police-associated violence, as well as under-served populations who may be particularly supportive of a reallocation strategy. The Association of Municipalities of Ontario’s Healthy Democracy project, which aims to improve public participation in local decision-making, could provide support and resources for such engagement.<sup>56</sup>

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<sup>54</sup> Provincial System Support Program and Shkaabe Makwa, “Toronto Community Crisis Service: One-Year Outcome Evaluation Report.”

<sup>55</sup> Powell, “Why Toronto Didn’t Defund Police in 2020 (nor All Those Other Times)”; Duncan and Walby, “Police Union Political Communications in Canada.”

<sup>56</sup> Association of Municipalities of Ontario, “Healthy Democracy Project.”

# COMMUNITY SAFETY AND WELLBEING PLANS AS A PROMISING WAY FORWARD

Community Safety and Wellbeing Plans (CSWPs) present an opportunity for new public engagement in municipal priority-setting. All Ontario municipalities are mandated under the *Community Safety and Police Services Act* to develop a CSWP and review it every four years.<sup>57</sup> The plans provide a formal avenue for compiling public perspectives on changing community needs, including strategies for preventing crime locally. Municipalities are required to hold public consultations in developing their plans, particularly with youth, racialized populations, First Nation, Inuit and Métis communities, and people receiving mental health services.<sup>58</sup> CSWPs are thus an important opportunity for community members and groups to have their voices heard. To develop robust CSWPs, municipal staff must find effective channels to capture the perspectives of underserved populations and those most impacted by community safety concerns, such as by reaching people through the services they access or through community organizations. Widely sharing CSWPs and updates and promoting public engagement with the plans are also essential to strengthening local democracy.

Many current CSWPs acknowledge the socioeconomic drivers of crime and propose strengthening housing, economic, and other public supports as a core crime prevention strategy. Hamilton's plan also incorporates sustainable funding for its planned actions as a guiding principle.<sup>59</sup> To ensure that identified needs are being met, CSWPs should integrate an evaluation process to measure progress on commitments made, including specific programs implemented, and regularly report progress to the public. Since municipalities are required to implement actions outlined in their CSWP,<sup>60</sup> the plans could serve as a valuable tool for influencing future municipal budget-setting, both through internal negotiations and external advocacy.

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<sup>57</sup> Government of Ontario, *Community Safety and Well-being Plans - Publication and Review*.

<sup>58</sup> Government of Ontario, *Community Safety and Policing Act*.

<sup>59</sup> City of Hamilton, "Hamilton's Community Safety & Well-Being Plan."

<sup>60</sup> Government of Ontario, *Community Safety and Policing Act*.

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