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Reframing street disorder as a system-level challenge: Insights on cross-sector collaboration, governance design, and conditions for impact

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ABSTRACT

Street disorder has emerged as one of the most visible manifestations of the interconnectedness of human, justice, and health systems within Canada. Through our insights from policymakers in client workshops and discussions in 2024–2026, the term "street disorder" is increasingly used as an operational term to frame highly visible behaviours that are accelerated by the interlocking challenges across health, housing, justice, social, and community supports. These high-impact behaviours have been exacerbated by the system challenges around fragmented governance, siloed services, and misaligned justice, health, and housing responses. This article draws on dialogues that Deloitte Canada has been having across multigovernment stakeholders across provinces and municipalities as well as learnings from global jurisdictions. It also highlights international case studies, notably the *Changing Futures* program in England and Wales, to argue that effective responses to street disorder depend less on isolated expansion of initiatives and more on system design, cross-sector coordination, and targeted interventions focused on a relatively small cohort of high-impact cases. The article identifies the conditions under which cross-sector partnerships have the potential to deliver sustained reductions in disorder while improving outcomes for individuals and communities alike.

INTRODUCTION: WHAT IS STREET DISORDER AND HOW IS IT RESISTING TRADITIONAL POLICY RESPONSES?

Across many cities and towns in Canada, street disorder has become both a daily lived experience and a symbolic marker of institutional breakdown. Public drug use, physically aggressive panhandling, encampments in commercial districts, property damage, and repeat low-level offending are typically associated with street disorder and are increasingly undermining public safety, eroding public confidence, and straining municipal governments, emergency, and justice systems. Despite significant public investment into programs across multiple sectors, street disorder is emerging as an entrenched problem which requires collective thinking across the public, not-for-profit, and private sectors.

A central reason for this continued problem is misframing. Street disorder is frequently treated as synonymous with addictions, homelessness, and/or mental health needs. While these factors are undeniably present, such framing obscures the behavioural dimension of disorder, which has the greatest impact on public sentiment, and the system conditions that allow it to persist. The result is an overprominence on individual services focused on solving individual problems, such as homelessness or open drug use. These interventions then focus around these specific issues, that is, more shelter beds, outreach teams, and crisis responses. This, however, fails to provide adequate attention to how systems interact, escalate, or fail.

Through the conversations that Deloitte Canada has been having with policymakers and system providers, there are emerging trends that disorder is not primarily a problem of *absence of services*, but of *misaligned systems*. Individuals cycle between health care, policing, courts, shelters, and the street because no single part of the system has both the mandate and the authority to coordinate an integrated response. Cross-sector partnerships are therefore not an adjunct to addressing street disorder; they are the core intervention.

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STREET DISORDER AS A SYSTEM-LEVEL PHENOMENON

From Root Causes to High-Impact Behaviours and Focusing on "15–20%"

A key insight from these discussions is the importance of distinguishing root causes from priority behaviours. Root causes such as poverty, trauma, mental illness, and addiction are complex, long term, and not amenable to rapid resolution. Priority behaviours, by contrast, are the visible, disruptive, and often repetitive actions that generate public harm and system demand.

Discussions with policymakers revealed that a small cohort, often 15–20% of individuals encountered, accounts for a disproportionate share of disorder, service utilization, and cost. These individuals typically present in communities with overlapping needs: cognitive impairment or brain injury, chronic substance use, trauma, housing instability, and repeated justice involvement.

Systems designed for episodic or voluntary engagement struggle to respond effectively to this cohort. Without tailored pathways, individuals oscillate between emergency responses and disengagement, generating what has been termed "failure demand" – system activity that does not resolve underlying risk or behaviour.

Public Confidence as a System Outcome

The consequences of fragmentation extend beyond individual outcomes and extend to the public sector's (or the system) structure. This is particularly being felt by municipalities, which have limited authority or mandate to address systemic issues but must address their symptoms in their downtown and tourist cores. Even where crime rates stabilize or decline, visible disorder may still be present and erode public confidence, and damages economic vitality with business owners facing higher insurance rates, frequent property damage, and failure to attract customers and workers, fuelling political polarization. This is resulting in communities experiencing "empathy fatigue" when disorder appears unmanaged, undermining support for social investment itself.

For this reason, effective responses must deliver both human outcomes (stability, care, dignity) and societal outcomes (safety, predictability, confidence).

CONDITIONS FOR SUCCESS: WHAT WE HEARD THROUGH CANADIAN DIALOGUE

Street disorder has been consistently described as a complex, system-level challenge that cannot be addressed through isolated interventions or short-term program expansion. Discussions have emphasized that Canada's scale, jurisdictional complexity, and diversity of communities require the need for distinctions-based, culturally appropriate approaches for Indigenous peoples. These solutions need to be adaptable, locally grounded, and system-oriented. Through facilitated dialogue across governments and sectors, a clear set of conditions emerged as essential for progress, reflecting practical experience rather than abstract theory.

Integrated Governance with Decision Authority

Cross-departmental feedback has consistently identified the absence of integrated governance with real authority as a primary barrier to addressing street disorder. Effective responses require formal cross-sector governance solutions that bring together health, justice, housing, and community services within a single decision-making structure. These tables must have clear authority to resolve systemic barriers, reallocate resources, and set shared priorities based on societal outcomes rather than individual mandates. Dialogue participants have stressed the importance of tiered governance, distinguishing between senior-level strategic enablement and place-based operational coordination.

Critically, these bodies cannot be advisory. Service provider-led tables often become fatigued when systemic issues are not escalated to decision makers or program design teams, where modifications to programs could result in improved outcomes. This underscores the need for sustained participation by senior leaders with decision-making authority and accountability for outcomes.

Focused Case Coordination for High-Impact Individuals

Across discussions, participants highlighted that a relatively small cohort of individuals is associated with a disproportionate share of visible disorder and repeated system contact. Effective responses for this group depend on dedicated navigators or case leads with manageable caseloads that reflect the intensity and duration of support required. These roles would be empowered to coordinate across health, justice, housing, and community systems, supported by access to shared information.

Common failure points in current responses to street disorder arise at predictable system transitions, where accountability and coordination are diffused and lack clarity. Across jurisdictions, individuals are frequently discharged from the hospital without secure housing arrangements or follow-up care, only to re-enter crisis services shortly thereafter. Similarly, release from provincial custody (where many people are on remand) often occurs without coordinated supervision, treatment, or housing pathways, increasing the likelihood of rapid return to the street.

Outreach and enforcement teams commonly engage the same individuals independently, duplicating effort without shared plans or ownership. This approach was repeatedly contrasted with referral-based models, which participants described as ineffective under conditions of complexity and fragmentation. The result is duplication without integration and a proliferation of programs without a coherent system architecture.

Lawful, Practical Information Sharing

Information sharing has been described as both one of the most visible system failures and one of the most difficult issues to address. Participants consistently noted that overly cautious or inconsistent interpretations of privacy obligations inhibit lawful, common-sense coordination across systems. High-functioning responses require shared frameworks that clearly articulate what information can be shared, when, and for what purpose, supported by standardized agreements and

role-based access. Equally important is the need for practical training for frontline staff to build confidence and consistency in applying these frameworks.

Information sharing is treated as a key design feature, not an afterthought, because this is often the single most obvious failure point, while also being the most challenging to implement from a system design perspective.

Pathway Clarity, Flexibility, and Escalation

Participants stressed that individuals with complex needs require clearly defined yet flexible pathways that provide predictability and shared accountability across systems. A "no wrong door" approach was strongly supported, ensuring that individuals can access support without having to present with a specific diagnosis or problem to qualify. These pathways must establish clear criteria for escalation as risks increase, articulate expectations and consequences for sustained non-engagement, and manage transitions between care, housing, and justice. At the same time, participants cautioned against rigid sequencing, emphasizing that pathways must enable professional judgment and adaptation at the frontline. Without this balance of clarity and flexibility, systems default to crisis response and tacit tolerance of ongoing harm.

INTERNATIONAL MODEL: THE CHANGING FUTURES MODEL

One example that has resonated with Canadian stakeholders in our dialogues is the *Changing Futures* program in England and Wales that provides an evidenced example of system-level intervention for people experiencing multiple disadvantages, described as the simultaneous experience of two or more of homelessness, addiction, justice system interaction, family- and gender-based violence, or food insecurity. Rather than funding isolated services, the program invested simultaneously in direct support and system change.

The Changing Futures program was delivered through locally led partnerships, bringing together public services, justice agencies, health systems, and voluntary sector organizations to address multiple disadvantages as a shared responsibility. Program design required clearly defined leadership roles spanning frontline delivery, data and learning, and lived-experience engagement, reinforcing accountability at both operational and system levels. Interventions were underpinned by trauma-informed, person-centred practice, recognizing the cumulative impact of harm and exclusion. Crucially, investment extended beyond direct support to include partnership infrastructure, workforce development, and structured shared learning, reflecting an explicit commitment to long-term system change rather than short-term service expansion.

The funding design of Changing Futures emerges as a critical enabler of system change. The program offers a compelling counterexample to siloed funding models by deliberately structuring investment to support cross-sector integration rather than reinforce institutional boundaries. Established as a joint investment between government departments and a national community fund, the program drew on a shared outcomes funding mechanism and aligned philanthropic streams, allocating resources to place-based partnerships spanning health, housing, justice, social care, and the voluntary sector.

Rather than dispersing funds through single-sector channels, Changing Futures created a unified program envelope, enabling flexible investment across frontline support, system coordination, data infrastructure, and workforce development – functions that typically fall between traditional funding categories. Notably, the model did not require full budget pooling at inception. Instead, it enabled progressive alignment through single-lead accountability, shared governance, and discretion to combine allocations but only where partnership maturity allowed. This offers some useful lessons for street disorder where challenges are not rooted in insufficient spending than from fragmented investments across agencies repeatedly engaging the same individuals without shared objectives or accountability.

Evaluation evidence shows reductions in homelessness, rough sleeping, crisis service use, and victimization, alongside improvements in well-being and system collaboration (Ministry of Housing, Communities & Local Government, 2025). Importantly, the program demonstrates that system change is not a by-product of service delivery – it must be explicitly resourced and governed.

HUMAN-CENTRED SYSTEM DESIGN: LESSONS FROM SINGAPORE

Where *Changing Futures* illustrates system change through partnership, Singapore's LifeSG initiative offers insights into system design principles applicable to street disorder (International Foundation for Customer Experience in Government, 2025).

LifeSG reframes government interaction around life events rather than departmental boundaries, emphasizing system design that reflects how people navigate complexity. Core principles include human-centred design, a "once-only" approach to information sharing so individuals are not repeatedly asked for the same data, and agile iteration that allows services to evolve based on user feedback and observed outcomes.

Applied to street disorder, these principles suggest designing pathways around moments of vulnerability – crisis, discharge, release, eviction – rather than organizational silos. This approach recognizes street disorder not merely as a service delivery problem but as a design failure.

TOWARD A COHERENT SYSTEM RESPONSE

From Programs to Architecture

The cumulative insight from cross-sector collaboration is that adding programs without redesigning system architecture produces diminishing returns. Effective responses require clear ownership of complex cases; governance mechanisms that cut across mandates with consistently engaged leadership; and a shared definition of success that spans behavioural change, individual stability, system performance, and public confidence underpinned by effective system coordination and data infrastructure that drives evidence-centred accountability.

Ethical and Practical Implications

A system-level approach also reframes ethical debates. Rather than positioning care and accountability as opposites,

integrated models recognize that predictable, coordinated intervention is itself a form of compassion – for individuals, frontline workers, and communities.

This includes difficult conversations about mandate, enforcement, and non-voluntary pathways, always grounded in safeguards, proportionality, and evidence.

CONCLUSION: STREET DISORDER AS A TEST OF GOVERNANCE

Street disorder exposes the limits of fragmented governance more starkly than almost any other policy challenge. It sits at the intersection of health, housing, justice, and community well-being, with different levels of government demanding responses that no single institution can deliver alone.

The insights synthesized here point to a clear conclusion: cross-sector partnerships succeed when they are designed as systems rather than solving for individual agency mandates. Where governance works across siloed mandates, authority is clear, data and information can be trusted, and interventions are targeted, disorder can be reduced and lives stabilized. Where collaboration remains informal or symbolic, cycling and harm persist.

As cities grapple with rising complexity, street disorder may ultimately serve as a proving ground for a broader shift in public administration – from siloed delivery to system stewardship. The evidence suggests that such a shift is not only possible, but necessary.

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