

## Bancroft pitches model for better safety



Social psychologist Dr. Hugh Russell, the major consultant to the community safety committee, answers questions from agency representatives. TONY PEARSON photo

**By Tony Pearson**

?We've given you the framework for improved community safety; now it's up to you to implement it. You have to show how it can be done.?

Bancroft Mayor Bernice Jenkins threw that challenge to an audience of representatives of well over a dozen local health and social agencies, after a presentation of council's blueprint for making Bancroft safer and more secure.

The reps were invited because the plan revolves around co-operation, information sharing, and co-ordinated responses by appropriate agencies to deal with root causes of social disorder, especially when crime itself is not the main problem.

The overview was given by Councillor Charles Mullett, chairman of Bancroft's policing committee, now renamed the community safety and well-being committee.

It was fleshed out by Dr. Hugh Russell, a social psychologist who lives in Maynooth but consults on community safety issues across the province and the country as well as the United States, and advises the Bancroft group.

The gist of his pitch was that since many calls to the OPP result from social issues rather than crimes as such, the reduction of such calls for assistance rests with a broader group than just the police.

According to Dr. Russell, it should start with various agencies pooling information about individuals and circumstances so as to reduce the chance of harm or victimization; he contended this was possible within the confines of current privacy legislation.

He added that a solution also depends on dealing with the effects of social conditions such as mental health problems and inadequate housing.

Internal system liaison was seen as key to addressing the co-ordination difficulties. Dr. Russell noted that there are many overlapping and split jurisdictions.

Some agencies cover different regions, and several agencies may divide responsibility for a particular family problem ? e.g., the school system, Children's Aid, Ontario Works, social housing authority, and the public health unit.

Someone therefore has to take the lead in assessing needs, determining both existing and needed services, and keeping the ?file? together and understood by all involved.

As always, there is no new money available for such co-ordination.

Russell felt that improved co-ordination could result in savings, although he acknowledged that no agency, for example the OPP, would want to lose any part of their current budget even if savings could be achieved.

Mullett confirmed that no municipal dollars were forthcoming.

The response to the mayor's challenge was predictably mixed. A number of representatives stated that co-ordination was widespread now at the working front-line level, and found it condescending that the mayor would suggest the town had invented the idea.

Others noted that government initiative was required to stop ?turf wars? and break down the territorial border jurisdictions that certain agencies now guarded closely.

Along the same line, bureaucratic procedures and paper had to be eliminated before better co-ordination could be achieved.

Finally, some felt it unrealistic to suggest that a magic wand could be waved and better co-ordination achieved with no new resources.

Dr. Russell's presentation stated that a ?core group? would meet in January to complete an overall plan.

There was some ambiguity as to whether this group now existed, as many agencies said they had not been contacted by the town.

Mullett insisted that the group's membership had not been finalized. CAO Hazel Lambe said that the town would convene a public meeting to present the final plan.

The Community Trust representative stated that for success, the ?populations at risk? ? the sources of service demand and community members affected by social disorder ? had to become involved as well.