

**BUILDING SAFER COMMUNITIES
ROUND TABLE EVENT
FINAL REPORT**

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Overview

The “Building Safer Communities Round Table Event” took place on February 1, 2023, from 8:30 a.m. to 3:00 p.m. The event brought together community leaders and experts with a shared vision of a safe, connected, healthy city where everyone is able to live, learn, work and play.

The City of St. John’s is aware of concerns that are threatening this vision, along with an increased need to address the social determinants of health that are impacting well-being. The root causes of these concerns are complex and require a coordinated, multi-faceted approach, involving all levels of government, the community, businesses, and residents to affect real change.

In 2021, the City and Eastern Health signed a Memorandum of Understanding to plan and execute a Healthy City Strategy that would support the inter-sectoral collaboration necessary to realize our vision of a Healthy City. Many of the organizations present at the event helped to inform the Healthy City Strategy, and identified “safety” as a key building block of the strategy. “Safety” was also one of the top priorities identified through public engagement.

This event continues a long-term commitment by the City to work with key stakeholders to affect real change. The goal of the event was to be solutions-focused, with the intent to build upon what has been working and identify the work that needs to be done.

The event was also held in anticipation of receiving funding under the [Building Safer Communities Fund](#). As announced on February 27, 2023 the [City of St. John’s will receive up to \\$1.83 million](#) through this fund to help address the underlying conditions that give rise to crime. The funding will support community-led projects that empower vulnerable young people to maximize their opportunities. Through this project, there will be more opportunities for engagement, collaboration and coordinated action.

The event took place in the Foran Greene Room (City Hall) and was facilitated by Mica McCurdy of MM Facilitation. Fifty-two people attended the event, representing the following areas of expertise/sectors:

- Health
- Housing and homelessness
- Social and economic well-being

- Justice, policing, and public safety
- Harm reduction
- Inclusion and accessibility
- Anti-racism
- Community sector/centres
- Food security
- Business
- Gender diversity
- Feminist lens
- 2SLGBTQIA+
- Black, Indigenous, Persons of Colour (BIPOC)
- New Canadians
- Seniors
- Youth

The event agenda is on the following page:

8:30 AM – 8:45 AM	Doors/Registration
8:45 AM – 9:00 AM	Welcome & Overview Ice Breaker
9:00 AM – 9:10 AM	Greetings from Mayor Breen
9:10 AM – 9:15 AM	Facilitator – Introduce Panel
9:15 AM – 10:30 AM	Panel Discussion <ul style="list-style-type: none"> 1. Angela Crockwell, Executive Director, Thrive 2. Jane Henderson, Provincial Harm Reduction Consultant, NL Centre for Substance Use 3. Doug Pawson, Executive Director, End Homelessness St. John's 4. Deputy Chief Colin McNeil, Royal Newfoundland Constabulary 5. Renée Ryan, Director of Social and Economic Well-Being, NL Dept. Of Children, Seniors, and Social Development
10:30 AM – 10:50 AM	Nutrition Break
10:50 AM - 11:20 AM	Questions for Panelists
11:20 – 12:15 PM	Round Table Discussion
12:15 – 1:00 PM	Lunch
1:00 PM – 2:30 PM	Round Table Discussion
2:30 – 3:00 PM	Wrap Up & Closing

Description of Event Activities

Panel Discussion

The panel consisted of the following experts:

1. Angela Crockwell, Executive Director, Thrive
2. Jane Henderson, Provincial Harm Reduction Consultant, NL Centre for Substance Use
3. Doug Pawson, Executive Director, End Homelessness St. John's
4. Deputy Chief Colin McNeil, Royal Newfoundland Constabulary
5. Renée Ryan, Director of Social and Economic Well-Being, NL Dept. Of Children, Seniors, and Social Development

Each panelist had fifteen minutes to share their perspective on the current state of affairs as it pertains to the social determinants of health and/or community safety, work their organization is doing to address this, and to discuss the challenges they are facing in this area.

Following the panel discussion, there was a question-and-answer period. The questions posed are outlined in Appendix A.

Round Table Session 1

During the first round table discussion, attendees were asked to introduce themselves, their role and organization, and work their organizations are doing to address the social determinants of health and/or improve the safety and well-being of citizens. Following table introductions, attendees participated in a visioning exercise using the following prompt:

- What does a happy, healthy & safe community look like? You can draw a picture, add a word, sentence etc. to display this.

To enhance the range of perspectives in this exercise, participants were then asked:

- What do you think your neighbours and other members of the public would add to this?

Following the lunch break and reflecting on the panel discussions and the first round table session, participants were asked to think about their own work and identify three challenges or gaps that stand out for them.

Round Table Session 2

Reflecting on the first round table visioning activity, participants were asked:

- What is missing? Who is missing?
- What do we as a community need to put in place to get us there?
 - Which organizations/departments/partners are best suited to take the lead for each suggestion?
 - What do you as a representative of your organization/association need to support your role in getting us there?
 - If resources were not a concern, what program/solution would you implement within your organization?

Key Themes

Many key themes emerged during the round table. These are described in more detail below along with solutions proposed. Overall, there was a strong desire for a collective impact approach and more upstream preventative approaches that address the determinants of health and improve community safety.

- 1) A safe community is connected, inclusive, and equitable

It was acknowledged that safety is a feeling and that each individual's perspective is different based on their own experiences. However, these experiences can be influenced by a variety of systemic, community, and individual factors. When participants were asked to envision what a happy, healthy, and safe community looks like, the vision was one in which neighbours are connected to each other, where everyone's voices are heard, and where everyone feels included and respected. A community where everyone's basic needs are met and there is equitable access to

resources, services, and supports. A place that empowers and supports its residents and celebrates its diversity.

2) Poverty Reduction

Poverty was unanimously recognized as a root cause of many of the other issues communities are facing (food insecurity, homelessness, etc.). Many challenges noted by attendees and their organizations are driven by poverty, low income, food insecurity, lack of affordable housing options, and homelessness. Recent increases in inflation have exacerbated these issues and further marginalized vulnerable populations. Of note, people experiencing poverty are more likely to experience victimization and trauma. Coping with poverty-related trauma can lead people to coping mechanisms such as substance use. Some attendees also noted that people living in poverty are over-criminalized and over policed and may engage in “criminal activity” as a means to meet their needs.

Organizations are spending more and more resources, both financial and staff-based, to address basic needs.

Solutions proposed included the provincial Social and Economic Well-being Plan, more affordable and supportive housing, and approaches such as Universal Basic Income. Efforts to limit means testing, reduce barriers, and to quickly get more money to those who need it should be applied, as opposed to the current system that provides boutique tax credits and has numerous hoops to jump through.

3) Coordinated systems-level responses are needed to improve community safety

- a. A collective impact approach is needed to affect real change.

It will take all levels of government, community agencies, academia, businesses, residents, and more to build a safer St. John's. To facilitate this approach, more tools are needed that foster collaboration and dialogue across sectors. Better coordination of services with a focus on prevention would lead to better outcomes.

There should be increased efforts to integrate, coordinate, and unify various strategies such as the St. John's Healthy City Strategy, Provincial Social and Economic Well-being Plan, Health Accord, and others around addressing the social determinants of health, safety, and overall wellbeing.

b. More resources and better allocation of existing resources

There were two schools of thought as it pertained to funding. One was that there are not enough resources and that more resources are needed. The second was that there are enough resources, but they need to be reallocated. Overall, it was noted that there should be more coordination and sharing of resources, better reporting and monitoring of outcomes, and more multi-year funding. Investments should be targeted and strategic and leveraged for additional resourcing. Initiatives that address safety should be valued and resourced appropriately (i.e. not done off the side of people's desks).

c. Evidence-based decision-making

Attendees discussed the need for more detailed data and improved ability to share data across sectors. Decisions should be rooted in evidence and there should be flexibility to amend priorities based on identified needs. There was agreement regarding a need for a shared evaluation framework to monitor impact and support evidence-based decision-making to guide collective action.

d. Legislation and policy

Legislation and policy development needs to include a holistic lens with careful attention given to health and wellness impacts. These should be routinely reviewed and evaluated to keep policy-makers accountable. Legislation and policy should be evidence-based and reflect best practices.

4) Harm reduction saves lives

Harm reduction is any step taken towards improving the health and wellness of individuals and their communities. It focuses on minimizing the harmful effects of risky behaviours rather than stopping the behaviour. Specifically, harm reduction related to substance use was discussed at the event. It was noted that substance use is going to happen, and that criminalization of substance use further exacerbates issues for vulnerable

populations. There are a range of factors such as poverty, trauma, social isolation, and others that impact an individual's vulnerability to using substances to cope. Harm reduction approaches are person-centered and trauma-informed, based around the principle of meeting people where they are.

Proposed solutions that work from a harm reduction lens were decriminalization and establishing a harm reduction site. Harm reduction sites can be places to safely use substances and can also offer a multitude of services that connect individuals with other resources to address their basic needs. Harm reduction sites should be barrier-free (transportation, childcare, inclusive, gender-based, equity-based).

5) Policing and public safety

A portion of attendees felt that police work often intersects with social work and so striking a balance is important to ensure public safety. There were other attendees that felt that policing does not equal safety and can contribute to violence in our communities. From the latter viewpoint, equating policing with public safety dismisses the safety of those who are marginalized, living in poverty, over-policed, etc.

At the event, it was noted that training for police around trauma, substance use, harm reduction, mental health, and de-escalation has been implemented and continues to be implemented in partnership with community organizations. Many partnerships between health, community, and the police have evolved in recent years. While more work is required, there is an increasing recognition that various sectors influence public safety. Traditional policing can be an important tool but should not always lead the charge in both frontline and policy responses to public safety. Increased resources should go to community support and building social work capacity in addition to or instead of training police in these areas. Further research and engagement in this area is necessary to establish best practices and approaches that would be relevant in the local context.

Some in attendance expressed that in our current system poverty, mental illness, and substance use are overpoliced, overcriminalized and disproportionately punished. While improvements are being made, there is still room to grow. Continued exploration of alternative approaches such as

restorative justice should be considered to improve outcomes for justice-involved individuals.

It was recognized that policing is currently emergency-driven and that more emphasis on community policing rather than emergency response is needed. When people need help navigating a situation, they often call the police first. However, the police may not always be the most appropriate to provide support. It was highlighted that initiatives like the Mobile-Crisis Unit that combine police and mental health supports are helpful and more models like that should be explored.

On the topic of legalization/decriminalization of substances as a potential harm reduction approach, from a law enforcement viewpoint it is important to be thoughtful, review research, and contextualize research to Newfoundland and Labrador before making major legislative changes. Additional challenges can stem from legalization/decriminalization, such as enforcement of trafficking. The police and harm reduction experts are monitoring what is happening in other jurisdictions across Canada and preparing for what may happen in our local context.

It was also suggested that there should be better communication and supports provided to:

- justice-involved individuals in order to better understand the criminal repercussions of their actions, their rights, and available supports
- neighbourhoods who are dealing with more incidences and risky situations in the community because of a lack of resources and/or solutions
- the public to learn more about the available services in the community (not just traditional police services)

6) Neighbourhood connectedness & neighbourhood services

At the community level, the more connected a neighbourhood is, the more safe people feel. There was an emphasis on having more places to connect, noting that these places can be natural hubs and don't need to be formal spaces like community centres. Communities need to be adaptive to demographic shifts and need to listen to the needs of residents. There should be services available at the neighbourhood level that meet people

where they are and apply an equity lens to service provision to ensure everyone is included and able to access what they need.

7) The early years need to set people up for success

Many of the challenges organizations are facing stem from a failure of systems responsible for the protection of young people. Adverse childhood experiences have significant negative impacts on childhood development and mental health, which subsequently impacts adult life. More resources targeted to prevention and early intervention, that set parents and families up for success, are needed. Overall, the social determinants of health need to be addressed: poverty, education and literacy, childhood experiences, social supports and coping skills, physical environments, and more.

The role of schools was emphasized strongly while discussing this topic. To better support the childhood experience for school-age children and improve coping skills, it was proposed that there should be mental health teams in schools, as opposed to just one or two guidance counsellors.

8) Oppressed, racialized, and marginalized populations

Participants at the Building Safer Communities Round Table event expressed that viewpoints of oppressed, racialized, and marginalized populations are not often represented in research. More efforts should be made to listen to and meet the needs of individuals who experience discrimination and who “fall through the cracks.”

There was a lot of discussion about gender and the recognition that gender plays a role in access to systems and services. It is important that a gender-lens is incorporated into working solutions.

Overall, it was proposed that potential solutions should take an equity-based approach and that decision makers should use a template or tool for decision-making that incorporates various lenses.

9) Staff wellness and retention

Participants noted that the COVID-19 pandemic led to increases in abuse, poverty, food insecurity, mental and physical illness, substance use, homelessness, isolation, and trauma. As a result, demand has increased across a variety of sectors. Many sectors indicated that they are always in crisis mode, scrambling to address basic needs for an increasing number

of individuals, which leaves no time for prevention. This puts a lot of strain on staff. Many agencies reported that staff are experiencing compassion fatigue and burn out. There should be increased support for frontline workers to address their mental and physical wellness. Prevention through improving the social determinants of health is required; however, until that is in place, staff will still need to respond to crises. As a result, more resources to increase the number of staff working and to better support staff in doing their work are needed. In addition, more education and training to build staff knowledge and competencies can support staff wellness and retention.

10) It's easy to make good choices when you have lots of them.

Throughout the event, the subject of choices and privilege emerged. There are many factors that influence the choices an individual has. Race, income, gender, education level, ability, childhood experiences, and trauma are a few examples of these factors. People who are marginalized and oppressed are afforded fewer opportunities and choices than those who have privilege. However, the more society can level the field by addressing the social determinants, the more choices people will have.

Feedback from Participants

An evaluation survey was sent to participants after the event. Nineteen people completed the survey. The majority of respondents were satisfied with the event and enjoyed the panel discussion and round tables.

Additional elements that respondents enjoyed were the opportunity to network and the commitment to action. When asked if they are likely to participate in one of these events in the future, 100% said yes.

Some areas for improvement included:

- Including more information about the Healthy City Strategy and the Building Safer Communities Funding to provide context.
- Diversifying the panel and participant list to include underserved community voices (BIPOC, 2SLGBTQIA+, sex workers, people with lived experience) and neighbourhood representatives.
- Narrowing the focus to give more time for action-oriented discussion.
- More opportunities to network between tables and providing a participant list to facilitate collaboration after the event.

When asked what respondents would like to see at future events, responses included:

- Specific opportunities for participating organizations to collaborate (based on information obtained during the session) and information about funding opportunities to support these initiatives.
- A deeper dive into the issues identified throughout the day with very focused frameworks to support those discussions.
- A roundtable discussing service gaps and realistic solutions.
- Government commitment to solving the identified issues.
- How to address mental health and addictions concerns from a prevention / health promotion lens.
- More information about harm reduction

Recommendations

- 1) Form a multi-sectoral steering committee to continue the collaborative work that was started at the round table event and to address the questions that are noted in Appendix A and guide a community engagement process. Terms of Reference should include a detailed code of ethics to avoid conflicts of interest and allow equal opportunity for key stakeholders to participate and access resources.
- 2) Create a shared platform that enables cross-sectoral collaborative work and continue to engage stakeholders through events such as this one.
- 3) Involve more diverse stakeholders in future events and engagement/collaboration activities. Attendees expressed that representation or enhanced participation from the following groups is necessary when addressing this topic:
 - Community Sector Council
 - Black, Indigenous, and People of Colour (BIPOC) Communities
 - People with lived experience
 - 2SLGBTQIA+ community
 - Sex workers
 - School boards and NL Department of Education
 - Municipalities NL

- Private and commercial sector
 - Neighbourhood associations
 - General public
-
- 4) Conduct a jurisdictional scan of approaches to address public safety that work in other communities like St. John's and evaluate their application to the local context. The scan should focus on community-led initiatives aimed at addressing the root causes of crime.
 - 5) Enhance community capacity and use a collective impact approach to address root causes to improve safety and well-being.
 - 6) Identify or develop a collective impact evaluation framework to monitor progress and support evidence-based decision-making
 - 7) Identify or create a tool(s)/ template(s) that ensures various lenses, such as from oppressed, racialized, and marginalized groups, is used for decision-making.

Appendix A

This appendix outlines the questions that were asked after the panel discussion.

Category	Question
Data	For all of this, what is our collective, longitudinal data telling us? Is it really as unsafe as we feel, or is social media / sharing making it appear as greater than it is?
Data	Do we have statistics on the number of people with substance use or mental health issues who are involved with the criminal justice system?
Data / Social and Economic Well-Being Plan	For the marginalized groups, who are lower in satisfaction in NL in terms of sense of well being, is that lower than other groups in NL or lower than those groups compared with other provinces? This appears significant.
Data / Social and Economic Well-Being Plan	What are preliminary findings showing regarding the experiences of 2SLGBTQIA+ and racialized populations in the province? Please elaborate on your earlier comments.
Data / Social and Economic Well-Being Plan	What meaning do you ascribe to the positive responses of Newfoundlanders regarding overall perception of well-being despite negative outcomes across social determinants of health indicators?
Education / Mental Health	How do we make our classrooms and education system easier for kids/teens with mental health issues, low attendance to be successful in completing high school education?

Education / Mental Health	Are schools going to integrate mental health and addiction staff into the school system (i.e. social workers and mental health teams)?
Funding	Some of the speakers addressed the guidelines, parameters, etc. surrounding government sources of funding (often 1 year, complication application process, funding not continued beyond 1 year). Is government open to changing these parameters as it would be very beneficial to sustained programming?
Gender Lens	The crisis of poverty? Violence is clearly a gendered one. How can we ensure all investments and solutions include a gender lens analysis from the start?
Harm Reduction	Who is best suited in our city to provide safe injection / harm reduction sites?
Harm Reduction	"Substance use is here to stay." How do we work to a continuum model of services/safety?
Harm Reduction	Given the evidence to support safe consumption sites, why isn't there action to create one?
Harm Reduction / Law Enforcement	In reading about BC's new approach after facing over 2000 drug-related deaths this year, what can we learn from other jurisdictions? How do we get past the barriers?
Health	How do we redefine "care" in our systems and programs? How do we really provide people with the care they need?
Housing and Homelessness	How do people access End Homelessness St. John's (EHSJ) programs?
Housing and Homelessness	How do clients get put on EHSJ's radar? I.e. professional referral, self-referral, shelters?

Housing and Homelessness	What's the most common reason for homelessness?
Housing and Homelessness	How can property owners in downtown assist your groups in reducing harm to the public?
Housing and Homelessness	Can we leverage the current Airbnb surplus to our clients living in poverty during off seasons when demand is lower? Can we sweeten the deal for owners to open their doors off season?
Housing and Homelessness	If we were to shut down the "slum" landlord private shelters - what would the fallout look like?
Housing and Homelessness / Mental Health	Are there plans for those with severe mental illness who will need housing when the Waterford closes?
Housing and Homelessness / Newcomers	How are we going to address housing availability (safe housing) for our newcomer population?
Law Enforcement	RNC: Can you tell us more about legalization of small amounts of opioids in Western Canada? What are the initial outcomes/results of this approach?
Law Enforcement	What is the RNC's strategy to balance the amount of non-police work they are faced with, and police involvement's negative impacts on people's lives, with community relations with those that may feel unsafe, looking to the police to solve much broader social concerns?
Law Enforcement	How do we change organizational resistance to RNC involvement, recognizing that we deal with clients who often have negative reactions to police?
Law Enforcement	How do we better communicate that our communities are generally safe? (Fear of crime vs reality?)

Newcomers	What types of programs are available to help integrate newcomers to this province?
Partnerships	What would you suggest in the best way to establish long term partnerships that work?
Partnerships	How can community be accepted into our systems - for true collaboration?
Partnerships	We're talking St. John's today but much of the power is provincial. How do we get the province to engage on St. John's-specific solutions?
Partnerships	How do we better collaborate? (There are still too many silos). What are specific things we can do today?
Poverty	It seems as though the common thread so far is poverty. Between homelessness, food insecurity, crime, and riskier activity – poverty is almost always at or near the root. What are we doing about it? What else should we be doing about poverty?
Public Safety	How can we teach the public how to deal with encounters in the downtown?
Public Safety	Aggressive encounters have increased in the downtown during the day. Can we work together on a solution other than calling the police?
Service Provision	Are there age limits for Thrive's services?
Service Provision	Is there a referral process - how does Thrive get their clients?

Service Provision	Thrive - frontline continues to offer increased services with fewer resources. When it comes to maintaining wellness in those services, ad by extension, maintaining knowledge an experienced relationships, how do we do so in a community in the face of poverty?
Social and Economic Well-Being Plan	Is it possible to have a per segment action plan based on the data and strategy build by CSSD? i.e. an overall plan to target homelessness, overall plan to unify practices such as harm reduction and so on?
Social and Economic Well-Being Plan	What is the relationship / collaboration between the development of the Social and Economic Well-Being Plan and the Literacy Strategy?
Solutions	How / when do we shift responses from crisis to prevention and support?
Solutions	How do we cope with the ongoing cost-of-living crisis?
Substance Use	Are we able to determine the impact of vaping, especially to young people and whether it is used as a gateway to other substances?
Substance Use	How prevalent is an addiction to nicotine consumed through vaping products?

