HONOURING LIVES

A PILOT STUDY TO UNDERSTAND PREMATURE AND PREVENTABLE DEATHS AMONG INDIGENOUS PEOPLE IN TORONTO

For a number of years, health and social service agencies in Toronto have been reporting an unprecedented rise in the number of deaths among people who are homeless and vulnerably housed. In response, Toronto Public Health has been tracking homeless deaths since 2017 to generate a more accurate estimate of the number of deaths and to gain a better understanding of the causes of death.[1] To date, these data do not report on Indigenous identity. Likewise, Indigenous people have been absent from the Coroner's death investigations of people experiencing homelessness. This project explores the root causes and contexts surrounding the deaths of Indigenous people experiencing homelessness, and the ripple effects experienced by family, friends and a community of staff across the city.

This project focuses on five people, each of whom died in Toronto between 2014 and 2017. These five people were selected by staff at Na-Me-Res and Anishnawbe Health Toronto based on their knowledge of the urban Indigenous community in Toronto. For each of the five subjects, researchers from Well Living House conducted a verbal autopsy which consisted of between five and six interviews with friends, family members, and health and social service providers, for a total of 26 interviews. Interviews were conducted in 2018.

In all cases, the factors that led to premature and preventable death are associated with municipal, provincial and federal governments, and the systems and institutions under their direction such as child welfare, health care, social services, housing, policing, and criminal justice. In addition to specific government and institutional practices, the racism woven into the city – for example, from landlords, from individual health care providers, and from people on the street – is also a contributing cause of death. From the impact of separation from family, community and land to the ways in which racism impacted people's day-to-day lives, the causes of death for all five subjects can be traced to historical and ongoing processes of colonization.

Throughout their lives, these five people demonstrated remarkable strength, resilience, and tenacity. All five coped with systemic discrimination and barriers to accessing services using humour, strength of spirit, and connection to their communities. Each subject contributed to reciprocal relationships of support in their communities, and they are all deeply missed.

The findings – and their implications – cannot be effectively summarized. The full report is essential reading, and will be available at: www.welllivinghouse.com and www.nameres.org.

This project was conducted by Na-Me-Res, Anishnawbe Health Toronto and the Well Living House at the Centre for Urban Health Solutions.

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RECOMMENDATIONS TO PREVENT FUTURE DEATHS

Our findings reveal that many of the factors that contributed to the deaths of all five subjects are deeply embedded in the governments, systems and attitudes that underpin everyday life in Toronto. In addition, recommendations that would have helped to prevent these deaths have been presented to policy-makers and institutions over a long period of time, and have largely been neglected.[2-6] Given these realities, the work required to transform the systems that led to these deaths cannot be captured through a brief list of recommendations. Some next steps, however, came out strongly in our research. We present them here, grounded in the knowledge that they are only the beginning.

1

DRAMATICALLY REDUCE CHILD APPREHENSION

Cycles of child apprehension and intergenerational trauma had devastating impacts in the lives of all five subjects. In accordance with Calls to Action numbers 1-5 of the Truth and Reconciliation Commission of Canada (2015), it is recommended that all levels of government work to reduce the number of Indigenous children in care through providing adequate funding for initiatives that keep families together through strength-based practices such as Indigenous midwifery. This recommendation follows many calls for overhauling of the Indigenous child welfare systems across Canada through investment in Indigenous communities, dating back to the Report of the Royal Commission on Aboriginal Peoples (1996) and beyond.[2,3,7,8]

2

ADDRESS COMMUNITY-LEVEL GRIEF

Ensure a range of opportunities for addressing historical, intergenerational, childhood and ongoing trauma and grief for Indigenous communities.

Heavily resource:

- Culturally safe, no-cost trauma counseling in non-institutional settings.
- Culturally safe, no-cost grief supports in non-institutional settings.
- Access to traditional cultural supports for trauma and grief. This includes increasing access to Elders, traditional teachings and ceremony for community members who are using substances.

3

PROVIDE HOUSING THAT IS SAFE

A core contributing factor to the premature deaths of all subjects was a consistent lack of safe and affordable housing from their youth until their deaths. One hundred per cent of people who need housing should be offered housing that meets their needs, whether that be:

- Supportive housing that includes 24-hour staffing, counseling, assistance managing appointments and medication, and assistance transitioning from street life.
- An Indigenous specific harm reduction shelter.

OR

- Deeply affordable and permanent housing.

Ensure that all housing:

- Allows people to maintain their physical safety.
- Offers privacy and peace.
- Is culturally supportive – for example, includes access to Elders and freedom to smudge.
- Is responsive to the needs of community members who are using substances and includes a mix of abstinence-based and harm reduction approaches.

4

ADDRESS RACISM AND DISCRIMINATION IN EMERGENCY DEPARTMENTS

Our findings demonstrate that racism and discrimination are pervasive in the Toronto Emergency Departments (EDs) used by subjects. While comprehensive plans must urgently be put in place to transform conditions, some initial steps include:

- Accountability mechanisms related to racism and discrimination such as a formal complaint process with actionable consequences.
- 24/7 Indigenous patient advocates and culturally appropriate supports in EDs that are embedded in all aspects of ED care.
- Community-led education for health care practitioners on cultural safety, anti-racism, and treating street-involved patients.
- Discharge practices that take into account patient circumstances and ensure that people can maintain their physical safety once they leave the ED.

5

ADDRESS GAPS IN THE MENTAL HEALTH SYSTEM

- Ensure that people with mental health problems aren't treated only with medication, and that people are not coerced into accepting treatment. Ensure that culturally safe trauma counseling and culturally appropriate supports are always available and offered.
- Ensure intake processes and services are appropriate for and accessible to people experiencing concurrent disorders.

6

CARE FOR COMMUNITY MEMBERS WHO ARE USING SUBSTANCES

Our findings underline the importance of urgently implementing the Toronto Indigenous Overdose Strategy.[9]

RECOMMENDATIONS TO PREVENT FUTURE DEATHS *(Continued)*

Recommendations specific to our findings include providing:

- Addiction services specifically developed for Indigenous peoples.
- Addiction services outside of an abstinence-based model.
- Education about fentanyl and naloxone, and access to naloxone, for people who are using substances, and their friends, families, and communities.
- Increased access to safe injection sites.
- Harm reduction frameworks accompanied by robust supports so as to not generate increased risk.

7

RESOURCE THE GRASSROOTS PREVENTION WORK THAT COMMUNITY MEMBERS ARE ALREADY TAKING ON

Our findings surfaced impactful, grassroots efforts that offer support to Indigenous community members experiencing homelessness. These include:

- Non-judgmental, harm reduction-based outreach provided by community Elders.
- A group of people in the community that coordinates to offer support and resources where needed. For example, accompanying people to court, advocating for housing and care, linking community members with organizations, accompanying people to appointments and much more.

8

RESOURCE SERVICE PROVIDERS TO OFFER RESPONSIVE, NON-STIGMATIZING SERVICES

Fragmentation of services was a major barrier for subjects, while service providers taking the time to build relationships with their clients was noted as an effective practice.

- Ensure providers such as case coordinators have the time, space and mandates to establish long-term, trusting relationships with clients.
- Worry less about duplication of services, and more about quality of relationships, and coverage of needs. Some people could use more than one case coordinator, and in these cases, workers should be offered the time and resources to collaborate with each other across organizations.
- Literally meet clients where they are at with non-judgmental outreach services, and meaningfully integrate client recommendations into services and policy.

9

PROVIDE CARE DURING THE TRANSITION FROM YOUTH INTO ADULT SERVICES

The disruption of services at the age of 18 had a negative impact on many subjects.

- Extend or create services and programs for youth aging out of care.

References:

1. Toronto Public Health. (2018). Monitoring Deaths of People Experiencing Homelessness. Retrieved January 29, 2018 from https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/monitoring-deaths-of-homeless-people/
2. Royal Commission on Aboriginal Peoples (RCAP). (1996). Report of the Royal Commission on Aboriginal Peoples. Ottawa, ON: Indian and Northern Affairs Canada.
3. Truth and Reconciliation Commission of Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Winnipeg, MB: Truth and Reconciliation Commission of Canada.
4. Jim Ward Associates. (2008). Dealing Effectively with Aboriginal Homelessness in Toronto. Toronto, ON: Jim Ward Associates.
5. McCaskill, D., FitzMaurice, K. & Cidro, J. (2011). Toronto Aboriginal Research Project Final Report. Toronto, ON: Toronto Aboriginal Support Services Council.
6. Xavier, C., O'Brien, K., Maddox, R., Laliberte, N., Wolfe, S., & Smylie, J. (2018). Our Health Counts Toronto – Access to Health Care. Toronto, ON: Well Living House. Retrieved from http://www.welllivinghouse.com/wp-content/uploads/2018/02/Access-to-Health-Care-OHC-Toronto.pdf
7. John, E. (2016). Indigenous resilience, connectedness and reunification – from root causes to root solutions: A report on Indigenous child welfare in British Columbia. Victoria, BC: British Columbia Ministry of Children & Family Development.
8. Sinclair, R. (2016). The Indigenous child removal system in Canada: An examination of legal decision-making and racial bias. First Peoples Child & Family Review, 11(2), 8-18.
9. Speed, S. and Sault, M. (2019). Toronto Indigenous Overdose Strategy: Summary Report. Retrieved from: https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-129421.pdf

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