

# Goodacre Place Review

Report issue date: February 15, 2022

Report Commissioned by BC Housing

External Consultants:

Michelle Ninow

M. Ninow Consulting

Nene Kraneveldt

Imagination FX

**Contents**

Land Acknowledgement ..... 1

Introduction ..... 1

    Smithers Community Service Association and Goodacre Place ..... 2

    Context ..... 3

    Scope and Limitations ..... 4

    Guiding Documents..... 5

        Global Lens: United Nations Declaration on Indigenous People (UNDRIP) ..... 5

        National Lens: Truth and Reconciliation Commission..... 6

        Provincial Lens: In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC..... 6

        Provincial Response..... 8

Observations ..... 10

    1. Indigenous Peoples and Cultural Safety ..... 10

    2. Service Provider Network - Interagency Relationships ..... 16

    3. Service Access ..... 17

    4. Health Care Supports..... 20

    5. Operations ..... 24

Conclusion..... 26

# GOODACRE PLACE REVIEW

---

## Land Acknowledgement

It is an Indigenous teaching and protocol to honor and acknowledge the land you are standing on or working within. In that spirit, the authors wish to acknowledge the Wet'suwet'en peoples, the people on whose land this review was conducted. We also wish to acknowledge the Smither's Bridging Committee. The Smither's Bridging Committee led the process for establishing the *Acknowledging Wet'suwet'en Territory - A guide with information on the Smithers Bridging Committee (2016)*. It is from this document we share the story of people and the land; to give our gratitude to the stewards of the land and provide context and framing to the review document.

*The Wet'suwet'en have lived in this vast and bountiful river valley for thousands of years. Wet'suwet'en ancestors knew this great watershed as Widzin Kwah (the name refers to a body of water larger than a stream, now known as the Bulkley River). The name Wet'suwet'en is believed to mean "the people of the lower drainage" and the name of the valley in which Smithers is located is D'ze Kant, which means "foot of the mountain."*

*This area has only been known as the Bulkley Valley in recent history: about 150 years. The story of this beautiful valley is much older, spanning the thousands of generations that it was inhabited by Niwhits'ide'ni, the Wet'suwet'en ancestors. Since time immemorial, this place has been called yin tah, a Wet'suwet'en expression meaning "earth" or "land," but more specifically "territory."*

*When holding events on Wet'suwet'en territory, it is customary to offer a traditional welcome that acknowledges the land and its inherent connection to Indigenous peoples' culture and ancestors. In this way, non-Aboriginals show respect for the region's history and build relationships for the future (p. 1).*

*This protocol serves to acknowledge the importance of our shared sense of space and place and to recognize the spirit of the land. We are bringing history to life. We remain on Wet'suwet'en territories that were never ceded through treaty, war, or surrender. Our shared sense of place provides an educational opportunity to connect and celebrate our relationship to the land (p. 5).*

## Introduction

BC Housing, in partnership with Aboriginal Housing Management Association (AHMA), initiated a review of Smithers Community Services Association (SCSA) and Goodacre Place following the issuing of a press release by the Dze Ɓ K'ant Friendship Centre (a local Indigenous community organization) on April 23, 2021. The press release expressed concerns about the deaths of six Indigenous people, over the period of a year, who were residents of Goodacre Place and suggested that SCSA was not providing adequate cultural safety for Indigenous clients. BC Housing decided to conduct a review to ensure that SCSA is fulfilling the terms of their operator agreement for Goodacre Place.

Two third party consultants were hired to conduct the review, to ensure representation, one consultant is an Indigenous person, and the other consultant is a non-Indigenous person. Their work was guided by a Review Steering Committee. For the review, twenty-four interviews were conducted with twenty-six people including those with lived experience, service providers and community partners (including Indigenous and non-Indigenous community leaders). An online focus group with people with lived experience was virtually facilitated, with BC Housing staff in attendance. A meeting with area Indigenous

Chiefs and elected representatives was attended and facilitated by the Indigenous lead of the consulting team. The results of these interviews and meetings form the basis for this review.

While the focus of the review was not on the deaths of the Indigenous people but on Goodacre Place, the external consultants did not observe direct linkages between the cultural safety practices employed at Goodacre Place and the deaths, and therefore could not substantiate any of the allegations indicated in the noted press release. The observations in this review indicate that SCSA is making efforts to create cultural safety at Goodacre Place and the organization is interested in ongoing learning in this area. It should be noted that there are currently no definitions or standards within the housing sector for cultural safety.

During the course of the review, it did, however, become clear that there were larger issues of anti-Indigenous racism in the community; this has had impacts on services provided within the community and speaks to the national issue of systemic racism.

## **Smithers Community Service Association and Goodacre Place**

Goodacre Place was opened in May 2019, through the Rapid Response to Homelessness Program, for people who are homeless or at risk of becoming homeless. It is a three-story permanent modular building with 22 single units of supportive housing where residents pay \$375/month for shelter and receive breakfast, dinner, and support services. Goodacre Place provides 2 short-term crisis units containing three beds each (2 beds each used during COVID). The building also includes a multi-purpose room, a common dining area, a commercial kitchen and laundry room, office space, medical room, and reception area.

Goodacre Place was named after longtime resident and advocate Bill Goodacre. Bill was described in the January 28, 2019, edition of the Interior News as a “tireless ally for indigenous people, especially the Wet’suwet’en, and was particularly passionate about the Shared Histories project, for which he was an instigator and champion,”. He was remembered as someone who stuck up for those on the margins, those without homes, and those among us who were suffering. Bill Goodacre held a vision of community based on compassion and most of all he wanted people to be kind to each other.

Goodacre Place is the only housing facility (supportive or emergency) for people experiencing homelessness between Terrace (200 km to the west) and Prince George (375 km to the east).

SCSA underwent an Operational Review in 2019 and BC Housing staff characterized it as a good review with a limited number of issues. BC Housing staff describe SCSA as a long-standing, trustworthy, and good quality service partner.

Community partners describe Goodacre Place as a useful service, developed at the right time, which provides safe housing. Due to COVID most service providers and community partners have not been inside Goodacre Place for over a year. Several interview respondents praised the organization which kept Goodacre Place open during COVID and continued to provide services, even when faced with challenging staffing shortages.

Current residents interviewed say they like Goodacre Place, especially the support workers and the food. An April 2021 Modular Supportive Housing Review of Goodacre Place shows that 91% of residents remained housed for six months, 78% survey respondents reported improvements to overall wellbeing, and 79% indicated an increase in personal safety. All survey respondents reported that they feel their

culture is respected at Goodacre Place and 33% of survey respondents felt that their access to cultural programming had improved. The review results were viewed as quite strong by BC Housing staff.

Prior to the opening of Goodacre Place, SCSA operated the Broadway Shelter, a stand-alone emergency shelter, with 9 beds.

The SCSA agreement with BC Housing for Goodacre Place is called the “Rapid Response to Homelessness Operator Agreement - Combined Property Management and Support Services”. The agreement pertains to the 24 residential units at Goodacre Place. There is no separate Emergency Shelter Program Agreement for the 2 short-term units (6 beds with 3 per unit).

As of May 31, 2021, there were 16 residents in the supportive housing units at Goodacre Place, and 56% (9) of the current residents identified as Indigenous. 81% (13) of current residents have been housed 6 months or longer.

## Context

Smithers is a small northern community of 5,000. Despite its size, Smithers serves as a regional hub for a large geographic area including several First Nations communities and other smaller municipalities in the surrounding area. Gitksan, Wet'suwet'en, and Lake Babine Nation are the closest nations surrounding the regional hub and people from these communities, and beyond, travel to Smithers for supplies and services, such as medical appointments and high school.

Homelessness and housing are priority issues for the Town of Smithers. The municipality has contributed land and worked closely with BC Housing for recent housing projects, including Goodacre Place.

The most recent Point in Time homeless count in Smithers was conducted on April 14/15, 2021. It identified 33 people who were experiencing homelessness<sup>1</sup>, of this number 93% identified as Indigenous and 80% had been homeless for more than 1 year. It should be noted that observed numbers of homeless individuals in Smithers are subject to seasonal fluctuation.

The main organizations providing services to the homeless population in Smithers include:

- Smithers Community Services Association (SCSA),
- Dze Ɓ K'ant Friendship Centre (Indigenous led),
- Northern Society for Domestic Peace,
- Positive Living North,
- Northern Health (Intensive Case Management Team), and

---

<sup>1</sup> For the purpose of counts conducted in the provincially funded B.C. communities, an individual was defined as experiencing homelessness if they did not have a place of their own where they paid rent and could expect to stay for at least 30 days. This included people who:

- › Stayed overnight on the night of the count in homeless shelters, including transition houses for women fleeing violence and youth safe houses, people with no fixed address (NFA) staying temporarily in hospitals, jails or detox facilities (defined as “sheltered”); and,
- › Stayed outside in alleys, doorways, parkades, parks and vehicles or were staying temporarily at someone else’s place (couch surfing) and/or using homelessness services (defined as “unsheltered”).

- the Salvation Army.

Emergency shelter and supportive housing and the Homeless Prevention Program are provided by SCSA at Goodacre Place. The Friendship Centre provides the only Indigenous led services for people experiencing homelessness in Smithers.

As the recent count indicates, homelessness in Smithers is largely Indigenous. The challenges faced are not simply shelter related but also include mental health concerns, substance use resulting from trauma and the intergenerational impacts of residential schools and colonization, poverty, anti-Indigenous racism, and discrimination.

The reviewers heard from a number of interviewees that many people see Smithers as a non-Indigenous town and that until recently, there was generally not much interest about Indigenous people. Conversely, they also heard about the long history of Indigenous presence in the area.

The reviewers also heard about many experiences of local anti-Indigenous racism. There is agreement from most interview respondents that Smithers is not an Indigenous-friendly community. From the past the reviewers heard about Elders in the area remembering their houses being burned down because they were Indigenous. In the present the reviewers heard from some Chiefs and elected Council members who report still being uncomfortable in Smithers as Indigenous people. They talk about being followed in the shops and not feeling safe walking down the street. These sentiments were echoed in the focus group for people with lived experience who, as Indigenous people, report being verbally, and physically assaulted. They talked about garbage and insults being thrown at them and being refused access to some businesses in Smithers. This was confirmed by a diverse group of service providers who have witnessed this behaviour on an ongoing basis.

While this report recognizes that racism is a condition that exists within the community, it does not imply that all organizations in the community contribute to conditions that allow racism to exist. The reviewers spoke with several local organizations working to provide cultural safety for those that they serve.

## Scope and Limitations

The scope of this review is shaped by the following factors:

- While this review was initiated in response to the April 23, 2021, press release about the deaths of 6 Indigenous people associated with Goodacre Place; this review is not an investigation of the deaths which have occurred; this is beyond the scope of the review.
- Due to COVID 19 and the BC wildfire situation there were no site visits conducted by the reviewers and most interviews were conducted by telephone or online, from May to August 2021.
- Interview respondents indicate that the COVID 19 pandemic has had a significant impact on people experiencing homelessness in Smithers and clients at Goodacre Place. When COVID 19 emerged in the spring of 2020, most service providers in Smithers closed their doors to in-person service, or access was limited. Most service provision went online, if possible. This included counselling, housing support, and medical appointments. Interview respondents said that social networks for vulnerable people were disrupted due to the closure of services and businesses in the community, and people experiencing homelessness in Smithers became more

isolated and stigmatized during COVID. Goodacre Place has remained open during COVID, and staff were, and are, taking precautions including the use of PPE, sanitizing and cleaning, contact tracing, and limiting guest access in the building. Like residential facilities across the province, only health care workers were allowed in the building, other services were not able to come onsite.

- Community partners and service providers report that overdoses due to illicit drug toxicity continue to be high in Smithers. Some have reported local rates have increased substantially during COVID. Goodacre Place staff report periods of daily use of Naloxone for residents who use substances regularly. Services in Smithers include an Opioid Antagonist Treatment clinic, an acute detox bed at the Smithers hospital, free distribution of harm reduction supplies, The Intensive Case Management Team, Positive Living North, and substance use counselling. Other treatment and recovery opportunities are located outside of Smithers.
- During the review of Goodacre Place the discovery of the remains of 215 children buried at the former Kamloops Indian Residential School raised awareness about the accountability for Indigenous deaths in government institutions. While this discovery and subsequent discoveries occurred after the review had begun, it informed interviews conducted for the review and in some cases impacted the availability of some people who might have been interviewed.

## Guiding Documents

This section looks at guiding documents regarding Indigenous people from the global, national, and provincial lens. The purpose of this section is to highlight relevant direction from these key documents and how it is being implemented at the provincial level. These documents also have important direction for how agencies, including those in the town of Smithers, can respond to homelessness and the other issues that often accompany homelessness. The documents have a specific Indigenous focus which includes multi-generational trauma.

### **Global Lens: United Nations Declaration on Indigenous People (UNDRIP)**

UNDRIP was endorsed by the government of Canada in 2016 and the United Nations Declaration on the Rights of Indigenous Peoples Act received Royal Assent and became law in June 2021. The government of BC committed to implementing UNDRIP in 2019. Overall, UNDRIP requires that Indigenous peoples have the right to be involved in the decisions that affect them, and as much as possible, programming should be conducted through Indigenous-created and Indigenous-led organizations. More specifically, Indigenous peoples have the right to social and health services that can be accessed without discrimination and have the right to attain the highest possible levels of physical and mental health care. Articles from UNDRIP that specifically link to homelessness and accessing services for homelessness in Smithers are detailed in Article 23 & 24.

#### *Article 23*

- *Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.*

#### *Article 24*

- 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
- 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health.*

## **National Lens: Truth and Reconciliation Commission**

The Truth and Reconciliation Commission of Canada (TRC) published the 94 Calls to Action in 2015. The purpose of this document and the years of research and testimonies was to redress the legacy of residential schools and advance the process of Canadian reconciliation.

The 94 Calls to Action provide a clear roadmap for engaging in activities that will lead to a more inclusive and equitable future in Canada. This list is not intended to be prescriptive or an exhaustive list of actions; rather the actions may serve as a guide to action towards reconciliation.

Since the release of the Royal Commission on Aboriginal Peoples (1996) it is widely acknowledged and accepted that any social ill experienced by Canadians is experienced to a much higher degree by Indigenous peoples, this includes: child poverty, incarceration rates, child mortality, etc. TRC's Recommendation number 19 speaks to these social ills and closing the gaps in health outcomes. Health outcomes have a direct impact on those experiencing homelessness.

*19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes in between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services (p. 2 & 3).*

Other related recommendations include:

*43. We call upon federal, provincial, territorial, and municipal governments to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples as the framework for reconciliation.*

*44. We call upon the Government of Canada to develop a national action plan, strategies, and other concrete measures to achieve the goals of the United Nations Declaration on the Rights of Indigenous Peoples (p.4).*

## **Provincial Lens: In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC**

This report is focused on Indigenous specific racism within the healthcare system. While the focus is not specific to homelessness, there is a direct link between being housed and improved health outcomes. Many interview respondents spoke about the barriers to accessing health care faced by people experiencing homelessness. Some respondents recognized that people experiencing homelessness may refuse to access health care because they do not feel safe in the healthcare system.

In Plain Sight: Addressing Indigenous Specific Racism and Discrimination in BC Health Care was published in 2020 by an independent advisor, Mary-Ellen Turpel Lafond, who was secured by the Province. The purpose of the document is to review Indigenous-specific racism in BC's health care system. Over 600 accounts of abuse were submitted across the province of Indigenous people sharing their experiences of discrimination and systemic racism. The document highlighted and provided insight to the long-standing



legacy of colonialism in Canada and the on-going institutional racism towards Indigenous peoples located in British Columbia.

Of note in the report:

1. Racism in the healthcare system is a reflection of a lack of respect and implementation of the basic human rights of Indigenous peoples.
2. Racism within the healthcare system is integrated with, and in many aspects indivisible from, broader patterns and conditions throughout society.
3. While those who experience the problem of racism in the health care system must be intimately involved in developing solutions, we know that the responsibility and burdens of this work lie with non-Indigenous individuals, communities, organizations, and governments (p. 181).

Related Recommendations include:

#### Recommendation 2

That the B.C. government, in collaboration and cooperation with Indigenous peoples in B.C., develop appropriate policy foundations and implement legislative changes to require anti-racism and “hard-wire” cultural safety, including an Anti-Racism Act and other critical changes in existing laws, policies, regulations and practices, ensuring that this effort aligns with the UN Declaration as required by DRIPA (p. 186).

#### Recommendation 4

That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly establish the Office of the Indigenous Health Representative and Advocate with legislative recognition and authority to provide a single, accessible, supportive, adequately funded resource for early intervention and dispute resolution for Indigenous people who require assistance to navigate, fully benefit from, and resolve problems within, B.C.’s health care system, including all health authorities, regulatory colleges and other health providers. The position should be reviewed in five years after establishment to determine if it has been effective in rooting out racism in the B.C. health care system (p. 188).

#### Recommendation 8

That all health policymakers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples (p. 191).

While many of the recommendations in this report focus on the healthcare system, they are relevant and transferable to the housing sector, specifically for marginalized people. It is suggested that BC Housing, in partnership with AHMA, would benefit from exploring how to implement these recommendations and support service providers to do the same.

## Provincial Response

In this section excerpts from the BC Housing 2021 -2024 Service Plan, the Ministry of Health Mandate Letter, and Ministry of Indigenous Relations and Reconciliation Annual Service Plan 2019/2020 are presented to demonstrate how the above guiding documents are being implemented.

### **BC Housing 2021 -2024 Service Plan**

The BC Housing 2021 –2024 Service Plan notes: “In line with implementing the Province’s Declarations of the Rights of Indigenous Peoples Act (DRIPA) and delivering on our strategic direction and mandate, BC Housing is also committed to working in partnership with Indigenous peoples to embrace and implement the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission of Canada (TRC): Calls to Action.”

Also, of note the Service Plan adds: “BC Housing is committed to Reconciliation with Indigenous peoples. As a landlord, employer and funder of affordable housing programs, BC Housing touches the lives of many Indigenous peoples. We recently commissioned a review of our commitment to the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission Calls to Action. That review produced the report Reconciliation: Moving Forward Together (<https://www.bchousing.org/publications/Reconciliation-Moving-Forward-Together.pdf> ). With Indigenous communities and partners, we embrace this as an opportunity to continue to build good relations, implementing and operationalizing the recommendations of the report.”

### **Ministry of Health 2020 Mandate Letter**

A letter from Premier John Horgan to Adrian Dix, Minister of Health, dated Nov. 26, 2020, details the mandate commitments that the minister must deliver. Mandate items related to services for those who are marginalized and people experiencing homelessness include:

With support from the Parliamentary Secretary for Anti-Racism Initiatives, draw from the work of the independent investigation into systemic Indigenous-specific racism in health care in B.C. to address systemic racism in the health care system, including by leading work with health employers and unions to prioritize the hiring of a health care workforce that better represents the diverse communities it serves.

Support the work of the Minister of Mental Health and Addictions to improve B.C.’s response to the opioid crisis across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment and recovery, including transferring the oversight of recovery homes and other private treatment providers to the Ministry of Mental Health and Addictions.

Support the work of the Minister of Mental Health and Addictions to provide an increased level of support – including more access to nurses and psychiatrists – for B.C.’s most vulnerable by developing Complex Care housing.

### **Ministry of Indigenous Relations and Reconciliation Annual Service Plan 2019/2020**

This Service Plan speaks to improving the quality of life for Indigenous peoples, mandates implementation of the United Nations Declaration on the Rights of Indigenous Peoples, and the Truth and Reconciliation Commission of Canada’s Calls to Action as well as increasing understanding of reconciliation in BC. The Report examines progress on the following Goals and Objectives:

Goal 1: Advance equality of social and economic outcomes between Indigenous peoples and other British Columbians.

Objective 1.1: Partner with Indigenous governments, communities and organizations, other ministries, stakeholders, and other orders of government on shared measures that improve the quality of life of Indigenous peoples.

Objective 1.2: Increase opportunities to support Indigenous communities in governance building and to build associated capacity, funding sources and accountability.

Goal 2: Work in partnership to achieve true and lasting reconciliation with Indigenous peoples.

Objective 2.1: Implement the United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission of Canada's Calls to Action, and the Tsilhqot'in Supreme Court decision.

Objective 2.2: Negotiate and implement comprehensive and lasting reconciliation agreements with Indigenous peoples.

Objective 2.3: Increase British Columbians' understanding of the benefits of reconciliation.

## Observations

Review observations are categorized under the following headings:

1. Indigenous Peoples and Cultural Safety
2. Service Provider Network - Interagency Relationships
3. Service Access
4. Health Care Supports
5. Operations

### 1. Indigenous Peoples and Cultural Safety

This section speaks about cultural safety. It is important to explore this topic in detail given this review was actioned as a result of allegations that SCSA was not providing culturally safe services. In order to understand cultural safety in this context it is critical to understand the various definitions. The reviewers found that there has been limited work done on defining cultural safety in the housing sector. To date most work on definitions of cultural safety in Canada and BC has focused on health care.

The First Nations Health Authority (FNHA) offers definitions for cultural safety and cultural humility as:

*Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.*

*Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. – from Creating a Climate for Change*

The Maori people of New Zealand, who have been considering Cultural Safety frameworks since 1980 offer a different definition. They define Cultural Safety as

*“an environment that is spiritually, socially & emotionally safe as well as physically safe for people, where there is no assault, challenge or denial of identity, of who they are and what they need.”*

BC Housing does not currently provide a definition of cultural safety and BC Housing Operator Agreements provide limited direction to service providers regarding the provision of services to Indigenous peoples. Aside from warning against discrimination based on race, there is little specific guidance about actively welcoming Indigenous clients or promoting cultural safety. Especially in communities where the proportion of Indigenous people experiencing homelessness is high, service providers would benefit from clearer policy direction from BC Housing and understanding of local protocols.

## History of Local Mistreatment of Indigenous People

To understand the importance of cultural safety in service provision for Indigenous people, it is important to first understand the community context. As mentioned earlier in the report, several interview respondents spoke about the history of local mistreatment of Indigenous people. Smithers is located on the Highway of Tears and the disproportionate number of murdered and missing Indigenous women and girls continues to be a public safety concern in the area.

During the review there were several reports of homeless tents being slashed in the community and racist abuse shouted from passing vehicles. It was also reported that items are regularly thrown at homeless people and service providers confirm that people who are homeless face a high level of violence in the community. Hereditary and elected Indigenous leaders also shared their experiences of racism in Smithers citing several examples at their August 2021, meeting.

Indigenous specific racism is not unique to Smithers, it continues to be a problem province wide. In 2020, a report was published by an independent advisor, Mary-Ellen Turpel Lafond, secured by the Province's Health Minister to examine this issue in great detail and subsequently published In Plain Sight - a report about racism in health care (as referenced in the Guiding Document section of this report). Many respondents also spoke to this issue through a Smithers specific lens. It was noted many Indigenous people experiencing homelessness do not feel safe accessing health care, including emergency care and / or access to the detox bed at the hospital.

This history of mistreatment and current anti-Indigenous racism contributes to an atmosphere of mistrust within the community and to community division which serves as a barrier to accessing services for the most vulnerable.

## Respondents Input on Cultural Safety

During the Goodacre Review Indigenous interview respondents were asked how they would define cultural safety in the context of housing provision for Indigenous people. The following guidance for implementing cultural safety emerged. Where available, comments from the interviews have been included under themes to add to the understanding of the concept.

### 1. Connect Indigenous history and identity to support a sense of belonging and wellness

"Our deep history creates a sense of belonging that can be paired with housing. Identity and connecting with identity and sense of belonging is part of the route out of homelessness."

"Recognize the importance of identity and how it contributes to wellness."

"It was brought up that residents are sometimes referred to as file numbers - this speaks to the importance of strengthening identity which serves as a protective factor."

"Clients, tenants and potential tenants need to see themselves reflected in the approach to service delivery for example, cultural traditions are included, and their culture is respected."

"Environment: the ability for Indigenous people to see themselves reflected, for example, traditional plants/medicines available, local artwork, language (signage)."

## **2. Welcome Indigenous voices and create space for ceremony**

“Big to little cultural safety means it is safe to have conversations about culture as well as spaces to practice culture without threat of removal.”

“Creating an openness for Indigenous staff members to provide culturally safe practices.”

“Is there room for ceremony - having the space to occur? Goodacre needs a space and the community needs acceptance and a welcoming place to practice.”

“Giving residents room to have input and communicate about cultural safety without fear of repercussions.”

## **3. Support connections to home, community, and family**

“Humanize people who are experiencing homelessness by connecting them with their home communities.”

“Explore a variety of means for cultural connections including connecting digitally with “home” communities / nations. “

## **4. Collaborate with Indigenous organizations**

“It is important for Indigenous and non-Indigenous organizations to work together so that clients can trust the organizations and not feel torn in their allegiance.”

” Racism serves as a barrier for enhanced service delivery and community collaboration. This makes it extra important to have a culturally safe place due to systemic racism and the prevalent racism in the community. “

## **5. Support the presence of Elders and access to traditional teachings and resources**

“You’re always your best self when your grandmother is in the room”. How do you bring Elder's teachings and culture into things?

“Need for the ability to access to Elders, traditional teachings and resources, a cultural lens, a trauma informed lens.”

“Need to recognize the importance of having an elder in residence. A designated person to support cultural safety and mindfulness around the diversity of Indigenous communities in the local area.”

## **6. Use trauma informed approaches**

“Historically, our systems of oppression and anti-indigenous racism increase the reason for isolation, poverty, intergenerational trauma, and loss of connection to culture. For Indigenous people, these are the factors that must be considered in order to provide culturally safe, holistic care and Indigenous services.”

**7. Ensure Indigenous representation on the board, management, and staff teams**

“Making it so that the Indigenous staff members feel safe to go in and provide that service.”

“People and environment are important to consider, having Indigenous staff balanced with the number of Indigenous clients - they bring an element of living culture. “

“Indigenous peers for outreach really have a positive impact.”

“Cultural safety is in policies, practices, and procedures and includes staff, managing Board and how they interact with the environment (art on the wall).”

**8. Identify staff responsible for implementing cultural safety**

“Elements of cultural safety for non-Indigenous organizations include having someone on staff who is knowledgeable about how to create and support cultural safety, accessing cultural supports available in the community through a collaborative approach, providing access to Elders, traditional teachings and resources, trauma informed approaches, Indigenous representation on the Board, management and staff teams.”

“There is a limited understanding of what cultural safety is in many organizations in the community. Non-Indigenous leaders have a lack of understanding of what cultural safety is.”

**9. Provide support when Indigenous clients are accessing services**

“Cultural safety in supportive housing is needed to link and support people’s access to health care.”

**10. Recognize there is no singular universal approach and support local cultures**

“There needs to be recognition that cultural practices vary from community to community. “

**11. Employ a culturally safe approach to substance use**

“Explore the value of cultural safety when working with those living with substance abuse challenges. “

**What SCSA Offers Under Cultural Safety**

This review process commenced because of concerns that SCSA was not a culturally safe service provider. It should be noted that at the time of this review SCSA was not required by BC Housing to provide cultural supports. There is also currently no common understanding of cultural safety in the housing sector, although AHMA is in the process of developing a framework and definition for cultural safety.

Discussions and interviews indicated SCSA currently has a range of cultural safety practices in place, which have been implemented based on discussions with members from surrounding First Nation communities. Further work in this area, within SCSA, BC Housing and AHMA, and the housing sector in general, could result in individual cultural safety practices being developed into a holistic people-centered approach.

### **Staff Training in Indigenous Topics Including Local Cultures**

SCSA reports that Goodacre Place staff have participated in the following training:

- Trauma informed practice
- The impacts of colonization and residential schools
- Cultural awareness and Wet'suwet'en 101
- Professional Development – staff are encouraged and supported to attend BC Non-Profit Housing conferences and Homeless Services Association of BC for further training.
- SCSA has also indicated they have recently been in conversation with the Office of the Wet'suwet'en and Witset band who are working to provide training in “Indigenous Focusing-Oriented Therapy (IFOT)”.

### **Elder Visits, Ceremony and Cultural Activities**

SCSA is seeking to improve Indigenous awareness at Goodacre Place and engage with surrounding nations. SCSA has arranged to have visits from local Indigenous Elders at Goodacre Place. At times, the visits have been conducted on a regular basis.

These visits were particularly important following the recent deaths of Goodacre Place clients. Staff were concerned for the clients and reached out to the Elders to ask for their help and advice. This is when the offer of IFOT training and other support arose such as culture camp and home-made quilts for clients. Smudging and ceremonial fires were held following the deaths.

During COVID, Goodacre Place staff worked with an Elder to discuss health care, traditional medicines, and plants and the COVID vaccine with clients. The Elder also talked about caring for people and accepting health services.

The staff say that they try to reflect what people say is important to them in their life such as sweet grass, cedar bows, and pictures of important local sites. Staff invite local Indigenous artisans to share arts and crafts and opportunities to engage in local Indigenous culture.

### **Developing Relationships with Local Indigenous Nations**

SCSA works with the Office of the Wet'suwet'en, Witset Band, Lake Babine Nation Outreach Team (Team Goose), Tahltan Band Office, Carrier Sekani Family Support Program, and the Gitksan. The Executive Director has been invited to sit on the Wet'suwet'en Regional Engagement Group.

### **Indigenous Staff and Board Member**

Goodacre Place has employed at least seven Indigenous staff members since it opened in 2019. This includes senior staff, support workers, a cook, and a Homeless Prevention Program worker. The SCSA Board usually has at least one Indigenous Board member. Currently the Board member is from Wet'suwet'en Nation. Indigenous representatives from government have also sat on the Board in the past. The Board is seeking to expand Indigenous Board membership to better mirror the community's cultural composition and to take the pressure off a single Indigenous Board member.



### **Inviting Family Members into Goodacre Place**

Some interview respondents in the community reported that while Goodacre Place is not an Indigenous service, the service is accommodating, and staff support Indigenous people. Interview respondents say Indigenous family members have been able to go into Goodacre Place to visit and volunteer.

### **Clients say Their Culture is Respected at Goodacre Place**

In 2021, BC Housing released the results of a survey that was conducted with the clients of Goodacre Place. In the survey the respondents were unanimous in saying that they feel their culture is respected at Goodacre Place and 33% of respondents say that their access to cultural programming had improved when they moved into Goodacre Place.

### **Staff Provide Support when Indigenous Clients are Accessing Services**

Support workers at Goodacre Place report regularly accompanying clients to the hospital, the Emergency Department, doctor's appointments, and mental health appointments. This improves accessibility for Indigenous clients who may experience systemic racism when seeking services in the community. Support workers also report that they ensure that when Indigenous clients go to the hospital on their own it is at a time when the Aboriginal Liaison Worker is on duty, to ensure that the client has a more successful visit.

### **Ongoing Organizational Learning**

SCSA management and staff have expressed interest in learning more about local First Nations and improving cultural safety at Goodacre Place. SCSA has expressed a commitment to actively seek to understand the meaning and effects of colonization, the residential school system, the 94 calls to action of the Truth and Reconciliation Commission, and the UN Declaration of the Rights of Indigenous people (UNDRIP) and apply that understanding to the work they do and the programs they offer.

### **Recommendations**

- SCSA should continue to engage with local Indigenous communities and organizations to build upon the work to date to ensure ongoing access to cultural support for Indigenous residents.
- SCSA policies for Goodacre Place are based on the principle of accessibility, rejecting any form of discrimination. There is, however, no recognition in the policies that SCSA is operating a facility for a population that is predominantly Indigenous. Given SCSA is a non-Indigenous led organization, the development of clear policy in this area would improve the organization's ability to support Indigenous clients.
- BC Housing, in partnership with AHMA, should provide clearer guidance in operator agreements regarding best practices for actively welcoming Indigenous people to use shelter and housing services, and the definition and benchmarks for incorporating cultural safety in operations. This would include clear accountability requirements to work with Indigenous organizations.
- BC Housing and AHMA should develop policies and procedures for all supportive housing to ensure Indigenous protocols are being supported and cultural safety is in place.
- BC Housing, in partnership with AHMA, should review training requirements for housing providers and consider requiring staff and board members to take courses in Cultural Safety, Cultural Humility, Reconciliation, and Conflict Transformation Training.

## 2. Service Provider Network - Interagency Relationships

*BC Housing expects housing operators to develop partnerships with other service providers to enhance service delivery (Rapid Response to Homelessness Supportive Housing Program Framework) In the service agreement it states that the RRH is guided by several principles including “service provision is collaborative to improve service effectiveness”.*

The review found that SCSA has several collaborative relationships with other service providers and government agencies to enhance the services residents at Goodacre Place can access. The relationship with Northern Health, in particular the Intensive Case Management Team (also known as the Outreach Team), is strong with regular contact occurring at Goodacre Place.

Several interview respondents talked about the competition between service providers in Smithers for funding and how this has contributed to discord, especially between SCSA and Dze Ɓ K’ant Friendship Centre. The fallout of the dispute between SCSA and the Friendship Centre has created division in the community. While homeless individuals often receive services from both Goodacre Place and the Friendship Centre it has been reported by interview respondents that the service provider discord is having a negative impact on clients, who feel they must declare allegiance to one of the organizations to continue to receive services. Other local homeless initiatives have been affected by the lack of cooperation between the Friendship Centre and SCSA including the planned development of a local Situation Table.

In the most recent incident of service provider discord, the Friendship Centre issued the press release about the recent deaths associated with Goodacre Place. Since the press release was issued, SCSA has lost a significant proportion of their staff at Goodacre Place. This loss of staff is driven by the distress caused by the deaths of Goodacre Place residents as well as threats from community members directed at Goodacre Place staff following the Press Release.

### Community Complaint Process

A few interview respondents who are service providers reported that they have tried to make complaints to SCSA or Goodacre Place about specific issues and that their complaints were not acknowledged, taken seriously, or acted upon. They received no response to the complaint. They say that SCSA needs a more accessible and responsive approach to community concerns.

#### Recommendations

- BC Housing, in partnership with AHMA, should play an active role in supporting safe dialogue between service providers in Smithers. Many interview respondents have spoken about the need for a healing process for service providers in Smithers. They say now it is impossible to work collaboratively in the community because of deep-seated divisions. Professional mediation by a neutral third party will be required. Given the high population of Indigenous people experiencing homelessness the process needs to include culturally respectful approaches.

- BC Housing should support all community service providers to meet regularly to review, reflect on and evaluate service delivery in the spirit of improving services and building relationships based on respect and trust to ensure the highest quality of care for those that are served. This would allow for the opportunity to debrief critical incidents and discuss the safety of vulnerable populations. It is recommended that the review findings be shared with community services and agencies and that this will be the first step towards healing and reconciliation.
- SCSA should post the community complaint process on the SCSA website outlining how community members who have complaints or concerns about Goodacre Place can communicate their concerns with SCSA.

### 3. Service Access

The BC Housing RRH Operator Agreement states in Schedule D:

**10. Resident Relations.** *The Provider will establish policies and procedures to:*

- select Residents in an open, fair, consistent, and non-discriminatory way.*
- serve Residents promptly and courteously, with clear and informative communication.*
- Provide each Resident with access to information concerning that Resident and protect the privacy of Residents; and*
- Develop an appeals process for Resident related issues. The process must be transparent and accessible for all applicants and Residents.*

**13. Access to Housing.** *The Provider will strive to accommodate individuals who may otherwise encounter barriers to Housing because of certain circumstances. In particular, the Provider will:*

- reasonably accommodate individuals with pets; particularly in situations where individuals are transitioning from shelters or other forms of Homelessness to Housing.*
- accommodate individuals who may require harm reduction supplies on site, including clean needles, access to safe disposal (i.e., sharps containers), condoms etc.; and*
- ensure that the appropriate overdose prevention measures are in place for Residents of the Development.*

#### Crisis Unit Access

In 2019, Broadway Shelter transitioned to the crisis units at Goodacre Place. These 2 units, which contain 3 beds in each unit, at Goodacre Place now provide the only emergency shelter beds in Smithers and the surrounding area. While there is no mention of the crisis units on the public SCSA website, they are known to the community and viewed as shelter beds.

Approximately half of the interview respondents say that the crisis unit beds currently operating at Goodacre Place are difficult to access and they are not well designed for emergency shelter use. These rooms were located on the second and third floor, which made them difficult for staff to manage. During the review one room was moved to the first floor. The rooms are located beside supportive housing units which have different operating rules regarding drugs and alcohol in the rooms. Goodacre Place staff say the units do not fit well in the facility.

Most interview respondents say that the crisis units at Goodacre Place do not meet the need for emergency shelter in the community. According to many interview respondents, the Broadway Shelter worked better because it was more accessible and better designed for emergency shelter needs. Most

respondents say there is a need for a separate emergency shelter in Smithers or the region. This includes healthcare representatives who say it has, at times, been challenging for them to secure the crisis unit beds for people leaving the ER or the hospital to support their medical care and healing. Currently, there are no medical stay units in Smithers, despite the community being a central hub with a hospital for the surrounding region. Healthcare representatives say it is a challenge to meet people's health care needs when they are not housed.

Some interview respondents reported that Goodacre Place has restricted service access to the crisis units for some homeless individuals in Smithers. They say hard to house clients are consistently denied service, and these restrictions are understood to be permanent bans. Several respondents say there is an entrenched homeless population that would use low barrier emergency shelter beds if they existed. This population receives a range of support from service providers in Smithers but are unable to secure housing. While a collaborative effort involving healthcare, the community, First Nations, and BC Housing is needed to address their homelessness, a low barrier emergency shelter would provide a reprieve, when needed, for this population.

Currently, there is no separate BC Housing Emergency Shelter operator agreement for the operation of the crisis units at Goodacre Place. The units are accounted for in the Rapid Response to Housing operator agreement for the supportive housing units and are funded using this program. There are no emergency shelter guidelines in the existing operator agreement with BC Housing. SCSA operates the units according to the organization's Emergency Shelter Policy Manual and the organization's experience of operating the Broadway Place Shelter.

### **Eligibility Criteria and Application Process for Supportive Housing**

Applications for Goodacre Place Supportive Housing occur through the online Supportive Housing Registry operated by BC Housing. BC Housing expects Goodacre Place staff to select new clients using this Registry. This process has been implemented recently in the North.

Some interview respondents, including service providers and some people with lived experience, report unclear or inconsistent eligibility criteria for intake into the supportive housing at Goodacre Place. They say this can be confusing and stressful for applicants.

Some interview respondents report a lack of transparency in the application process for the supportive housing units. Timely notification of application decisions is a challenge for some applicants and the service providers assisting them. Service providers report that the responses to applications are usually verbal, not written and it is not clear what people who have been denied access can do to become eligible for a unit. This lack of transparency in the application process creates a power imbalance for applicants. For those who are already experiencing discrimination and racism in the community this may serve as a further deterrent to applying for housing in the future.

Some interview respondents have reported that intake at Goodacre Place for supportive housing and shelter has stopped while the review is underway. They say it has had a negative impact, some of those who currently need supportive housing and shelter are being sent out of the community. Others remain unsheltered.

There is a community networking process in place for informing the selection of program participants for Goodacre Place. A Community Access and Assessment Manager has recently been hired by BC Housing for the North and this person may assist with the application process in the future.

## **Service Model**

Some in the community, including service providers, do not fully understand the supportive housing model offered at Goodacre Place. Some confuse it with transitional housing, a short-term place to live until one is ready for permanent housing. There is also a varied community understanding of the policies related to drug and alcohol use in the building.

## **Physical Layout**

According to SCSA, Goodacre Place was not developed as originally intended. It does not have an elevator, which means the units on the second and third floors are not physically accessible for people with disabilities. If people have mobility issues and cannot reach the second and third floor crisis units, a mattress is put on the floor in the community room for their stay.

The doors are metal, and they make a sound, when closing, that is reminiscent of jail for residents. This does not contribute to creating a welcoming environment. Air conditioning is only available on the first floor. The upper two floors have been extremely hot during the heatwave this summer. The units at Goodacre Place are all single person units; they are not suitable for couples or families. This has limited the uptake for some potential clients.

## **Recommendations:**

- SCSA should provide more detailed information on their website about what to expect during the supportive housing application process (including length of selection time and who is involved). Eligibility criteria should be clear, and the supportive housing model used at Goodacre Place should be described.
- BC Housing should provide more direction in the operator agreement with SCSA about the operation of the crisis units (definition, eligibility criteria, length of stay, pets policy, substance use and provision of gateway services, etc.).
- BC Housing should consider the development of an alternate emergency shelter site in Smithers or the surrounding region which is designed for serving a low barrier Indigenous population in a culturally safe manner. It should be located for maximum accessibility.
- BC Housing should review service restriction procedures with SCSA and ensure that only those who present an imminent health and safety threat are considered for time-limited-service restrictions.
- BC Housing North Office and the Manager of Community Access and Assessment should work with SCSA and other housing providers in the North to ensure clients are selected through the centralized supportive housing system.
- BC Housing, in partnership with AHMA, should deliver a community information workshop on supportive housing in Smithers and the Supportive Housing Registry process.
- BC Housing should review building development concerns at Goodacre Place with SCSA and address them, if possible.

## 4. Health Care Supports

*The BC Housing RRH Operator Agreement states in **Part 2 - Service Description***

*Support Services include: (c) connecting residents to community supports and services such as: education; employment; health; life skills; independent housing.*

There is a direct link between health outcomes and housing for people who have experienced homelessness, including the clients of Goodacre Place. Goodacre Place is not a medical facility, so to facilitate access to healthcare for clients, staff at Goodacre Place have developed working relationships with Northern Health Authority. These relationships include the Intensive Case Management Team (also known as the Outreach Team) with a psychiatric nurse, registered nurses and social workers based out of the Health Hub downtown, the Interprofessional team which includes Home Care and Occupational Therapists, primary care doctors, paramedics, and hospital staff. It should be noted however, that Goodacre Place staff are not part of the Circle of Care where confidential health information is shared amongst healthcare professionals. SCSA has several partnerships and a strong relationship with Northern Health, but there is no formal agreement in place between SCSA and Northern Health for Goodacre Place.

### **Staff Support Clients with Challenging Health Needs**

Staff report that people move into Goodacre Place with a wide range of health concerns including aging-related conditions such as dementia, COPD, hearing and vision loss, mobility challenges, as well as terminal illness, mental illness, substance use, and concurrent disorders. This is confirmed by BC Housing data, based on self-reporting that indicates Goodacre Place clients have physical and mental health concerns, addictions issues, and other health challenges.

Goodacre Place staff advocate for client healthcare, accompany clients to appointments, and assist with follow up. BC Housing requires Goodacre Place staff to have basic health related training, including First Aid, Mental Health First Aid, de-escalation and non-violent intervention, substance use awareness, safety training, and Naloxone training. Goodacre Place staff report that the range and severity of health concerns that clients have at Goodacre Place can be challenging to manage. In addition, navigating a complex health system adds an additional challenge for staff and clients.

### **Refusal of Healthcare and Medication**

Some clients refuse the health care services or the medication prescribed for their condition, such as home care, palliative care, mental health medication, or a hospital stay. In most cases, staff will call the Outreach Team and ask that their doctor be informed of this decision. Goodacre Place staff understand that these clients are refusing medical treatment and medication for a range of reasons including the stigma and racism they may have experienced on prior occasions in medical settings.

Staff at Goodacre Place report having to work with clients who are in a mental health crisis, often because they are refusing medication. There is a protocol in place for a mental health crisis. Staff will engage first and try to resolve the situation; if the crisis continues the RCMP will be called, and the person is sent to the hospital. Often the person is released from hospital and returned to Goodacre Place without further observation and treatment. This cycle can be repeated many times. Goodacre Place staff do not feel that they are being adequately assisted by the healthcare system to support clients who are in a mental health crisis.

According to Northern Health staff, all people have the right to refuse medical treatment and medication. However, when clients refuse their medication and health care services Goodacre Place

staff often need to step in and continue to support the client in ways that are beyond their job descriptions. Goodacre Place staff indicated there are many cases where healthcare related needs exceed the organization's mandate. For example, staff at Goodacre Place stepped in to provide end of life care (body care and providing for comfort) to a client with a terminal illness who wished to die at home at Goodacre Place rather than at the hospital. Staff at Goodacre Place took on this role to ensure that the client was not forced to go to hospital, a place where they did not feel comfortable.

### **Lack of Access to Medical Information on Clients**

Goodacre Place staff have no access to medical information about clients and indicate that many clients choose not to share their medical information with staff. Goodacre Place staff provide support to clients with health concerns based on partial information. In one case, Goodacre Place staff were working with a client who evidently had intense medical issues but chose not to share the details. While seeking health care, that client was evicted from the hospital because of noncompliant behavior. Goodacre Place staff continued to support him without a clear understanding of his illness.

Staff report that a few health service providers refuse to enter Goodacre Place because it has been deemed unsafe by their union or because they feel uncomfortable working with the clients. In addition, some healthcare staff who are providing services at Goodacre Place do not have adequate training for working with people who are experiencing substance use or who are noncompliant. When these incidents occur, Goodacre Place staff are left guessing at how best to meet client needs based on limited information.

### **Access to Family Physicians**

Many respondents spoke about the barriers to accessing health care faced by people experiencing homelessness. While all supportive housing clients at Goodacre Place currently have family doctors, those staying in the crisis units may not. People with medical concerns who do not have a family doctor must go to the Emergency Department (ED) at the Smithers Hospital because there are no walk-in clinics in Smithers. This type of ED visit often requires several hours of waiting and can be challenging for some people experiencing homelessness. For some, visiting the hospital can be very traumatizing and can result in avoidance behavior or noncompliance. This is especially the case for Indigenous people. Those who are barred from visiting the ED can lose access to healthcare in Smithers.

### **Overlapping Professional Boundaries**

Goodacre staff say, that with emergent health issues for clients, the first point of contact is usually the Northern Health Outreach Team. The staff at Goodacre Place often rely on the Outreach Team for assessment, de-escalation, and relations with Emergency Response. The Outreach Team has interpersonal skills for working with the clients that some other healthcare professionals may not. Goodacre Place staff will often call the Outreach Team prior to calling the ambulance or the RCMP.

The Outreach Team and Goodacre Place staff work with the same clients but have different training and responsibilities. There is overlap in the work but a lack of clarity around protocols, procedures, and professional training. As mentioned above, Goodacre Place staff are not part of the Circle of Care where confidential health information is shared amongst healthcare professionals, despite staff having to step into care roles for clients at times. Another example, Goodacre Place staff may not share client case plans with health workers. A nurse may not realize that a client they are currently working with had a violent episode the previous evening. These gaps in information sharing, while protecting confidentiality, may have unintended consequences.

The Outreach Team would like to better understand the training, responsibilities, and professional certification of Goodacre Place staff. This would assist the Outreach Team to understand the support available to clients in the building. The healthcare workers stated that additional mental health and substance use training, violence prevention, and safety planning for Goodacre Place staff could result in a greater ability to manage challenging client behavior.

## Onsite Healthcare

Goodacre Place staff report that healthcare offered onsite often works better than offsite healthcare for clients. Some interview respondents, including Northern Health and SCSA representatives, indicated that Goodacre Place would benefit from an onsite medical staff person. Respondents described the role as: helping navigate the relationships between support workers at Goodacre Place and healthcare professionals, facilitating off-site relationships with healthcare, helping in cases where clients are refusing healthcare and medication, performing on-site assessments of substance affected individuals and those with mental health concerns, dispensing medication, doing wound care, and most importantly building relationships with clients to support their access to healthcare.

## Substance Use

*Please find below an excerpt of Schedule D from The BC Housing RRH Operator Agreement:*

**13. Access to Housing.** *The provider will strive to accommodate individuals who may otherwise encounter barriers to housing because of certain circumstances. In particular the provider will:*

- b) Accommodate individuals who may require harm reduction supplies on site, including clean needles, access to safe disposal (i.e., sharps containers), condoms etc.; and*
- c) Ensure that adequate overdose prevention measures are in place for residents of the development*

SCSA substance use rules for clients changed significantly when Goodacre Place opened. In the Broadway Shelter, no drugs or alcohol were allowed in the building but at Goodacre Place clients in the supportive housing units are permitted to use substances, in keeping with BC Housing guidelines for most supportive housing programs. This was a significant change for SCSA and required staff to obtain new skills and education. All staff now receive Naloxone and overdose prevention training. Naloxone is available throughout the building. Prospective clients for the supportive housing units at Goodacre Place who are using substances have substance use policies and procedures outlined to them during the application process

Substance use is not permitted in the crisis units. This has been difficult for staff to monitor because the units were on the 2nd and 3rd floor (since the review was initiated one of the crisis unit rooms has been moved to the first floor). In addition, the crisis units are located adjacent to supportive housing units where substance use is permitted.

Goodacre Place has a practice of holding clients in the foyer for observation when over-intoxicated. While this practice does allow for close observation, which can keep a client safe, some interview respondents felt this practice could be experienced by clients as public shaming. Other observation techniques may be more supportive of the client, such as keeping them in the larger common room or the medical room, while over-intoxicated, for ongoing monitoring.

Almost all interview respondents spoke about the limited services to treat alcohol and substance abuse in Smithers. This creates a barrier to access and often leads to continued use and / or relapse. Accessing treatment is challenging for all clients, and for Indigenous clients, culturally safe treatment centers are even more limited within the region. Some interview respondents spoke of the value of culturally



appropriate approaches to substance use for Indigenous people. This would include trauma-informed and peer-oriented service models. The cultural safety framework that AHMA is currently developing could be utilized in this context. While substance use services are not a BC Housing responsibility, the lack of adequate local services has a significant impact on the clients and staff at Goodacre Place.

## Wellness Checks

*The BC Housing RRH Operator Agreement states in Schedule D:*

**12. Wellness Checks.** *The provider will establish regular health and wellness checks for residents, including an escalation procedure which may warrant room checking, when a resident has not been seen or heard from for an extended period, not to exceed forty-eight (48) hours.*

Evident in the statement from the BC Housing operator agreement above, BC Housing provides high level direction to housing providers regarding the provision of wellness checks. Detailed procedures and approaches to wellness checks are to be developed by the provider.

Goodacre Place staff report that they monitor the building regularly both physically and by checking the surveillance cameras. They circulate through the building at least every two hours throughout the day and night. At 11 pm staff circulate through the building to ensure people are settling down for the night.

There is one entrance with a locking door that is often monitored by staff. Clients are asked to indicate whether they are at home or out of the building by using a magnetic board at the front door for this purpose. It was put in place for fire safety purposes, but not all clients use the board consistently. Currently there is no key fob system in place for clients.

Staff maintain a checklist of clients who need closer monitoring because they are at risk, and they conduct in-room wellness checks on people who are regular substance users. They also encourage clients not to use substances alone. Triggers for staff to initiate wellness checks include not seeing someone regularly, hearing a crash in a room, a history of overdoses, and a client having trouble walking up the stairs when they come home. Monitoring is based on what Goodacre Place staff know about the person. Goodacre Place staff seek to find a healthy balance between providing a home environment for clients and delivering a support program for people with a range of medical needs.

Wellness checks are conducted by Goodacre Place staff and by members of the Outreach Team. Procedures and protocols related to wellness checks vary between Goodacre Place staff and healthcare workers. Healthcare staff report that they are not aware of Goodacre Place policies and procedures associated with wellness checks, and it would be helpful if there was more communication in this area. They would also like to know more about Goodacre Place staff training, so they know how to integrate services better.

## Recommendations

- SCSA should partner with Northern Health, and potentially First Nations Health Authority (FNHA), to provide a regularly scheduled onsite healthcare professional at Goodacre Place. This healthcare professional would be available to all clients staying at the facility.
- SCSA should formulate written policies and procedures and create collaborative training for wellness checks for Goodacre Place and share them with the Northern Health Outreach Team.

- SCSA should consider a revised location for holding clients who are severely intoxicated, instead of placement in the foyer, to limit disrespectful encounters with other clients. The location should consider staff visibility and privacy of the client (i.e., the common room, or the medical room).
- SCSA should initiate a key fob system to replace the whiteboard system at Goodacre Place which will assist in understanding if a client has entered and exited the building. This would support client safety and wellness check procedures. BC Housing's financial assistance may be required to implement this change.
- BC Housing and AHMA should support a collaborative relationship that engages SCSA, Northern Health, and potentially FNHA, to formalize an agreement for the delivery of health services at Goodacre Place.
- BC Housing, in partnership with AHMA, should support SCSA to provide input about resident experience accessing health care to Northern Health in an effort to address systemic racism in health care in Smithers (reference: In Plain Sight). This could include input about the need for medical stay units in Smithers for people coming from surrounding First Nations communities.
- BCH and AHMA should work together to explore how to implement recommendations, relevant to the housing sector, from the In Plain Sight report and support service providers to do the same.
- BC Housing should ensure that staff at Goodacre Place receive adequate substance use training to provide support to residents who have limited access to substance use services in the community.
- BC Housing, AHMA, SCSA and Northern Health should discuss options for detox and substance use treatment in Smithers which are more accessible for Goodacre Place residents, building on a harm reduction philosophy that recognizes the underlying roots of trauma in substance use.
- BC Housing and AHMA should work with Health authorities (i.e., Northern Health, FNHA) for consistent healthcare standards delivered in all supportive housing facilities across BC.
- BC Housing should review the supportive housing model at the program level, to understand the challenges of providing this type of housing to residents with a wide range of health concerns, with a focus on the outcomes for residents, staff and service provider organizations. Complex care models need to be explored.

## 5. Operations

### Critical Incidents

#### ***Schedule A; B - Responsibility of the Provider; 5. Communication***

*The Provider will notify BC Housing as soon as possible of any significant changes or incidents that may impact the Provider's obligations under this Agreement. The Provider will provide BC Housing with details on all critical incidents significant enough to threaten the continuous operation of the services such as fire, floods, infectious disease outbreaks, the serious injury or death of clients, or staff on site and any events that garner media attention. These critical incidents should be reported to BC Housing as soon as reasonably possible but no later than twelve (12) hours after the incident occurred.*

SCSA has demonstrated compliance with established policies and procedures for critical incidents. SCSA reports critical incidents at Goodacre Place to established contacts at BC Housing in a timely manner. For example, in the case of the recent deaths of Goodacre residents either in the supportive housing or in the community, SCSA notified BC Housing within the required 12 hours in all cases. In the case of the deaths which occurred at Goodacre Place, emergency response was called and attended the deaths.

SCSA also went beyond required responses and met with the families of the deceased. There has also been engagement with First Nation communities and Elders around the incidents. Goodacre Place management provided all residents and staff with a list of Indigenous counselors from FNHA, arranged to have an Elder attend Goodacre Place on a weekly basis, helped arrange grieving ceremonies including a ceremonial fire and smudging, and provided grief counselling contact information to residents. Work Safe BC information on critical incident debriefs was also provided to staff.

To protect resident confidentiality no information was released publicly about those who died. Only family and emergency contacts were notified. While SCSA was protecting the residents' confidentiality, some people in the community misinterpreted the silence of SCSA as not caring for those who died.

Some interview respondents stated that all deaths, but in particular Indigenous deaths at government funded facilities, need to be understood through the lens of intergenerational trauma and systemic racism. They would like information about the deaths in a way that respects confidentiality and also provides community members with information about due process.

BC Housing does not currently have a system in place that tracks critical incidents in supportive housing. Nor are alerts provided if multiple incidents occur at one facility within a given timeframe. While BC Housing portfolio managers may respond when they are aware of a series of critical incidents within a given timeframe, there is no formal process for reviewing these situations and responding to community concerns.

## **Recommendations**

- SCSA should develop and post its policy regarding client deaths and indicate the importance of client confidentiality on the website.
- SCSA should develop a risk management plan for the operation of Goodacre Place and post this policy on the website. BC Housing support for this work should be provided, if requested.
- BC Housing should track trending data related to critical incidents in supportive housing. By tracking this data, BC Housing could create an alert system for multiple critical incidents which occur within a specific period at a facility.
- BC Housing and AHMA should engage with the community (on a provincial level) and seek guidance on creating protocol and policy on responding to Indigenous deaths that occur in provincially funded shelters and housing facilities.
- As BC Housing's Reconciliation Strategy is being developed, BC Housing in partnership with AHMA, should review the critical incident reporting process to ensure that a culturally respectful response is employed.

## Conclusion

This review was initiated as a result of allegations that the deaths of six Indigenous people who were residents of Goodacre Place over the period of a year were directly linked to SCSA not providing adequate cultural safety for Indigenous clients. The external consultants did not investigate the deaths. They were tasked with conducting a review to ensure that SCSA is fulfilling the terms of their operator agreement for Goodacre Place. During the course of the review the consultants did not, however, observe any direct linkages between the cultural safety practices employed at Goodacre Place and the deaths, and therefore could not substantiate any of the allegations.

The observations in this review indicate that SCSA is making efforts to support cultural safety at Goodacre Place despite the lack specific direction from BC Housing in the operator agreement and a lack of cultural safety definitions or standards within the housing sector. Input from Indigenous interview respondents has provided helpful guidance on cultural safety which can hopefully contribute to a better understanding in the housing sector in BC.

The other topic areas which emerged during the course of this review (service provider network, service access, health care supports and critical incident reporting) reflect input the consultants received during interviews with community partners, service providers and people with lived experience and they relate to direction provided by the Operator Agreement between BC Housing and SCSA. Some of the issues broached in the review have relevance to the provincial Supportive Housing Program. As a result, some of the resulting recommendations are broader in nature as well.

In the interviews conducted for the review, the consultants received significant input about local Indigenous history and current experiences in the community. Recent provincial and national events surrounding the discovery of unmarked graves at former residential schools and the growing awareness of systemic racism informed the interview feedback as well. These topics have been included in the report for contextual understanding and to respect what was heard from those interviewed.

The events leading up to this review, and the review itself have been difficult for the families directly impacted, Goodacre Place staff, management and Board, other service providers and community members. Many interview respondents said they wished that the review would lead to the initiation of a healing process in the community. Opening lines of communication and building relationships within the community, through a safe and supported process, is a key step to healing from this situation and building the foundation for reconciliation. BC Housing, in partnership with AHMA, has a role to play in supporting the service sector in Smithers to begin this process.

This report began with a land acknowledgement, and it ends coming full circle to acknowledge the opportunity to work together in a united way. The land acknowledgement reminds us of the importance of our shared sense of space and place and recognizes the spirit of the land we live, work, and play on. The community of Smithers is positioned to hold the pen and write a new chapter about how community members share a sense of place and thus an educational opportunity to celebrate community connections and learn from each other.