SAFETY, COMMUNITY, and SOCIAL WORK:

POSSIBILITIES FOR CANADA

MARCH 2022

The Canadian Association of Social Workers (CASW) is the national professional association for social work in Canada, with a dual mandate to promote and support the profession and advance issues of social justice.

Composed of a Federation of ten provincial and territorial partner organizations, CASW's national office is located on the land now called Ottawa: on the unceded, unsurrendered Territory of the Anishinaabe Algonquin Nation.

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Executive Summary

There are many problems identified with the current state of justice and policing systems in Canada, and many have looked to social work as a part of the solution. This paper discusses the current circumstances that define the context and provides a deeper look into the complexity of the various factors that intersect and result in lethal encounters with police including racism, colonialism, and systemic inequities.

The discussion looks at what is needed to bring lasting change and highlights some innovative solutions in other jurisdictions. We conclude by calling on the government to leverage their authority and act to lead communities in creating solutions.

This paper explores external options and recommendations. For its own part, CASW is committed to the reflections and actions set forth in our Statement of Apology and Commitment to Reconciliation and to being strong allies against racism and prejudice in all its forms, which includes further developing pathways for organizational reflection and action.

Recommendations:

In the short term, the federal government must:

1) Immediately create and fund a centralized database that captures and analyzes data on deaths involving police across the country, complaints of police brutality and complaints of racism.

2) Follow the lead of the Assembly of First Nations (AFN) [1] and the Native Women's Association of Canada (NWAC) to co-develop and table legislation to make First Nations policing an essential service.

3) Further, act on NWAC's specific call to "develop a strategy to provide fully funded support to Indigenous-led police services, with a focus on violence prevention." [2]

4) Act on the lead of NWAC, designate funding envelopes to a) support healing and restorative justice programs [3], and b) create specialized training modules for police on Indigenous women, gender-based violence, and Missing and Murdered Indigenous Women and Girls (MMIWG), as supported by *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*' Calls to Justice, specifically 9.1, 9.2, 9.3. and 10.1 [4]

5) Support police boards in developing civilian oversight boards which are reflective of, and composed of, members of the communities they serve, as recommended by the Missing and Murdered Indigenous Women and Girls Reports' Calls for Justice and the Parliamentary Black Caucus.

6) Immediately ban the practice of 'carding' across Canada as demanded by many "racialized and marginalized communities." [5]

7) Strike a Community Well-Being Response Services Advisory Council to propose and help lead three community pilot projects.

In the longer term, to address the systemic inequity, the federal government must:

8) Implement all Truth and Reconciliation Commission's (TRC) Calls to Action and Missing and Murdered Indigenous Women and Girls' (MMIWG) Calls for Justice.

9) Robustly support the social determinants of health to address systemic inequality through a bold suit of actions including a) introducing a universal basic income guarantee; b) legislating Mental Health Parity; c) decriminalizing the personal use of substances; d) ending mandatory minimum sentencing for substance use offences; and e) creating a new Social Care Act for Canada to guide and inform all the above.

Introduction

The tragic death of George Floyd, a Black man killed by police in Minneapolis, on May 26, 2020, sparked widespread protests calling out police brutality and racism. The protests grew to international levels and many across Canada joined in. The protests further brought to light what many in Canada were already painfully aware of: that Indigenous, Black and People of Colour are disproportionately overrepresented in killings during encounters with police.

Although Canada tends to view itself as a country that welcomes diverse cultures, traditions and religious practices, our history and several recent events prove differently. The current conversations about preventable deaths by police and police crime fighting strategies that largely target Black and Indigenous communities reflects not only current concerns but also decades of police policy. The Calls for Justice by the Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) recognized that the relationship between Indigenous women and girls and the justice system is defined by colonialism, racism, and discrimination and called for legislative and funding reforms in policing and the justice system. Many police organizations have been called out for using discriminatory strategies such as racial profiling, carding and street checks without cause, increased police patrols in neighbourhoods where marginalized people live, heavy security at schools, workplaces, and on public transportation in those neighbourhoods deemed 'high crime areas'.

> **"There are no federal or provincial requirements for police to report incidents beyond reporting to provincial watchdog investigation units and therefore there is no way to track the incidents throughout Canada as a whole."**

While social workers are well versed in the ways that systems disproportionately harm or fail to serve certain groups, many Canadians are not aware of the preventable deaths during involvement with police. There are no federal or provincial requirements for police to report incidents beyond reporting to provincial watchdog investigation units and therefore there is no way to track the incidents throughout Canada as a whole. There is no organization that has oversight to collect information and no authority approved to study the characteristics of the victims and their circumstances. Consequently, no authority or governing body is sanctioned to build solutions.

To fill the void of information, CBC investigative reporters took initiative to gather information that would bring to light the issues and create a clear picture of who the victims were killed during encounters with police. Their study looked at the 460 cases between 2000 and 2018 and found that Black and Indigenous people are disproportionately the victims compared to their share of the overall population and in 70% of the cases mental health issues, substance use or both were present. [6] There have been attempts to explain the findings. Mental health experts say that the lack of adequate mental health care has created circumstances where police are the substitute first responders. Public Health experts warn that the rising opioid crisis contributes to the toxic mix of factors. Also, the history of discrimination within the health care system experienced by Indigenous and Black people along with the stigma associated with mental health and substance use contributes to victims not receiving the help they need to prevent a crisis that brings police to the scene. Police experts advise that police are called in to address social problems that are out of the scope of their expertise. Police leaders argue that officers need more training and resources to be better able to de-escalate situations and respond to a mental health crisis.

The explanations offered far fall short of identifying more sustainable and long-lasting solutions. Eliminating preventable deaths by police requires a deeper and more comprehensive understanding of the complexities of the situations. The growing number of police involved deaths are a symptom of the frayed social safety net and the diminished social programs across Canada and systemic racism. Social work has a significant role to play in the solutions that go beyond assigning social workers to fill police roles. If preventable deaths are to be averted, it is imperative that future strategies are built on a foundation that looks beyond individual circumstances to address the root causes.

This paper discusses the current circumstances that define the context and provides a deeper look into the complexity of the various factors that intersect and result in lethal encounters with police. The discussion looks at what is needed to bring lasting change and highlights some innovative solutions in other jurisdictions. We conclude by calling on the government to leverage their authority and act to lead communities in creating solutions.

The Context

Police Encounters with Black and Indigenous People and Defund the Police Movements

A study by CTV, the Canadian news network, in 2017 determined that an Indigenous person in Canada is more than 10 times more likely to be shot and killed by a police officer than a white person.[7] Another CBC study of the shootings by police in Canada sourced information from police, independent investigative units and independent reporting. Of the 55 people shot by police in Canada between Jan. 1 and Nov. 30, 2020, 34 were killed and the majority shot by police were young men. In instances where race could be identified, 48 per cent of people shot were Indigenous and 19 per cent were Black. Relatives who were interviewed identified the victims had issues with mental health and problematic substance use. There were nine shootings that started with police being called to conduct a wellness check and all were fatal. Four of those nine victims were People of Colour.

In June 2021 Chantel Moore, a 26-year-old Tla-o-qui-aht First Nation woman, was shot and killed by a police officer during a wellness check in New Brunswick. On February 27, 2021, Julian Jones, a 28-year-old Tla-o-qui-aht man, was shot and killed in British Columbia after Tofino RCMP responded to a report of a woman being held against her will from the Opitsaht reserve, which is accessible only by boat. According to news reports he was shot after opening the door.

In 2019, the Globe and Mail reported that information obtained from the RCMP through Access to Information laws revealed that between 2007 and 2017, Indigenous people represented 36% of the 61 people fatally shot by RCMP police officers.[8] The Ontario Human Rights Commission reported that between 2013 and 2017, a Black person was 20 times more likely than a white person to be shot and killed by the Toronto police.[9]

According to the 2019 report by the Expert Panel of the Council of Canadian Academies, Indigenous Canadians, who are only 4.5 % of the population are 11 times more likely than non-Indigenous Canadians to be accused of homicide, and 56 % more likely to be victims of crime than other Canadians.[10] The report by the Expert Panel goes on to caution interpretation of the statistics due to the inherent biases that comes from the systemic problems in the justice system that cause differential treatment of Indigenous people and contributes to the over and under policing of Indigenous people and communities.

In 2016, Indigenous Canadians represented 25 percent of the national male prison population and 35 percent of the national female prison population. This is exacerbated in the province of Saskatchewan where the proportion of Indigenous inmates is seven times higher than they are represented in the population.[11]

Bailey et al (2017) defines structural racism as "the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice."[12] Some policing strategies are inherently racist and established on colonial views and attitudes. The use of these practices can result in further reducing a community's trust and increase stigma. The police have the authority to question a person where there are reasonable grounds to suspect they might be connected to a crime that has already been committed. The practice of carding is outside that authority and is often practiced when there are no reasonable grounds to suspect the person, the person is not a suspect in a specific crime and there is no reason to believe the person has information about a crime. Several police organizations across Canada used carding regularly and some proclaimed its effectiveness as a tool for future investigations. The practice is deeply racist and reminiscent of Jim Crow Laws in the Southern USA that controlled the movement of Black people in public spaces. Research by the Toronto Star revealed that, between 2008 and 2012, 1.8 million contact cards were filled out by the Toronto Police Service, involving more than a million individuals, and almost one-quarter of the individuals documented were Black.[13]

Giwa et al (2020) note that carding is just one component of racial profiling, and in discussing the outcomes of studies on the subject state that "these investigations have one unifying theme: police racial profiling represents institutional imperatives aimed at reproducing racial/cultural disadvantage and fosters the perception that those who are not White are criminal, dangerous, violent, and worthy of suspicion solely on the basis of their skin color."[14]

Black Lives Matter, a grass roots social justice movement, was first created in 2013 in response to the death of Trayvon Martin, a 17-year-old African American youth from Florida shot by George Zimmerman, a neighbourhood-watch volunteer who was later charged and subsequently acquitted of his murder. Black Lives Matter is now a global network in the USA, UK, Canada, and other countries with a mission to "eradicate white supremacy and build local power to intervene in violence inflicted on Black communities by the state and vigilantes." [15]

In Canada, Black Lives Matter began in 2014 and now supports chapters in five cities across the country and coordinates the Defund Police movement. Defund the Police is a controversial call across North America to address police brutality. It illustrates that police have taken on the responsibilities in society to address social problems and fill the gaps in services that have come in the wake of substantial and long-term funding cuts to

community services. In addition to addressing systemic racism and discrimination toward Black Canadians, the movement recognizes the colonial roots of systemic racism and have encircled members of the Indigenous communities and the LGBTQ2 community into their advocacy. Black Lives Matter advocates for ending colonial and systemic racism in public institutions, social policy and, most notably, ending police intervention with individuals experiencing a mental health crisis. [16]

Anti-Black racism advocates and Black Lives Matter Canada point out the numerous situations where police are overused, contributing further to policing the daily lives of Black Canadians and other people living with low income. For example, many public transportation systems in cities employ police officers to reinforce fare payments and to patrol stations and in many cities, police are used to enforce city bylaws and parking laws, responsibilities that could be assigned to non-police personnel. Police are deployed to clear out homeless people living in public spaces based on the authority of loitering and unlawful assembly laws rather than getting people the help they need. In some jurisdictions, police are used to patrol schools and other educational institutions when alternative safety strategies that do not use law enforcement have been found to be effective.[17]

The sequence of events in situations where police use force begin with racial profiling that leads police attempting to stop and question a person and then leading to use of force by the police.[18] The consultation report by Ontario Human Rights Commission in 2017 on racial profiling practices in their province concluded that racial profiling is practiced by more institutions than just the police and that racialized and Indigenous peoples may experience unwarranted heightened police scrutiny, punitive actions and heavy handed treatment in "education, stores, shopping malls, housing and workplaces, on buses, subways and trains, at airports and border crossings, in health care and by private security and child welfare agencies, etc. The impacts of real and perceived racial profiling are severe and may be cumulative." [19]

There are calls across the nation for an end to systemic racism of Black and Indigenous people. The Yellowhead Institute has called for the full implementation of the recommendations put forward by the *Royal Commission on Aboriginal Peoples*, the *Truth and Reconciliation (TRC) Commission*, and the *MMIWG* Inquiry to begin to address structural racism. While these recommendations do not include defunding police forces the focus has shifted since the prominent killings of Indigenous and Black Canadians since 2020. It is timely to have a dialogue on racism, police brutality and the systemic underpinnings.[20]

From the killings of George Floyd to Chantel Moore, there is much needed attention and focus on racism and

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police violence in Canada. The lived realities and often shared experiences of racism, police brutality, oppression between Black and Indigenous communities are increasingly coming into dialogue. 'Defund the Police' is a rallying cry for those wishing to see reform of police services and to reduce or eradicate police involvement in all communities. But what is meant by the call varies greatly depending on the perspective. Members of the Black Lives Matter call for new approaches to community safety that do not include law enforcement and advocate for full cuts in the budgets of police and other criminal justice institutions and redirecting funds to community services. The Defund the Police movement calls for divesting resources and funding away from prisons and police and investing in services and initiatives that protect and improve well-being. [21] The movement also advocates that police end all community policing and investigation strategies that are discriminatory, cease use of lethal force, and

implement a public health approach to responding to the use of drugs. Police and law enforcement experts promote internal strategies to improve training and change the policing culture such as hiring practices that result in more diverse and skilled officers

Many people across Canada view the police positively, appreciate the role they play in community safety and could not imagine their community without a police presence: in October 2020 the Angus Reid Institute released the first report of a two-part series that found that in Canada, three quarters of people view the police in their community favourably and 72 percent, report pride in their local police. Two-thirds of Indigenous and visible minority respondents to the survey also reported pride in their local police. The second report also released that month reveals that nearly two-in-five Canadians say there is a "serious problem" with the way police interact with Black, Indigenous and people of colour across the country, while more than one-quarter (27%) say their own community police have a serious problem. [22]

The study also found two thirds of the respondents believe that more funding should be provided to social programs and that there should be more programs than police directed at community problems. Although responses by survey participants varied somewhat by age, gender, and ethnicity, nearly two-thirds (63%) agree that systemic racism is a serious problem for the RCMP, and three-quarters (73%) say police in Canada interact inappropriately with non-white people at least some of the time.[23]

It is evident that there is not a single simple solution to ending the preventable deaths by police and the disproportionate number of Indigenous and Black people involved with the criminal justice system. What is evident is that most people across Canada want alternative solutions to the current police response to social problems. Solutions must start from an understanding of the societal factors and dynamics and be informed by a full comprehension of the fundamental causes.

The Root Causes:

Anti-Black Racism in Canada

The Public Health Agency of Canada reported that Anti-Black racism and systemic discrimination are leading causes for inequities facing Black communities. [24] Racism and discrimination towards Black people in Canada are not always well acknowledged although it is well established in Canadian polices, practices and institutions.[25]

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There are significant data gaps that currently exist to provide a more comprehensive picture of the health of Black Canadians, however Public Health Canada reports that discrimination is a barrier to obtaining employment, adequate housing, and educational opportunities. The Black Health Alliance reported in 2021 that 24% of Black Ontarians qualify as low income as compared to other racialized groups, and second-generation black Canadians earn 10-15% less than second generation white Canadians, even when adjusted to reflect education levels. In Toronto, 69% of Black youth graduated from secondary school in 2011 as compared with 84% of White students and 87% of racialized students. [26]

According to The Canadian Race Relations Foundation, the socioeconomic situation of Canada's Black population from 2001 to 2016 has not improved. During that period, the employment rate of the Black population was lower than that of the rest of the population and the unemployment rate was higher compared with their peers. In 2016 Black men reported unemployment 1.5 times as often as White men and there were nearly twice as many Back women unemployed as there were unemployed White women. [27] In 2016, 20% of Black Canadians reported living in below standard housing while only 7.7 % of White Canadians reported living in below standard housing. Moderate to severe food insecurity was reported by Black Canadians 2.8 times more often than White Canadians.

These unequal outcomes for Black Canadian and other well-being outcomes translate into high levels of needs of families and ultimately are evident in the overrepresentation of Black children and youth in child welfare and the youth criminal justice system. Studies show that youth placed out of home and in government care are involved with the youth justice system at higher rates than their peers. Black youth involved with the child welfare system have higher rates of congregate care, longer lengths of time in and more readmissions to out of home placement, lower rates of drug and alcohol and mental health services, and higher rates of youth justice and jail involvement. [28]

The Ontario Human Rights Commission in 2018 released its report on their public interest inquiry into whether First Nations, Métis, and Inuit and Black children are over-represented at children's aid societies. Their study determined that Black children and youth were 2.2 times more likely to enter care of a children's aid society than compared with their portion of the child and youth population in their province. The Commission's study was hampered by the lack of adequate data indicating a systemic neglect of policies that pay attention to racial disparities.

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The history of anti-Black racism in Canada is largely unknown to the majority of Canadians and is not taught in our education system. Canada's colonial history of slavery and indentured servitude set the stage for systemic racism within many institutions. Slavery was practiced in New France, the first European settlements in Canada and continued with Britain. Justification for buying and selling human beings was based on defining Black people as less human and as property. Slavery continued to be practiced in British North America, mostly by wealthier British families living in the colony until Britain ended slavery in 1833. The indentured servant system grew out of the combined dynamics of the colony's high need for labour and Europe's labour surplus. It was not uncommon that a Black enslaved person still had to work as an indentured servant for several years after being freed.

The experiences of Black Canadians living in Africville, Nova Scotia is a stark example of systemic racism that resulted in generations of people suffering the consequences. Africville was established by former slaves from the USA in the 1830s. When they first arrived they experienced discrimination and were pushed to the edges of society and forced to create a new community. The former city of Halifax failed to provide basic municipal services even though homeowners paid taxes. With strength of determination and resilience, the people built a community rich with identity and culture. In the 1960s, the city planned the area to be industrial and the council authorized the relocation of the residents. Although the Halifax Human Rights Advisory Committee was charged with consulting the community, a high majority of residents reported they

never had contact with the committee. The city removed many people, and the community was bulldozed. Former residents acted to obtain justice and after decades of lawsuit court hearings, a settlement was reached with the city of Halifax in 2010 and the mayor issued an official apology. [29] Community advocates celebrate the strong sense of community and culture that still exists.

Another example of our history is the community of Buxton, Ontario, a small thriving rural community established in 1849 by Underground Railroad refugees. In 1855 a Provincial Parliament member in that riding was elected on an anti-Black immigration platform. Two years later, he was defeated in the provincial election mostly as the result of 300 Black men who walked the ten miles from their home in Buxton to vote in Chatham Ontario. [30]

History requires us to recognize Black experiences with racism as uniquely different from other experiences with racism and systemic discrimination. Anti black racism and discrimination exits at all levels of society and have resulted in increased risk of mental illness, poverty, and housing issues.

Anti-Indigenous Racism

"*The process of colonization has resulted in ongoing and entrenched racism against Indigenous peoples. Racist ideologies continue to significantly affect the health and well-being of Indigenous peoples, cutting across the social determinants of health, impacting access to education, housing, food security and employment, and permeating societal systems and institutions including the health care, child welfare and criminal justice systems*".[31]

The health and well-being of Indigenous people in Canada is marred by systemic racism that has resulted in inequities in receiving quality care leading to poorer health outcomes and the substantive social problems experienced. The lack of understanding of the issues facing Indigenous people has contributed to racism that is normalized, ignored, or denied.[32]

Anti- Indigenous racism is race-based discrimination based on deeply held assumptions about Indigenous people and is evidenced by the systemic barriers and inequitable distribution of resources and services. Negative stereotypes about Indigenous people abound and contribute to the lived experience of racism. Until recently there has been a lack of historical or cultural context provided to the Canadian public on Indigenous perspectives. Despite this, there continues to be a lack of understanding that the disadvantages experienced by Indigenous people are a result of the effects of colonialism and racism. Most often the economic and social issues are often attributed to a failure on Indigenous peoples' and communities. [33]

Historically, there are many high-profile instances of racism from the onset of colonization, the Indian Act, the Residential School system and the Sixties Scoop. Though perhaps less well-known throughout Canada, there was also the systemic killing of *qimmiit* – Inuit sled dogs – which were, and are, a crucial element of Inuit culture, livelihood, and spirituality. Indeed, "it is … an undisputed fact that hundreds—perhaps thousands—of qimmiit were shot by the RCMP and other authorities in settlements from the mid-1950s onwards because Qallunaat [Inuktitut term that describes anyone who is not of Inuit ancestry] considered the dogs to be a danger to inhabitants or feared they could spread dog diseases."[34] The federal government directly acknowledge these killings, as well as forced relocations and family separations, in 2019 in a formal apology from then Minister of Crown-Indigenous relations and northern affairs, Carolyn Bennett.[35] And just like the other systemic, state-sanctioned examples of racism, the impact of these harms on Inuit communities cannot be overstated.

More recently, the Idle No More movement in Canada experienced a racist response when First Nation people protested the Omnibus Bill C-45 which disregarded land rights and environmental impacts of industrial developments. The movement gained strength across the nation from Indigenous communities charging that the government was disregarding Treaty Rights. [36] Thus, a movement wishing to advance Indigenous sovereignty became an overarching goal of the movement. This led to widespread criticism from the Canadian public. The overt racism and fear of personal safety became a significant issue for individuals involved in the movement. [37]

The 2004 Royal Commission on Aboriginal Peoples' study concluded that the Canadian criminal justice system failed Indigenous peoples of Canada and postulated the primary reason is the fundamentally different world views of Indigenous and non-Indigenous people. [38] The consequences of racism have resulted in emotional and physical harm and a lack of trust in the policing system.

Indigenous women face what has been termed "racialized misogyny" as evidenced by the high rate of violence experienced. [39] Notably, the infamous "Highway of Tears' ' where at least 60 women went missing and are presumed murdered. The Robert Picton murders which included a disproportionate number of Indigenous women from Vancouver's downtown east side. These high-profile examples of violence and racism towards Indigenous women stems from the eradication of the traditional gender roles held by women who held considerable "social, economic and political power" prior to colonization. [40]

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Systemic racism is most evident in the 1876 Indian Act which created a legislative means of on-going control over Indigenous land and resources. It contributed, along with the Residential school system to the loss of culture, language, and identity. The legislation to this day impacts the political and economic lives of people and communities.

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Canada's Police and Criminal Justice Systems

Taking action to end preventable deaths during involvement with the police begins with understanding the historical and current circumstances of the police. Police, an arm of the criminal justice system responsible for law enforcement in Canada, have varying mandates and are administered on three levels, municipal, regional, provincial, and federal. The Royal Canadian Mounted Police (RCMP) is the federal police force that operates in all provinces and territories to enforce federal laws, including commercial crime, drug trafficking, human trafficking, border integrity, counterterrorism, and international policing. The RCMP provides provincial, municipal, rural and First Nations policing where a First Nation self-administered police service has not been established. The RCMP provides policing in over 600 Indigenous communities. Three provinces (Ontario, Quebec, and Newfoundland) have provincial police services that enforce Criminal Code and provincial laws. Many municipalities and regions have their own police services responsible to enforce Criminal Code, provincial laws, and municipal by-laws.

Policing in First Nations in Canada is, as of this date, not deemed as an essential service as is policing for all other communities in the country. The Prime Minister announced in December 2020 that he intends to introduce legislation that will deem policing an essential service and expand the number of communities served to support community safety and well-being projects. [42] Currently, many rural and remote areas do not have full time police officers dedicated to delivering services. The funding for services is also not equitable to non-Indigenous communities.

First Nations Policing is authorized by Public Safety Canada through the First Nation Policing Program and funded through agreements between the federal government, provincial and territorial governments, and First Nations and Inuit communities. One type of agreement authorizes a First Nation or Inuit police service to provide primary policing services to a First Nation or Inuit community. The second type is where a contingent of officers from the RCMP provide dedicated policing to a First Nation or Inuit community that is intended to supplement the level of provincial/territorial policing services provided to that community. Costs are usually shared between the federal government (52%) and provincial/ territorial governments (48%). Most of the funding is devolved to communities under self-administered agreements and community tripartite agreements between the federal, provincial and territorial governments.

Policing, similar to many other structures of colonialism, ignored the governance and order methods already established by Indigenous communities prior to European contact. Policing in Indigenous communities has been mired within a complex legal and policy framework that has seen an increased call for self-determination in policing services. Approximately one-third of Inuit and First Nation communities continue to receive policing services from the RCMP or provincial and territorial police services while the majority of police services are delivered through the First Nations Policing Program

It is acknowledged that police organizations share a history of structures and practices that are entrenched in colonialism. The RCMP's early responsibilities included removing Indigenous people from their lands to make room for European settlers and removing Indigenous children to residential schools. The first police organizations were fashioned after military structures in Britain with hierarchical reporting and decision-making systems. Police organizations are paramilitary and have highly structured systems for all areas of operation. Their structures support the ability to "exert a direct influence on crime" [43] by investigation and apprehension of criminals, deterrence of crimes, and provision of crime prevention expertise and advice. Managers have a high level of autonomy and decision-making authority. Most front-line police officers are generalists rather than specialists and have a high level of responsibility and autonomy. Police organizations stress professionalism and have internal structures that strengthen the police professional identity.

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Most communities have a rapid response 911 call centre system and have infrastructures in place to make it easy for the public to use the 911 system. The exception is remote First Nations communities, mostly clustered in the North with no formal 911 service. In most communities the police, paramedics and fire response share the emergency response system, but it is only the police that respond to all calls. Statistics Canada reports that in 2018/19 police responded to 13.5 million calls for service, an increase of 6% from the previous year. It is estimated that 50% to 80% of the calls to police are non-criminal in nature and comprise incidents such as alarms, disturbances, traffic accidents, sick or injured persons, overdoses, and mental health-related calls. [44]

In December 2020, the House of Commons voted to require the government to set up a national three-digit mental health crisis number. In June the Canadian Radio-television Telecommunications Commission hosted consultations with the public and will release the findings later in the year to inform the government's implementation of a national emergency three-digit line for response to mental health crisis.

The Police strategies to respond to crime have evolved to keep pace with the changes in crime. Police employ new technologies to stay ahead of the newest tactics used by more sophisticated criminals and to solve serious violent crimes. Police use biometrics such as DNA, facial and voice recognition, technology to identify license plates, technology to access internet data, images and cell phone communications, drones, and robots. The cost of technology is a significant portion of the cost of policing and in 2018/19 police services across Canada spent $412.5 million on Information Technology, an increase of 9% from the previous year.[45]

As first responders, the front-line police officer is exposed to a wide range of traumatic events; everything from life ending accidents to intimate partner violence and child abuse. Officers in specialist areas of crime listen to victim's tell the details of their traumatic experiences and officers witness the cruelest acts humans do to others. The image of police impervious and untouched by the tragedy surrounding them has been a popular myth and has held back police organizations from acknowledging the vicarious trauma and post traumatic stress disorders experienced by many officers. Many organizations have recently recognized the emotional costs of the police role and are implementing effective strategies to meet the needs of its workforce. In the past decade the Canadian Association of Chiefs of Police has partnered with the Mental Health Commission of Canada to focus on improving police response to persons with mental illnesses. Their collaborations have expanded to recognizing job-related hazards for police during their duties and the added barriers within police organizations cultures that can reinforce stigma. In 2015, Public Safety Canada announced an action plan to acknowledge and address post traumatic stress experienced by front line police officers. [46]

Community policing is an approach to police work that is used by police organizations across the country. It is a philosophy as well as an approach to policing that recognizes the mutually dependent relationship between the police and the community. It is grounded in two mutually dependent mechanisms; the community relies on police to maintain law and order and the police rely on the community to support their authority by reporting crime, providing information to aid in detection and apprehension of criminals, and partnering on crime prevention strategies.

Community policing requires police organizations to balance the responsibilities to enforce the law with the duty to take a proactive problem-solving approach applying a sense of shared responsibility. Community policing has several components that serve to make the police visible or build relationships and can look differently depending on the community needs. Strategies often include foot patrols, bike patrols, officers working from sub-offices located in communities, citizen advisory committees, newsletters, town hall meetings, and engagement strategies to obtain community input on critical issues.

The discussion paper in 1990 on future of policing in Canada [47] outlined the ingredients that go into the community policing approach. The police are to be rigorously accountable to the community and continually aim for quality, effectiveness, and efficiency. The theoretical elements that underpin community policing are; officers work in partnership with the community to maintain peace, the police undertake systematic consultations with community for both short term and long term purposes, they are to take a proactive approach to crime, police need to understand their role is greater than solving crime and they must also seek to address the underlying causes of crime, police are to take a problem solving approach, work in collaboration with the appropriate partners to address crime, to reduce the fear of unfounded victimization and improve the sense of safety felt by community members, and work with other organizations, institutions, and services to improve the well-being of all community members.

Safety and well-being within community-based policing in First Nation communities requires a focus on both cultural and social factors. The well-being of communities is connected to self-determination and community connectedness. Officers with Canada's largest Indigenous police force, Nishnawbe Aski Police Service have had no shootings and no officer has died in the line of duty, despite a serious lack of resources. The service is responsible for policing more than 38,000 people in 34 communities across a vast geographic area in northwestern Ontario. The service has 203 officers, about 60 percent of them Indigenous with the primary mandate to deliver culturally responsive policing.

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Policing in First Nation communities that are still delivered by RCMP or Provincial police services continue to have a colonizing and repressive impact on communities. Indigenous people are at higher risk of inequities in the spectrum of determinants of health contributing to myriad social issues that police interventions are unlikely to have any positive impact on community safety and well-being. The issues are significantly broader and require multi-dimensional approaches working in tandem with community leadership, community values and traditions within a reconciliation framework.

In First Nation communities the emerging trend is a recognition of the need to focus on social determinants versus crime prevention. Such a holistic and systemic approach reflects Indigenous customs, traditions and values and is responsive to local needs. The challenges remain in terms of adequate funding and availability of resources. The future direction towards policing that supports self determination is perceived to be the most important systemic reform that will contribute to safety and well-being.

The cost of policing for city and regional police forces is carried by municipalities and police budgets and have risen consistently since 1996, reaching $15.7 billion in the 2018/19 budget year. [48] A 2020 analysis of police budgets by the Globe and Mail found budgets across the country ranging from less than one-tenth of the city

budget to nearly one-third.[49] The largest portion of the police budget is salaries. The representation of women, Indigenous and visible minorities working in police officer roles has improved slightly over the years but continues to be primarily a white male dominated workforce. In 2018/19 women made up 22% of all police officers, 4% of police officers identified as Indigenous (compared with 5% in the general population), and 8% identified as visible minority.[50]

During the same time that the costs of policing have risen, the rates of crime have decreased. In Canada, between 2001 and 2012, the crime rate declined by 26.3% and occurred in all areas of crime including property and violent crime.[51] [52] [53] [54] [55]The reasons behind the substantial declines in crime rates are not well understood and, particularly in Canada, not extensively researched. Demographics are suggested to be a factor with the decline in the number of youths, the age group most at risk for criminal activity (i.e., ages 15-24 years). But the gradual changes in demographics do not fully explain the significant decline in crime rates. Another report looking into the causes of violence and effective strategies to reduce youth crime looked at studies that focused on individual and family risk factors and determined that the evidence is clear; "programs that target early childhood development can significantly reduce crime and violence in both adolescence and early adulthood." In addition, programs that target young children and their parents can improve physical and mental health and increase family incomes.[56]

Measuring the outcomes of police services is difficult primarily due to the complex environments and multiple factors that cannot be controlled for empirical research. Much of the research on police effectiveness has focused on the traditional strategies used by police forces to respond to, deter and prevent crime. Deploying more police officers in a community is often promoted as 'getting tough on crime' however studies show that the number of officers and increased patrols do not reduce crime rates. [57] Other factors such as the amount of dollars spent on policing, the rates of criminal charges laid per investigation, conviction rates, incarceration rates and length of sentences were found to not influence crime rates. Community based policing strategies such as foot patrols and community-based police sub offices have found limited impact on reducing crime in those neighbourhoods.[58]

Traditionally police effectiveness has been determined by measuring crime rates, officer to population ratios, police response times and budgets. Law Enforcement experts advocate that such metrics ignore the non-crime responsibilities that police have and disregard the complexities of the role. Scholars argue that accountability needs to focus away from crime rates to the real issues facing police organizations. [59]

In 2019, after extensive country wide consultations and research, the Department of Justice Canada released their final report recommending substantial and far-reaching reforms in the Criminal Justice system including police reform. Across the country, experts and victim advocates agree that the system is slow, inaccessible, re-traumatizing, expensive, stigmatizing, and ineffective in securing public safety. The report confirmed what was already known that the over-representation of Black, People of Colour and Indigenous people reinforces and amplifies their social inequality and marginalisation. Highlighted in their report were the concerns that police are expected to respond to a wide range of social problems that they do not have the training or resources needed to consistently deal with in effective ways. Reform must start with a deeper and comprehensive examination of the criminal justice system's interaction with other social systems including housing, child care, health, and income support.[60] The plan for reform promises to work to address the disproportionate number of individuals from certain demographic groups in the criminal justice system, to introduce measures to better serve the needs of those with mental illness or substance use issues, build collaborative partnerships and strengthen services for victims.

> **"Across the country, experts and victim advocates agree that the system is slow, inaccessible, re-traumatizing, expensive, stigmatizing, and ineffective in securing public safety. The report confirmed what was already known that the over-representation of Black, People of Colour and Indigenous people reinforces and amplifies their social inequality and marginalisation."**

The Department of Justice plan for reform also urged an expanded use of restorative justice programs and strategies for adults and youth. It is an approach to justice that "seeks to repair harm by providing an opportunity for those harmed and those who take responsibility for the harm to communicate about and address their needs in the aftermath of a crime. It provides opportunities for victims, offenders, and communities affected by a crime to communicate about the causes, circumstances, and impact of that crime, and to address their related needs" [61]

Provisions for restorative justice were in the 1996 amendments to the Criminal Code and in the 2003 Youth Criminal Justice Act. Programs are developed through collaboration with numerous agencies and groups in the community and delivered in ways that address the issues in the community. Advocates point out that this leaves communities that lack the necessary resources unable to implement restorative justice programs that may benefit many in the community. Many programs have learned from Indigenous ways of knowing and are built with guidance from Elders. Most programs put relationships at the center and include face-to-face conversations between the victim and offender. All programs share the belief that the person who did the crime and caused harm has a responsibility to repair the harm and those who were harmed have the right to determine what is needed to repair it. Programs also place high value on the concept that communities have an important role to play in addressing the causes of crime. [62] [63]

Advocates promote the benefits of restorative justice as more than diversion from the justice system. It is a powerful intervention that has resulted in positive outcomes for individuals, including greater accountability and compliance by offenders, higher satisfaction for all parties concerned, greater efficiency, and cost effectiveness as compared with the mainstream criminal justice system. Advocates urge that restorative justice programs be more widely established in communities and across systems including crime prevention.

The Issues

Preventable Deaths During Involvement with Police.

The issues that plague the justice system highlighted in the 2019 review are starkly evident within police organizations. Preventable deaths during involvement with the police and the disproportionate number of Black, Indigenous and people of colour individuals involved are symptoms of the larger systemic issues in the justice system. There is a dearth of research focused on understanding the root causes of such deadly encounters with the police, but signs point to two influencing factors; (i) the changing role of police that has led to police having a deeper involvement in social problems, (ii) police applying crime prevention and law enforcement practices that are inherently racist and biased.

"…three societal changes have influenced increased police involvement in community problems: the first is the deinstitutionalization of psychiatric and mental health care without accompanying increase in programs and services in the community; the second is the erosion of social services and income assistance programs by decades of funding cuts; and the third is the barriers people face trying to access culturally appropriate and effective programs at the time that people need them."

Society is more complex and police responsibilities have advanced past crime to include a wider range of social and community problems. While police are required to build highly technical techniques to fight crime, they are also being called on to intervene in social and community problems. The common conclusion across studies and expert opinions is that three societal changes have influenced increased police involvement in community problems: the first is the deinstitutionalization of psychiatric and mental health care without accompanying increase in programs and services in the community; the second is the erosion of social services and income assistance programs by decades of funding cuts; and the third is the barriers people face trying to access culturally appropriate and effective programs at the time that people need them.

The deinstitutionalization movement of the 1970s and 1980s was fueled by the rising costs of healthcare, improved technologies that resulted in better care, and the growing realization of the harm done to people living in institutions and acknowledgment that the practice was a violation of their human rights. Psychiatric hospitals and institutions to treat biomedical problems that were prominent in the 1960s and 70s were closed in the 1980s and 90s. However, the promised mental health treatments and support to be funded by cost savings from institution closures did not materialize. The number of treatment beds for people with severe mental illness have been reduced across the country without corresponding community-based treatment resources. The cutbacks in all social services in the 1990s further contributed to the shortage of care and treatment.

Concurrent to the community factors of deinstitutionalization and lack of community-based treatment has been Canada's growing opioid crisis that started with the increased use of opioids for pain relief. The nature of the opioid crisis is complex and has devastating consequences for people across all regions in Canada and all walks of life. In 2012, the Canadian Community Health Survey found that 4.4% of Canadians age 15 and older (approximately 1.3 million persons) met the criteria for a substance use disorder. [64] [65] In 2020, the opioid crisis claimed the lives of 4,395 people in Canada. That's equivalent to 12 opioid-related deaths per day. [66] According to a report by Fischer, Pang and Tyndall, in 2017, there were 3996 drug-related deaths in

Canada, an increase of more than 400% from 1993—and at the time, those deaths accounted for substantially greater portion of the premature deaths even greater than motor-vehicle accidents and other leading causes.[67]

Over the years Canada has acted on many strategies to address the crisis ranging from law enforcement, regulation, prescribing guidelines, screening tools, prescription monitoring systems, supervised injection sites, increased use of naloxone by first responders, and advocacy for decriminalization. However, the strategies have had modest or limited success. Advocates call investment in multiple effective upstream interventions that include action plans for prescription medications, overdose prevention, evidence-based treatments that are accessible and culturally appropriate. [68]

"Currently, long waiting lists and gaps in services are the norm in communities. Individuals are unable to obtain the assistance they need, and families are left to care for members in emotional crisis. Faced with few alternatives, the community turns to the police to address an individual's mental health crisis."

For decades the social safety net has been under pressure resulting from funding cuts and increased demand due to changing demographics of the population, rising public expectations for access and services, changes in economy and revenue sources, and changes in public attitude toward individuals and families experiencing poverty. During periods of economic recession and in response to changing public views, most provinces cut income assistance programs and funding for mental health treatments.

Multiple barriers to access are the result of funding cuts and added to the already existing barriers due to stigma of mental illness and substance use and fears people have toward treatment. Stigma is especially high in some communities and cultures. Negative experiences with traditional western medicine throughout history is especially a barrier for Indigenous and Black communities. Currently, long waiting lists and gaps in services are the norm in communities. Individuals are unable to obtain the assistance they need, and families are left to care for members in emotional crisis. Faced with few alternatives, the community turns to the police to address an individual's mental health crisis.

There are several factors that increase the likelihood that people with mental health issues and illnesses will become involved with police and the criminal justice system such as having behavioural or conduct problems that are an element of their illness and others find difficult to cope with, lack of mental health and substance use care that is accessible, culturally appropriate and responsive; lack of access to related resources and supports within the social determinants of health; and structural determinants such as political and historical conditions or marginalization on the basis of race, Indigenous and gender identity.[69] There is evidence that a high proportion of individuals with a mental illness do not use health services to treat their concerns. Many marginalized individuals enter mental health treatment through involvement with the police and not through community services.

"Police are not mental health professionals and are not trained to intervene in social problems, yet the community turns to the police in times of crisis. The police have few options to use when involved with a person experiencing a mental health crisis."

Police are not mental health professionals and are not trained to intervene in social problems, yet the community turns to the police in times of crisis. The police have few options to use when involved with a person experiencing a mental health crisis. They have the authority to arrest or detain a person and use force if deemed necessary. Police have the authority under provincial laws to intervene in a mental health crisis. Each province and territory have legislation to address mental health and permit police to bring a person with an apparent mental health issue into custody and to a medical facility for assessment. The police are permitted to apprehend the individual without a warrant if there is fear for the life and safety of the person or clear risk for safety of others. Mental health legislation in Quebec is different in that it only allows police intervention at the request of a crisis intervention unit and only when there is a grave and immediate danger. [70]

In 2006 the Canadian Association of Chiefs of Police (CACP) recognized the role police had in responding to community problems and, in consultation with the Mental Health Commission of Canada, developed guidelines for police education and training to inform police involvement with people living with mental health problems. In May 2010, the Mental Health Commission of Canada's Mental Health and the Law Advisory Committee published an extensive review of in-service education and training of police concerning their involvement with individuals experiencing mental health problems. The report recommended police organizations develop comprehensive education and training systems that also address contextual issues.[71] In 2015 CACP and Mental Health Commission of Canada released revised and updated guidelines that included evidence and best practice and address training and organizational capacity building. The guidelines assist police organizations to conceptualize and develop a strategic approach to response to individuals experiencing mental health problems.

Many cities across Canada established Mental Health Mobile Crisis Teams, a co-response model that has police paired with a mental health practitioner to respond to crisis situations. Anti-racism activists and scholars argue that the model is outdated, and the model has not been studied to determine its effectiveness. Criminologists advocate that mental health crisis response models should not involve police and should be designed with the premise that safe and effective response to community crises can be without involving police. They argue that a response should be structured in ways that eliminates police involvement unless there is clear danger.[72]

The Canadian Mental Health Association in British Columbia reports that nearly a third of individuals experiencing a serious mental illness are involved with police when trying to access mental health care for the first time and that the police have become, by default, the first responders in the mental health system. The Service de police de la Ville de Montréal (SPVM) reports that police officers respond to "more than 33,000 calls per year regarding a person in crisis or whose mental state is disturbed. This corresponds to about 100 calls a day".[73]

The study by the Mental Health Commission of Canada, [74]concluded that the criminal justice system has become Canada's mental health "system" of last resort and advocates for system reform at all levels including police response, diversion, treatment, and incarceration practices. In a systematic review of the literature, it was found that overall results indicate that 12% of persons with mental disorders had the police involved in their pathway to mental health services and that 25% of persons with mental disorders have been arrested by police at some point in their lifetime. Researchers also caution that understanding the rate of persons with mental health issues being involved with the police is difficult to accurately ascertain due to a number of factors that influence whether mental disorders will be discovered by, or reported to, the police, including barriers caused by the stigma associated with experiencing a mental health issue.   In addition, once

involved with the criminal justice system, people with mental health problems repeatedly experience disruption and lack of care, further adding to the challenges they face.

The Framework for Understanding the Root Causes

Applying the Lens of Social Determinants of Health

The social determinants of health provide a cogent structure to frame the discourse in understanding the overrepresentation of Black and Indigenous within the criminal justice system. There appears to be a correlation between a reportedly high number of police encounters with Black and Indigenous people who concurrently experience mental health issues, issues with problematic substance use, unemployment, insecure housing, and poverty. The social determinants of health can also offer insights into the outcomes of governmental and social policy decisions that have contributed to inequities and poor outcomes for racialized populations in Canada. The framework, well known by social work and other helping professionals, offers a deeper understanding of the root causes of the preventable deaths.

The World Health Organization (WHO) defines the social determinants of health as "the non-medical conditions or circumstances in which people are born, grow, live, work, and age, and the wider set of circumstances shaping the conditions of life. These circumstances "*include economic policies and systems, development agendas, social norms, social policies and political systems.* The WHO Commission concluded that "the unequal distribution of health-damaging experiences is not in any sense a 'natural phenomenon but is the result of poor social policies and programs, unfair economic arrangements, and bad politics". [75]

Despite decades of research and emerging knowledge on the significance of the social determinants on the health of populations including social and economic outcomes there is only recently an increasing awareness on how health is shaped, "by how income and wealth is distributed, whether we are employed, and if so, the working conditions we experience."[76] For the most part the general public are of the opinion their health is primarily influenced by their personal lifestyle decisions. The impacts of broader societal considerations on health, such as level of employment or education, is not as well understood.[77] Research tells us that the health and well- being of Canadians living in poverty are linked to government decisions and policies created around employment, benefits, affordable housing and social assistance.[78]

Another more robust model of the social determinants of health used in the Canadian context since the early 2000s[79] can be found below:

Indigenous Status	Food Insecurity	Income and income distribution
Disability	Health Services	Social exclusion
Early childhood	Housing	Race
Education	Gender	Social Safety Net
Employment and working conditions	Unemployment and job security	

It is important for us to consider that racism, discrimination, and historical trauma is also an important social determinant of health for Indigenous people and black people in Canadian society. Indigenous people have also identified that the erosion of their culture and language has influenced their mental, physical, emotional, and spiritual health. There is also an argument to consider put forth by the National Collaborating Centre for Indigenous Health that access to health care be considered a social determinant of health on its own merit.[80] First Nations, Metis and Inuit peoples similarly experienced colonialism, losses in their language, land, and resources; as well as racism, discrimination, and social exclusion.

In 2008 the WHO held the first international conference on health promotion in Ottawa. In the ensuing years, evidence to support the Social Determinants of Health has highlighted that income disparities, early childhood development, social inclusion/exclusion, the existence of social safety nets, employment and working conditions unquestionably shape health outcomes for Canadians.[81] Despite this, there has not been a substantive decline in income related health inequalities as well as considerable health care-related equity issues. Raphael reports that the "inequalities in income and wealth have increased at the same time that governments have weakened their commitments to provide citizens with benefits and supports"[82] This has resulted in higher numbers of Canadians experiencing lower incomes, food insecurity, housing, and lower employment security. Canadians living in these circumstances are identified as having a greater incidence of health concerns including chronic disease, and, in many instances, social and mental health concerns.[83]

In 2015, the Canadian Government acknowledged the importance of the social determinants of health by signing the 2010 Declaration on Prevention and Promotion and by joining the WHO's 2012 Rio Declaration on the Social Determinants of Health.[84] This represented Canada's pledge to enhance, and or, impact the working and living conditions that affect health and well-being of Canadians.

Notwithstanding this, there remains minimal evidence of effort by the Government of Canada to make notable policy or practice advances that have led to substantive improvements in the social determinants of health. In fact, Canada compares adversely to other wealthy developed nations of the Organisation for Economic Cooperation and Development (OECD), despite the fact Canada's economy "experienced one of the greatest increases in growth among the OECD member nations since the 1980s".[85] By framing the discussion in a social justice and equity view and applying the social determinants of health, a deeper understanding and examination is possible to reveal how these inequities have led to social and mental health concerns spiraling and becoming a matter for police intervention in Canada. Our discussion focuses primarily on six of the social determinants of health: Race, Aboriginal status, health services, income and income distribution, social safety net and unemployment and job security.

Systemic Racism and Discrimination in Policing

As this paper highlights, studies show that Indigenous people are over-policed by law enforcement and underserved when they are the victims of crime**.** Indigenous people are more likely than non-Indigenous Canadians to be sentenced. [86] Acknowledgement of systemic racism in the criminal justice system was highlighted in the Supreme Court of Canada rulings of R. v. Gladue and R. vs. Ipeelee recognized that the over incarceration of Indigenous people is a product of colonialism. The ruling acknowledges that in sentencing judges have a duty to consider "the unique systemic or background factors that might have played a part in bringing the Indigenous person before the courts and alternative processes or sanctions, which might be appropriate in the circumstances because of the person's particular Indigenous heritage or background". [87]

Since 2019, the responsibilities outlined in the Gladue decision have now broadened to police, justices and judges when making decisions about arrests, bail, and detention under 493.2 of the Criminal Code.

In 2021, the House of Commons Standing Committee on Public Safety and National Security completed a review of systemic racism in policing in Canada and concluded that "a transformative national effort is required to ensure that all Indigenous, Black and other racialized people in Canada are not subject to the discrimination and injustice that is inherent in the system as it exists today". [88]

> **"a transformative national effort is required to ensure that all Indigenous, Black and other racialized people in Canada are not subject to the discrimination and injustice that is inherent in the system as it exists today".**

Testimony was heard confirming systemic racism pervades policing in Canada. Witnesses also offered that police services need to work with the communities they serve to jointly address and bring an end to systemic racism. The report highlighted the significance of both constitutional and human rights in policing. Section 15 of the Canadian Charter of Rights and Freedoms guarantees "every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination" [89] including discrimination based on race. Provincial human rights legislation and the Canadian Human Rights Act prohibit race-based discrimination in the provision of services.

Canada's Social Safety Net Fails

The social work profession is acutely aware of the profound negative outcomes for individuals and families living in poverty. Equitable income distribution has proven to be one of the strongest predictors of better overall health of a society and is intricately linked to the other social determinants of health of food insecurity, education, housing, and the social safety net. Those who live in poverty have higher infant mortality rates, higher mental illness and suicide rates and have lower life expectancy.

Living in poverty also carries with it experiences of social deprivation and isolation that can bring lifelong health and mental health issues. Low income negatively impacts individual and family participation in education, community cultural and recreational activities and deepens the sense of isolation. Living in poverty not only affects one's health but also lessens one's ability to function successfully as a parent and an employee, interfering with a person's well-being and ability to participate in their community. Children, lone parent heads of households, and the elderly have consistently been identified as the groups at highest risk for experiencing poverty.

Living in poverty is also found to result in closer scrutiny by law enforcement and other institutions of social control. For example, children living in poverty are significantly more likely to be reported to the child welfare system and are overrepresented in foster care and in the criminal justice system. [90]

Access to a social safety net is another social determinant of health and goes hand in hand with the detrimental impacts of living in poverty. A social safety net has two fundamental elements; the use of powers invested in government to provide essential services to members of the community, and the use of grants, taxes, pensions, and other programs to provide basic income security. Canada's social safety net is a complex multi-layered system of programs and services that are funded through multiple sources and managed by all levels of government. It is based on an elaborate history of federal and provincial and territorial agreements, funding plans and legislation that deliver and support health, mental health, income assistance, education, and social programs. It is a multifaceted array of programs and services that vary greatly between provinces and regions resulting in there being 13 distinct social assistance regimes rather than a national safety net. For

some people, the strength of the social safety net to support their circumstances is fully dependent on where they live. [91]

Canada's social safety net programs and services were first envisioned after the World Wars and Great Depression during a time when society first acknowledged that often the factors that throw people into poverty are out of their control. For the first time, the government was seen to have both a duty and a responsibility to address the social, health and education needs of the people and to ease the suffering of the most vulnerable. Many of Canada's current programs were designed in the 1950s through the 1970s when families and circumstances were very different than today. [92] [93]

Treatment and supports for mental health issues and substance use are significant components of Canada's social safety net and one that has seen extensive evolution since the 1950s. The current need for mental health care and substance use treatment is well documented. Approximately over 50% of individuals with an opioid use disorder also have a mental health disorder and studies indicate that 87% of individuals with an opioid use disorder in Ontario, also have a diagnosed mental health disorder. [94] In 2018, an estimated 5.3 million people across Canada reported they needed mental health treatment and support. Almost a quarter of that population (22%, 1.2 million) reported that their needs were only partially met and almost as many (1.1 million, 21%) reported their needs were not fully met. The majority reported that their need for medication was met (85%), while the need for counselling was the most likely to be unmet (34% reported counselling need was unmet). [95] In 2020 the Canadian Institute for Mental Health Information reported that around 20% of Canadian youth have a mental disorder and one in eleven youth received medication for their mood disorder. [96]

The barriers to mental health and substance use services, and the fall out from those barriers are well documented. Inequities due to geography and demographics resulting in lack of care and services in rural and remote areas leave most communities across Canada without treatment. Lack of culturally appropriate services contribute to many people delaying care until their situation is a crisis. Long wait lists and limited care contribute to an already high demand for care and ultimately contribute to increased demands on hospital emergency departments. Of the 2.3 million Canadians who reported unmet or partially met mental healthcare needs, the most frequently reported barriers were related to personal circumstances (78.2%), such as not knowing where to get help, being too busy, or not being able to pay for services. Canadians collectively spend $950 million annually on private practice psychotherapists for mental illness, and 30% of Canadians pay out of pocket for these services.[97] [98]

The gaps in the social safety net result in higher dependence on medical emergency first responders and hospital emergency care, the most expensive and least effective forms of care for all health concerns. Wait times for community-based care are often too long to have any meaningful impact and it is not uncommon to have 6 month to a year delay in care. The Canadian Institute for Mental Health Information reported that over a ten-year period (2008-2018) there was a 61% increase in visits to the emergency department and a 60% increase in hospitalizations of youth ages 5 to 24 years old. [99]

Decades of limited funding toward community based mental health care has contributed to the current gaps in services and a system that is siloed and disjointed. In recent years the federal and provincial/ territorial governments have placed higher priority for funding and development of mental health treatment, programs, and care. Advocates applaud the increased funding and argue for reforms to the system that build community-based services and decrease the reliance on hospital care. We join with advocates and highlight the urgency to develop cost efficient and effective services that are community based, responsive, culturally appropriate, and meet the needs of youth and adults through a range of multiple services including e-mental health interventions and other innovative initiatives. [100] The connection between rising health care costs and gaps in services to those experiencing mental health issues cannot be ignored.

"The gaps in the social safety net result in higher dependence on medical emergency first responders and hospital emergency care, the most expensive and least effective forms of care for all health concerns. Wait times for community-based care are often too long to have any meaningful impact and it is not uncommon to have 6 month to a year delay in care."

The inadequacies of Canada's social safety net and income assistance programs have been well documented as well. In 2000, the Standing Committee on Finance was presented a report that documented the erosion of the income assistance programs and argued that "cuts to federal social transfer payments, Ottawa's withdrawal from social housing and the partial deindexation of the income tax system and child benefits from 1986-1999 had a generally regressive effect, falling hardest on low and modest-income Canadians and calling into question the federal commitment to its traditionally powerful role in social policy". [101] The report advocated for a mix of tax cuts and social investments strategically targeted to low-income Canadians, with priorities for service and financial support targeted to persons with disabilities and youth, housing, education programs and support to strengthen employment opportunities for all individuals.

The Human Resources and Social Development Department received a report in 2007 that argued for reforms to the Social Safety Net and that "Reform should seek not to improve welfare but rather to dismantle it. The program should be taken apart bit by bit and its individual components replaced by measures that respond more adequately to current social, economic, and political pressures. But reform of the social safety net must go much farther than welfare alone, extending to other key social programs including Employment Insurance, skills and learning services, and earnings supplements". [102]

Many scholars have identified that the social safety net with its income assistance and social programs is challenged by four critical factors;(i) intensifying shifts in the economy, (ii) the country's changing demographics that shape changes in need and demand, (iii) the impact of climate change on the population's economy, health, and well-being, and (iv) society's increased expectations that the government has a duty to address the well-being of everyone. [103] [104] [105] [106] The government must take bold steps to reform the social safety net by considering the four challenging factors outlined below and discussed thoroughly in the literature.

Canada's economic inequality, the uneven distribution of income and wealth, is one of the top critical challenges of our time and reflects the intensifying shifts in the economy. Income inequality is the result when some parts of the economy grow at different rates than others. Income inequality has been found to have a corrosive effect on all areas of society through diminishing participation by individuals and families in the economy, in community and ultimately eroding the quality of life. [107] The rise in inequality in Canada started in the late 1980s and was exacerbated with government policies that defunded income and social safety net programs in the 1990s and 2008. [108] Canada's inequality comes from a higher increase in income for the wealthiest segments of the population. Between 1989 and 2011, family income in the lowest quintile grew 8 percent while for the highest quintile the family income grew by 32 percent. [109]. [110]The employment and income opportunities have also changed in Canada. More than 75% of working Canadians are connected to service industries, and one in five jobs in Canada were linked to international exports. [111] Businesses and the labour force must be ready to adjust and to be ready to effectively engage in competitive global markets and strategies to address the inequalities must consider the evolution of the economy.

Contributing to economic inequality is the growing portion of part-time, contract employment and gig work. These forms of non-standard employment structures, also known as precarious employment, are characterised as workers having low and unstable income, and working in environments that have higher risk for workplace accidents and exposure to hazards. Workers employed in precarious jobs are at higher risk of harassment within the workplace and have little protection against threats, sexual harassment, and fear of job loss. The workplace settings tend to not provide adequate training and supervision and have limited or no career advancement opportunities. Workers in this type of work do not qualify for programs that typically are available within the social safety net such as employment insurance, sick days, and workman's compensation benefits. Workers are at high risk for income disruption and often are the first to lose their jobs. [112] [113] [114]

Along with economists and anti-poverty activists who have written extensively on these topics, we urge the government to place higher priority on the domestic labour market to address the underutilization of the talents of Canada's youth, especially Indigenous and visible minorities, and act to address the precarious employment environments that more and more Canadians experience. [115] [116]

The changes in Canada's demographics must also be considered when addressing reform and is a challenge to the current system. The social safety net programs were initially designed in an era when the majority of families were two parent families with one income earner employed in the same company for the length of his career. Now one-person-unattached individual households are the most common type for the first time (28% of all households), surpassing couples with children (27%). Over two thirds of Canadian families have two parents working outside the home. The role of grandparents has changed with nearly 9% of all children living with at least one grandparent in 2016. [117] The needs of Canada's immigrant population must also be addressed in reforms. Canada depends on immigration to grow the population and to fill labour market needs.

In 2019, 80% of the population growth was due to international migration. Most newcomers and immigrants are in large urban centers and it is estimated that if current levels of immigration continue, by year 2031 one in three Canadians will be of a 'visible' minority background, with most having been born in Canada. Our social policies, public institutions and social programs are grounded in the colonial era and systemic racism is evident throughout. Attention must be paid to addressing the issues to ensure that all members of communities can participate and contribute to their potential. [118] [119]

Canada is already seeing the impact of changing household structure in the characteristics of those who receive income assistance. The number of single unattached individuals receiving income assistance has

grown while the number of other family structures has dropped. For example, the percentage of single women in British Columbia receiving social assistance in 1995 was 11.9% and rose to 24.5% in 2012. The largest decrease in social assistance use in that province was with the single parent family that in 1995 was 41.7% of the recipients and only 26.5% in 2012. Similar trends are evident across Canada. The current income assistance programs do not meet the needs of the growing group in our society: the unattached individual receives levels of income that holds them back from contributing to society. [120]

Canada is facing the realities of the longer-term consequences of climate change as well as the increase in the number of natural disasters. In Canada, the impacts of climate change are most prominent in northern communities and are having a substantial impact on agriculture and natural resources economies. Environmental changes due to climate change affect livelihoods, mental health, and well-being of communities. We urge the government to acknowledge the ways that climate change is intricately tied to the challenges on the social safety net and contribute to the social inequities across the country.

Society's changing attitudes is another important challenge to be considered when addressing gaps in the social safety net. Anti-racism activists, Indigenous organizations, Black Lives Matter Canada, and other social justice advocacy groups have led the way pushing for meaningful and lasting change in Canada's institutions and social programs. The call to be a well-informed ally and join the fight for social justice is being answered by many across the country. Many organizations, including police services, child welfare, and municipalities have acknowledged the colonial history and systemic racism of those institutions and have initiated strategies to bring about meaningful change. Organizations need courageous leadership to move change forward and require resources to support lasting change.

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Society's changing attitude toward government duty and the importance of the social safety net is another important challenge to be considered. Federal policy shifts in 1996 allowed for provincial governments to have social policy to be driven by fiscal capacity rather than by the needs of the population. [121] The free market approach to human services established during the era of neoliberalism puts competition at the centre of services and emphasizes austerity, efficiency, and effectiveness within a punitive audit driven accountability culture. The mantra of 'do more for less' was the prevailing message by government funders and the notions of care and relationships were reduced to administrative data categories. [122] Since then, there have been multiple strategies across Canada to reduce the stigma toward people experiencing poverty, mental health issues and problematic substance use and in many ways these are having an impact. Improved technologies and services to identify, diagnose and treat people with a disability have contributed to increased demands for treatments and services. The use of e-mental health strategies has promising outcomes and can be the first step for many people to receive the care they need, especially if the ethical issues pertaining to access equity are addressed. Currently, the public has a low tolerance for delays in medical and mental health care and a growing appreciation for the cascading consequences of long waitlists on health care costs.

Many advocates, including CASW, call on governments to act to reform and strengthen the social safety net with attention to income assistance and programs to address the needs of individuals experiencing mental

health and substance use issues. These reforms must be based on a comprehensive and deep understanding of the complex factors that sustain poverty and influence mental health and well-being, and governments must move beyond political opinions and move to include a comprehensive understanding of the changing needs of individuals and families in Canada.

Opportunities

The Role of Social Work in Canada in the Defund the Police Era

Many jurisdictions have proposed the solution to preventable deaths is for social workers to replace police in encounters with people in mental distress. In reviewing the role of social work in Canada we find our analysis is shaped by changes in the social, economic, and political conditions over the past decades; social work's role in social justice and the conflict between the pursuit of justice, social change, values, and principles that often conflict with practice. Putting social workers in police roles would come with its own problems and the history of the profession must be part of the consideration.

Throughout the decades the practice of social work has undertaken various approaches from the diagnostic and functional to the generic, problem solving and structural approach. The 1990's witnessed the rise of neoliberalism where privatization, de-regulation, free trade and reductions in government spending saw substantive cuts to social programs. The impact of globalization during this era was felt acutely by poorer Canadians with restricted ability to access income security programs. "During this period of cutbacks and restraint, welfare programs became less universal and more targeted toward specific categories of individuals and families (and) the severity of the cutbacks was detrimental to those most in need." [123] Many social workers were responsible for upholding the policies that lead to policing the poor and locking people in a cycle of poverty.

Tensions between care and control have been evident in social work practice since its inception. Social workers played a significant role in the separation of Indigenous children from their families into Residential Schools, followed by the sixties scoop, and what is now called the "millennial scoop". In addition to sociodemographic factors, race has been found to be a significant factor in the overrepresentation of Black and Indigenous children and youth involved in the child welfare system. Organizational factors such as lack of cultural competence among child welfare staff, cultural misunderstandings, lack of experience of child welfare staff and high caseloads were also contributing factors. [124]

Studies have found that youth who age out of government care experience poor outcomes compared with their peers. Between 25%-50% of youth aging out of care experience precarious housing, and employment at rates 20% lower than their peers. They are involved with the criminal justice system at rates higher than their peers, often beginning when foster parents or group home staff call on police to control behaviour and respond to mental health crises. Youth who age out of care experience early parenthood; poor physical and mental health; and loneliness. [125] In Ontario 56% of youth in government care do not finish high school. [126] In 2017 the Ontario Office of the Provincial Advocate for Children and Youth conducted a systematic review of the literature and determined that persistent across studies, research methodologies and study periods, the findings consistently pointed out that youth aging out of care face greater challenges with less than their peers. What is clear is that the experience of living in government care exacerbates childhood traumatic experiences. Studies suggest that organizational factors and professional practices inherent in the child protection system may contribute significantly to poor outcomes for youth.

Additionally, social work has also been seen as agents of anti-black racism in Canada through the overrepresentation of Black children in the child welfare system. Since the early 2000's the issue of social

control has been heightened and the social work profession has struggled with balancing the theoretical and empirical knowledge upon which they base their clinical practice and interventions on versus the social control aspects of the fields of practice social workers are employed in. This has been particularly evident with the focus shifting from assessment and interventions with families to the assessment of risk at the cost of early intervention, prevention, and clinical work. The efforts expended on high levels of intrusion, a focus on compliance and coercive actions have dominated the field of child welfare. Other areas of practice, such as mental health have significantly restricted access to services as cost saving measures with aspects of control over the length and type of service provision.

"The current debate around shifting funds from police services to social workers necessitates the acknowledgement and examination of the historic role of social work with Indigenous and black communities, the issues around systemic racism within the field, social control, and attention to the voices of Indigenous, Black, and other minority populations most affected by police interventions."

The current debate around shifting funds from police services to social workers necessitates the acknowledgement and examination of the historic role of social work with Indigenous and black communities, the issues around systemic racism within the field, social control, and attention to the voices of Indigenous, Black, and other minority populations most affected by police interventions.

The call for social workers to become intervenors in police wellness checks of vulnerable persons who are experiencing a mental health crisis, homelessness, or problematic substance use, and are racialized would place social workers in situations where they are an arm of the police as opposed to offering clinical intervention in accordance with their Code of Ethics. Social work needs to build its capacity in the application of social justice theories, skills and knowledge to community-based practice. The question the field needs to ask is: do we want to join existing police teams intervening in situations where chronic underfunding of mental health services is being addressed by police to fill the gaps in the social safety net; or do we want to be part of a new vision?

Social workers would be more effective in the design of a new system built on collaboration and engagement with Indigenous and Black communities: developing strategies of effective clinical interventions and concurrently implementing the goals of social justice and inclusion, where social workers conduct a careful analysis of power dynamics while promoting structural and institutional change.

There appears to be a role for social workers as first responders in non-violent situations where experience in crisis intervention, skills in de-escalation and problem solving, knowledge of mental health and the ability to apply the person in the environment perspective that acknowledges the importance of family, culture, history, and oppression and prejudice.

Increasingly the field has a greater awareness and importance of diversity in social work practice. Cultural humility is recognized as an essential principle of social work education and practice. Equally important are the values of inclusion and self determination as well as an understanding of the effects of racism on the lives of the individuals and families from diverse ethno-racial backgrounds in the delivery of services.

Social Work, Police, and Reconciliation

Indigenous people have a complicated history with social workers. It begins with the fact that there remains much to be learned by social work of the history of colonialism and the contemporary examples of on-going harm social work perpetuated. There is a well-documented need for social work to acknowledge and challenge on-going colonialism and engage in reconciliation approaches with Indigenous people within our institutions, the organizations we work in and within our clinical practice.

CASW has long called on the Government of Canada to uphold the guiding principles of the TRC. Specifically, to heed the TRC guiding principle that "Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources''. [127]

The pathway of reconciliation for social work must reflect a belief that it is a process and a journey that embodies a renewed commitment to social justice, dialogue and relationship building with Indigenous people. Further it demands concrete actions that addresses the structural and systemic institutional racism and discrimination.

The field must examine various theoretical and contextual approaches to reconciliation alongside Indigenous people within the framework of the principles articulated by the TRC. Reconciliation is a difficult process as it must occur at many levels, at the social work education level, the personal and professional level, the policy, and practice level and from a social justice perspective.

Police services across the country are examining ways to advance reconciliation with Indigenous people and many are publicly supporting the call for justice and action both from the TRC and the MMIWG Report. There remains a need for a more comprehensive approach around accountability, oversight and transparency in the development and implementation of the calls for justice and action. Unless Indigenous people are at the table working in partnership with police services to engage in a reconciliation process that prioritizes relationship building and agreement on priorities for action that will move towards a system of fairness, justice and eliminates racism and discrimination.

The House of Commons Standing Committee on Public Safety and National Security (2021) included several recommendations for the RCMP that would have a significant impact on reconciliation efforts if implemented. A recommendation to transition the RCMP from a paramilitary force into a police service model with civilian oversight along with legislative changes to ensure that policies, practices, and operations are free of systemic bias and discrimination. Another key recommendation in line with reconciliation in this report is that the Government of Canada, in consultation with Indigenous, Black, and other racialized people, create a National Police College that would prepare, train and educate a professional and bias-free police force.

Developing relationships with Indigenous people and communities requires an understanding that Indigenous world views, knowledge and perspectives are critical components in the process. Understanding the role of social work and reconciliation will pose many challenges for social workers, and police officers within their organizations, within their personal lives and their professional practice. Reconciliation offers police and communities a path to build trust and undo past injustices. It is a path of renewed commitment to ensure all people are safe in their communities, including the police.

Innovative Reconciliation Approaches

In the United States, the Stockton Police in California department began a reconciliation process in 2016 through the creation of a framework designed by the National Network for Safe Communities. The approach fosters relationship building and developing concrete changes to policy and practice. Changes are driven by

community advisory boards with lived experience. There is emerging evidence of the positive impact this is having on crime prevention. [128] Similar pilots are being conducted in numerous locations throughout the country.

A promising approach is happening in Alberta where the RCMP K Division is working with Treaty Six, Seven and Eight, The Metis Nation of Alberta, The Metis Settlement General Council and the Inuit Cultural Society to explore new ways of working together and share ideas around moving forward together in reconciliation. The approach brings together police and community members building relationships through open dialogue, building trust and committing to concrete changes in policy and practice. The strategy is built in partnership and has included an examination of past actions and behaviors and looking forward to building capacity. Key to their strategy is to identify and challenge systematic and/or procedural biases; eliminate biases within and outside of the organization, overseeing and effecting change in the way they police Indigenous communities, including crime reduction and partnering to increase education, prevention, intervention, and treatment to ensure healthier and safer communities.

"The Calgary police publicly acknowledged the history of systemic racism in policing and through a comprehensive community consultation process, launched the Commitment to Anti-Racism, Equity & Inclusion plan. The plan addresses several reforms including reconciliation with First Nation communities."

The early 2018 the Calgary Police Service, in consultation with Elders, recognized the need for a strategy to guide the organization's implementation of the TRC Calls to Action, the Inquiry into the Murdered and Missing Women and Girls and the White Goose Flying Report to the City of Calgary on Residential School Truth and Reconciliation. In 2020, the City of Calgary approved a motion that formally requested the Calgary Police undertake a community consultation process and develop a plan to address systemic racism. The Calgary police publicly acknowledged the history of systemic racism in policing and through a comprehensive community consultation process, launched the Commitment to Anti-Racism, Equity & Inclusion plan. The plan addresses several reforms including reconciliation with First Nation communities.

The approach of bringing together police and community members in relationship and open communication, working on trust and a commitment to concrete changes in policy and practice is also happening in places like Germany and South Africa.

Countering Inequity: The Universal Basic Income A Promised Step to the Solution

This paper has documented the many ways in which economic inequity among Black and Indigenous communities is a direct result of systemic racism and colonialism, and which contributes to encounters with police, the correctional system more broadly, and contributes to other negative social outcomes. Knowing that piecemeal reforms to Canada's social systems have not been effective in reducing inequity, and that comprehensive programs that would eliminate the concept of a 'safety net' in favour of a floor on which to stand have much supportive evidence[129], a Universal Basic Income Guarantee is a policy option that would greatly ameliorate many aspects of the issues explored in this paper.

Universal Basic Income, (UBI) also referred to as Basic Income, (BI) or Guaranteed Income, is a concept of income assistance that has been a part of Canada since the earliest visions of a national social safety net in 1943. It is a concept that is rooted in social justice and captures the attention of anti-poverty activists, public

policy makers, economists, and entrepreneurs. The universal basic income is a modest income that would be paid to individuals regardless of household arrangements, work status, or prior contributions. Importantly, it would be guaranteed to all regardless of other income, thus bypassing the stigmatizing and exclusionary means-testing intrinsic to many welfare programs." [130] [131]

Reports from several levels of government have studied the potential of UBI and advocate for the government to establish a guaranteed livable income. In 1971, the Senate committee report Poverty in Canada, was released and called for increased efforts to improve income security. At the time, it was estimated that one in four Canadians were living in poverty. The Senate recommended a guaranteed annual income to be implemented and financed and administered by the federal government.[132]

In 1985, the Royal Commission on the Economic Union and Development Prospects for Canada recommended free trade with the United States and a Basic Income called Universal Income Security (UISC) program. The federal government pursued free trade agreements but did not move forward on the recommendations for the BI. [133]

In 2014, the report of the Inquest into Murdered and Missing Indigenous Women and Girls recommended a guaranteed income for all Canadians.

> **"In 2014, the report of the Inquest into Murdered and Missing Indigenous Women and Girls recommended a guaranteed income for all Canadians."**

In December, 2020 the province of British Columbia released the final report of the Expert Panel on Basic Income. The expert panel was to study the feasibility of a basic income in and study the existing income and social support system and determine if a basic income could be used to transform and enhance. After consultation with multiple experts and groups, the panel determined that the existing social assistance programs did not constitute a system and had many gaps and inconsistencies that created barriers and sustained the stigma associated with welfare, however, there was a strong foundation from which improvements could achieve the same benefits of a universal basic income. The report presented 63 recommendations to reform the current system targeting income assistance, housing, medical coverage, employment supports, address precarious employment, and strengthen the support services for those fleeing violence, and reform the current 'welfare wall'. [134]

Also in December, 2020, the Canadian Centre for Economic Analysis (CCEA) released a study to understand the economic benefits to families receiving payments under different basic income programs, and the potential economic impacts of the programs. The two models were the Guaranteed Minimum Income (GMI) and Dividend plus GMI. Both models provided unconditional income for individual adults. The study concluded that under both models more than 3.2 million people would be brought out of poverty. For the 2.3 million families living in poverty, their income would be increased by 306%. The study also concluded that a Universal Basic Income would result in economic growth across the country.[135]

Canada has two experiences with providing Universal Basic Income. In early 1974, the federal government and Winnipeg Manitoba launched a universal basic income demonstration pilot in the small town of Dauphin called the Mincome Project (the Manitoba Basic Annual Income Experiment) that was to run from 1975 to 1978. The project was in Winnipeg and the rural community of Dauphin in western Manitoba served as the saturation site. Several small rural communities were also selected to serve as controls for the Dauphin subjects. It ran for four years, ending in 1979, but the data collection was for two years and no analysis was done by project staff. [136] [137][138]

The federal government provided seventy-five percent of the funding. The pilot was influenced by similar initiatives in the USA and evolved from a demonstration project to a complex research experiment that included studying the impact that guaranteed income may have on people's motivation for employment. The pilot provided unconditional monthly income of varying levels to almost every person depending on the composition of the family. The cost of the project and complexities of the research had become politically less desirable and was terminated shortly after a change in provincial government.. Evelyn Forget, a health economist at University of Manitoba gained access to the data. Her analysis revealed substantial findings on the far-reaching benefits of UBI. The research found that high school drop-out rates declined, and hospitalizations dropped by 8.5% when compared with the control group. Surprisingly, the data showed that hospitalizations specifically for accidents and injuries and mental health diagnoses declined, as did physician's billings for mental health diagnoses. The study went further to analyse the cost benefits translated into health costs in 2010 and found that the 8.5% decline in hospitalizations would potentially save $4.6 billion. [139] [140]

In 2017, the Ontario government launched Universal Basic Income three-year pilots in three locations, Hamilton-Brantford, Lindsay, and Thunder Bay. It was an investment of $50 million to study how unconditional money would improve people's lives. At the start of the project, it was found that 70% of the recipients were employed but struggled to make ends meet. The project was cancelled eight months after it was started by the incoming provincial government in July 2018. [141]

Studies of basic income projects are largely qualitative and generally speak to improvements in people's lives because of decreased stress due to financial hardships. People report improved nutrition, improved educational outcomes for children, minimal changes, decreases in hospitalization rates, improved mental health, increased birth weights, and decreased criminal activity.[142]

The Basic Income Canada Network (BICN) conducts surveys and gathers evidence about the benefits and costs of universal income. Their studies echo qualitative findings in other research studies. People report that with a basic income they remain employed by having funds to pay for work related costs or can improve their employment prospects by returning to school or are able to start a small business.. The BICN conducted a survey of Canadians receiving the national pandemic benefit (CERB) and 50% of CERB recipients reported they learned a new skill, 42% took an online class, and 10% started a business. In addition, they reported in the survey that they spent more time on unpaid work like housekeeping, caregiving, civic and voluntary work. [143]

Advocates for Universal Basic Income promote the benefits of a guaranteed income and studies reveal the potentials and funding opportunities. Advocates also caution that funding for a guaranteed income should not be the only solution but one substantial enhancement in the social safety net that includes public services such as child care, health care, elder care, increased in-home supports and higher education supports. [144]

Innovative Non-Police Involved Responses to Community Concerns

In response to the Black Lives Matter and the Defund the Police Movement, public protests, investigative journalism and urging from many professional and community groups, many police services across Canada are taking steps to build partnerships and create alternatives to deploying police.

Police organizations are investing in recruitment and hiring practices aimed at strengthening diversity among police. Many have implemented anti-racism training and training to give police skills to de-escalate situations and not use lethal force. Other police services are devoting resources to create and sustain a more inclusive and diverse culture. Several police have sought out partnerships with community services with expertise in

mental health and substance use to form collaborative joint responses that are trauma-informed and community based.

Several police services have moved to create mental health crisis intervention programs within the police organizations to replace law enforcement. We argue that such strategies are ill advised as they move police deeper into the realm of social services, sets up a false promise that police can provide mental health care, fortifies community reliance on law enforcement, allows government to abdicate their responsibilities to ensure Canada's safety net is able to support the most vulnerable and ultimately will not result in the transformative outcomes.

Some of the innovative and effective non-police responses include the following.

Eugene Oregon, USA

Eugene Oregon, USA, has a greater metropolitan population of 389,000 and city population of 176,464. CAHOOTS (Crisis Assistance Helping Out On The Streets) was established in 1989 as a community safety initiative. It is a mobile crisis intervention program providing free, confidential services in the Eugene and Springfield area 24 hours a day, 7 days a week. It is dispatched through the traditional 911 emergency call centre but is not a police response, it is a mental and medical crisis response. Using the 911 emergency system helps break down barriers to access. 911 dispatch operators are trained to recognize non-violent situations with a behavioral health component and route those calls to CAHOOTS. A CAHOOTS team will respond, assess the situation and provide immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy, and, when warranted, transportation to the next step in treatment.

It is a program under the umbrella of services provided by White Bird Clinic and has been in place for over 30 years. In a country where the level of medical care provided is often dictated by insurance, this service is free to users. It is a response available for a broad range of non-criminal issues and concerns and is not designed to respond to violent situations or life-threatening medical emergencies.

"In 2019, CAHOOTS responded to 24,000 calls, and only required back-up from police 150 times. It is estimated that CAHOOTS has saved the Eugene Police Department budget $8.5 Million each year between 2014 and 2017."

The White Bird Clinic was established over 50 years ago. It is a collective and provides a wide range of medical and mental health services and supports to marginalized people including crisis intervention, outpatient treatments, health care, dental care, and counselling. Each CAHOOTS team consists of a Mental Health Crisis Worker and an Emergency Medical Technician. CAHOOTS offers a broad range of services, including crisis counseling, suicide prevention, assessment, conflict resolution, substance use assessment and treatment, supports to address housing crisis and first aid.

In 2019, CAHOOTS responded to 24,000 calls, and only required back-up from police 150 times. It is estimated that CAHOOTS has saved the Eugene Police Department budget $8.5 million each year between 2014 and 2017. The success of the CAHOOTS model was recognized by the USA federal government in March 2021, the COVID -19 Relief package, titled American Rescue Plan. The budget included funds for states to establish community based mobile crisis services like CAHOOTS.

Denver Colorado, USA

Denver Colorado is a large city in the USA with a metro population of over 780,000. The city has experienced substantial growth in recent years and 36% of the population is a visible minority.

In 2019 the city, police and community partners joined to plan a community initiative and learned of the CAHOOTS program in Eugene Oregon. In 2020 they established STAR (Support Team Assisted Response). Partners in the collaboration are the Caring for Denver Foundation, Police, Mental Health Centre Denver, Denver Paramedics, Denver 911 and a number of community programs.

STAR is a person-centred mobile crisis response dispatched through the 911 emergency call system. In Denver 911 calls for health and safety issues traditionally had 2 paths for response: hospital and medical, or criminal justice. The STAR initiative created the third pathway to service and supports. STAR is not designed for response to violent or threatening situations. STAR does respond to calls for assist person, suicide, intoxicated person, welfare checks, indecent exposure, trespass unwanted person, and syringe disposal. Within 6 months STAR responded to 748 calls and it is estimated that STAR will reduce calls to police by 2.8%. One of the goals of STAR was to divert individuals away

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from the criminal justice system by using a trauma informed approach. Of the 748 calls dealt with by STAR, no cases resulted in calls to Denver Police or involvement with the justice system.

Recently STAR launched the process to establish a 15-member volunteer Advisory Committee made up of community members for the purposes to guide and further develop the program.

Oakland and Sacramento California, USA

M.H. First is a non-police response to mental health crises that started in January 2020 in Sacramento and later expanded to Oakland. The two projects are a part of the Anti Police-Terror Project, an organization that strongly advocates for defunding the police. MH First is a cutting-edge new model for non-police response using trained volunteers to respond to psychiatric emergencies, substance use support, and domestic violence situations that require victim extraction. The initiatives provide mobile peer support with the goal to eliminate police involvement.

Vancouver, British Columbia

Vancouver Police have for several decades developed initiatives to respond to individuals experiencing mental health crises more effectively. For example, as early as 1978, the VPD implemented 'Car 87,' an integrated response model partnering a police officer with a mental health professional. That program continues today and has served as a model for many other police agencies to copy. In 2011, the Vancouver Police Department and Vancouver Coastal Health Authority (VCH) committed to collaborate in a program aimed at reducing harm to individuals and to reduce the person's involvement with the criminal justice system and emergency health services. The Vancouver Police's Mental Health Unit and the VCH Assertive Community Treatment (ACT) teams and the Assertive Outreach Team (AOT) were the result.

Assertive Community Treatment (ACT) teams are full-service mental health programs providing "wrap-around" care. The first ACT team was created in January of 2012. There are 10 to 12 people on an ACT team, including psychiatrists, social workers, nurses, vocational counsellors, occupational and recreational therapists, and peer counsellors, among others. Two full-time VPD officers work with the teams, providing daily police support. Teams focus on the well-being of clients who are experiencing challenges related to community living, and who have an extensive history of police involvement and high use of health services. Many of the clients have high-risk behaviour and long-standing complex mental health issues. ACT's goal is to provide longer-term psychosocial support to prepare clients for a successful transition to community-based care. ACT teams may assist with finding long-term 24/7 health care, support with life skills, job training, assistance with housing, and help maintain physical and mental wellness.

Assertive Outreach Team (AOT) is a VPD / Vancouver Coastal Health mental health program, which began in March 2014. The team provides short-term transitional support for clients with moderate to severe substance use and/or mental health issues as they go from hospital or jail to a community service provider. The clients are often experiencing challenges living in the community and have a history of police involvement and complex mental health issues. Team members are psychiatrists, nurses, clinical supervisors, and police officers. During a one- to two-month period, the team connects individuals with their primary care provider and uses a creative and collaborative problem-solving approach. The goal is to reduce incidents of violence and self-harm, prevent further deterioration in their quality of life, and reduce their involvement with the criminal justice system. Police officers play a larger role in the AOT than the ACT, including locating clients who may be at-risk and preventing issues before they happen.

Calgary, Alberta

In September 2020 the Calgary Police Service acknowledged social racism exists in the service and the need to address racism and social inequities in the city. They published the Commitment to Anti-Racism that included commitment to working with the city "to shift responsibility from law enforcement to social agencies to respond to people in crisis when appropriate." The City of Calgary and Calgary Police Service partnered with community service organizations to create a strategy to improve support for individuals experiencing a crisis due to mental health, substance use, or other similar challenges. Calgary's Mental Health and Addictions Strategy was developed and focuses on addressing gaps in crisis services, outreach services and gaps in the emergency response system in the city to address racially and culturally appropriate services. The Community Safety Investment Framework identified two priorities; to strengthen the existing crisis supports and to transform the crisis response system applying best practice research and with engagement with key stakeholders. Eight Million dollars of the police budget of 2021 was reallocated to strengthening and expanding ten community organizations and crisis intervention services. The largest funding reallocation was to increase the Police and Crisis Team (PACT) program from six to twelve teams. PACT is a partnership between Alberta Health Services and Calgary Police Service that responds to situations involving individuals experiencing a mental health, substance related or psycho-social crisis. PACT provides mental health assessment, support, and consultation in a crisis situation, and is able to arrange urgent psychiatry assessments and referrals as needed. Members of the PACT team are police officers, psychiatric nurses, psychologists, registered nurses and social workers.

The main goals of PACT are to divert individuals who are in crisis with mental illness and substance use issues from the justice system and hospital emergency departments, assess and stabilize individuals in crisis within the community, and connect individuals with resources and other supports. The increased funding to PACT will expand the hours of operation to 22 hours a day, seven days a week.

Reallocation of funds from the police budget are also going to a joint marketing initiative led by the Distress Centre to educate the public and emergency service providers to direct their calls to the correct resource. The initiative is titled '211 Make the Right Call'.

Toronto, Ontario

2019 Toronto Police released Mental Health and Addictions Strategy aimed to improve the police response to individuals experiencing a mental health or substance use crisis. In June 2020, the City Council directed staff to develop a non-police led community safety response model. The City of Toronto staff recommended a non-police led approach to non emergency and non violence calls involving individuals in a crisis. In February 2021 the program was launched in four areas of the City. Three of the pilots will be implemented in areas where apprehensions under the Mental Health Act and calls for people in crisis are the highest in Toronto. The four communities are: (i) Northwest Toronto (Wards Etobicoke North, Etobicoke Centre, York Centre and Humber River-Black Creek), (ii) Northeast Toronto (Wards Scarborough Southwest, Scarborough Centre, Scarborough-Agincourt, Scarborough North, Scarborough-Guildwood and Scarborough-Rouge Park) (iii) Downtown East (Wards Spadina-Fort York and Toronto Centre), and (iv) to serve Indigenous communities, recognizing the history of Indigenous peoples and their negative experiences with policing. This pilot will be Indigenous-led and co-developed with Indigenous communities.

> **"In June 2020, the City Council directed staff to develop a non-police led community safety response model. The City of Toronto staff recommended a non-police led approach to non emergency and non violence calls involving individuals in a crisis. In February 2021 the program was launched in four areas of the City."**

The pilots were developed using data and insights shared through 33 community roundtables, the Accountability Table of community leaders who monitor and support development and implementation of community-led safety response models, and surveys conducted in 2020.

Montreal, Quebec

In August 2021 the city of Montreal announced plans to establish a pilot project Mobile Mediation and Social Intervention Team (Équipe mobile de médiation et d'intervention sociale (ÉMMIS), municipal mobile rapid response to respond to crisis situations in public spaces. The program is a collaboration between the city, the Société de développement social and the City of Montreal Police Service. The program initially will be available fifteen hours a day, focus on downtown, and include a team of five social workers who will work closely with police officers. The pilot will run from September to December 2021.

Stockholm, Sweden

The mental health crisis response in Stockholm is noted in the literature as an international example of effective partnership between police and mental health. Stockholm County consists of a population of 2.2 million in the metropolitan area. It has one psychiatric hospital and numerous mobile psychiatric teams throughout the region that operate day and evening hours. The mobile teams provide care by appointment and do not respond to mental health crises.. Situations involving a person in severe mental health or behavioral crisis were traditionally handled by the police and often the person was transported to hospital, the only response option available to police. In 2015 the Psychiatric Emergency Response Team (PAM) was

established to respond to emergency calls regarding persons in severe mental health crisis or behavioural distress with suicide as the main priority. PAM became known as the mental health ambulance. The program is an ambulance with two psychiatric nurses and an ambulance driver that is dispatched through the community emergency call centre. Police are involved in about half of the calls but are released once the mental health care providers can respond. The program has resulted in decreased demand for police to be involved in mental health crises and decreased hospital admissions.[145]

Conclusions and Recommendations

Canada is facing unprecedented challenges in policing with the calls to justice for police reform to bring an end to deadly encounters by police along with challenges to end systemic racism since the high-profile deaths of Chantel Moore, Julian Jones, Colton Boushie, Tina Fontaine and far too many others. The context police work within has changed substantially since this aspect of law enforcement was formed to provide public security and safety. The challenges police face from organizational challenges, to rising costs and a public demand for change requires new knowledge and adaptations to effectively develop models that are community driven and designed to meet local needs.

One of the most common proffered solutions to respond to police reform across North America seems to be the addition of social workers accompanying police in calls relating to mental health or substance use or having a separate line for communities to call when individuals are in distress where social workers and other health professionals intervene.

The urgent call to defund the police has begun a discourse of re-imagining strategies for reinvesting in mental health and substance use services in communities and consideration of innovative responses to 911 emergency responses. The erosion of the social safety net and cuts to health and social services created a serious gap leading to police responding to mental health or substance use crisis when the policing model and structures were not designed to fill that gap and are currently unable to effectively meet the needs of current realities in society.

Currently, Canada is lacking in innovative responses to meet the needs and demands of mental health and substance use issues. This is an opportunity to craft responses and address the systemic issues plaguing police services and re-examine opportunities to best meet the needs of communities. The easy solution would be to hire social workers alongside police; however, this places additional burden on police organizations and municipalities and does not address the over involvement of police in social problems nor address the underlying systemic problems of racism, nor does it focus on the inherent problems of underfunding in mental health and social services.

The solutions must focus on strategies to increase government leadership and funding, so social work and other health and social professionals may better respond to community social problems and thereby reducing police involvement -- and to reduce the need for these types of services at all by intervening upstream in the social determinants of health.

Recommendations:

This paper identifies numerous deeply embedded issues with current safety and social service models, and system level change is clearly necessary.

These recommendations are presented in two categories: those to address problems identified with policing directly, and those to address systemic inequity more broadly.

In the short term, the federal government must:

1) Immediately create and fund a centralized database that captures and analyzes data on deaths involving police across the country, complaints of police brutality and complaints of racism.

2) Follow the lead of the Assembly of First Nations (AFN) and the Native Women's Association of Canada (NWAC), co-develop and table legislation to make First Nations policing an essential service.

3) Further, act on NWAC's specific call to "develop a strategy to provide fully funded support to Indigenous-led police services, with a focus on violence prevention."[146]

> In acting on this recommendation, there is the clear opportunity to fully realize the MMIWG Report's Call to Justice 5.4 to:
>
> "immediately and dramatically transform Indigenous policing from its current state as a mere delegation to an exercise in self-governance and self-determination over policing. To do this, the federal government's First Nations Policing Program must be replaced with a new legislative and funding framework, consistent with international and domestic policing best practices and standards, that must be developed by the federal, provincial, and territorial governments in partnership with Indigenous Peoples."

4) Act on the lead of NWAC, designate funding envelopes to a) support healing and restorative justice programs[147], and b) create specialized training modules for police on Indigenous women, gender-based violence, and Missing and Murdered Indigenous Women and Girls (MMIWG), as supported by *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*' Calls to Justice, specifically 9.1, 9.2, 9.3. and 10.1.[148]

5) Support police boards in developing civilian oversight boards which are reflective of, and composed of, members of the communities they serve, as recommended by the Missing and Murdered Indigenous Women and Girls Reports' Calls for Justice and the Black Parliamentary Caucus.

6) Immediately ban the practice of 'carding' across Canada as demanded by many "racialized and marginalized communities."[149]

7) Strike a Community Well-Being Response Services Advisory Council to propose and help lead three community pilot projects:

Create an opportunity to have shared dialogue, build solidarity, trust, examine opportunities to dismantle existing systems and propose novel solutions by bringing together Indigenous leaders, leaders from Black communities, key mental health and substance use experts, academics, police chiefs, RCMP, Territorial, First Nations policing leaders, social workers and people with lived experience of mental illness, substance use, and justice system involvement to:

a) research and evaluate existing innovative and emerging community wellbeing models, many of which are reviewed in this paper and;

b) subsequently propose a new, tailored but flexible, 'made in Canada' model to community well-being response services that is culturally appropriate, integrates substance use, mental health, housing, child and adult protection, and safety services and paradigms, among others.

c) continue to sit as an expert advisory council through the delivery of three or more pilot projects in communities across Canada, ideally in one rural, one urban, and one northern community (or more)

d) participate in the evaluation of these pilots and in recommendations for implementation across Canada

In the longer term, to address systemic inequality, the federal government must:

8) Implement all TRC Calls to Action and MMIWG Calls for Justice.

9) Robustly support the social determinants of health to address systemic inequality through a bold suit of actions including:

a) Reform income assistance by responsibly testing and implementing a Universal Basic Income Guarantee (uBIG) through three pilot projects:

Our system must ensure the programs address the needs of all Canadians and consider the inequities within the economy, changing household structures, precarious employment, the impact of climate change and changing public expectations.

We recommend that the Federal Government launch three basic income pilot projects in one northern, one rural, and one urban community across Canada. Knowing that a basic income can, and should not be the only solution – but rather one substantial enhancement in the social safety net that includes robust public services and supports such as child care, health care, elder care, increased in-home supports, higher education supports, public transportation, food security, and more -- this work would complement Canada's existing National Poverty Reduction Strategy, which uses the Market Basket Measure to determine a basic standard of living, and which is geographically dependent. Knowing the Federal Government's emphasis on prudent and responsible spending, such pilots would give the necessary basis for full basic income implementation across Canada.

b) Table and expedite a Mental Health and Substance Use Health Care For All Parity Act.
This paper demonstrates that lack of access to appropriate, timely mental health services – especially in already underserved communities, is a major driver of encounters with police.

A Parity Act would affirm that mental health is valued equally to physical health and enshrine in federal legislation the provision of timely, inclusive and accessible mental health and substance use programs, services and supports that are valued equally to those provided for physical health problems and conditions; include clear national performance indicators; and be linked to an appropriate funding envelope. A fulsome review of the proposed Parity Act is **available here.**

c) Decriminalizing the personal use of substances:

Our current system is not only ineffective at reducing drug use, but it has also created the crisis we are in now: we require a paradigm shift to take immediate action. The evidence is there – a public health, harm reduction approach to drugs saves lives – we just need to take the step into full implementation of what this government has already begun.

d) End mandatory minimum sentencing:

CASW has actively advocated against mandatory minimums specific to substance use offences. CASW has consistently advocated for the elimination of these mandatory minimums as the next step in this Government's public health approach to addressing our nation's most challenging health, economic and social issues.

e) Introduce a New Social Care Act for Canada to bring leadership, accountability, and guidance to all investments in the social determinants of health:

Each year, the Government of Canada transfers upwards of 10 billion dollars to the provinces and territories in support of social services with no idea how the money is actually spent.

The Canada Social Transfer is a substantial amount of funding that is simply added into general revenue of the provinces and territories with virtually no requirement to report back on how it is used. With no principles or accountability to guide the Canada Social Transfer, it may be used to fix potholes rather than supporting people, families, and communities.

Without any way to measure the impact and outcomes of the Canada Social Transfer, Canada is missing a crucial piece that would have the power to help unite the commendable strategies this government has implemented to reduce poverty, support children, end homeless, or care for our mental health and wellbeing.

This paper has demonstrated the crucial need for further investment and leadership in social care, services, and programming in Canada. It also proposes a constellation of investments and strategies that must be united by common goals and principles to work reach their full potential.

To this end, CASW proposes the adoption of a Social Care Act for Canada with principles like those of the Canada Health Act to help guide the Canada Social Transfer (CST) and other social investments, making possible a national strategy with shared performance indicators.

Such an Act would help guide the provinces and territories in developing policies that best fit their unique needs, while assisting the Federal Government better understand where dollars are being spent – and, in turn, where more targeted investment might be needed. This would help not only to foster dialogue around shared issues, best practices, and evidence-based programs but also aid in producing comparable outcomes across Canada. Without federal leadership guiding social transfers and investments, major investments in social wellbeing will not have the success they deserve.

Further Proposed Considerations for All Levels of Government

All levels of government develop processes to address systemic racism against Indigenous and Black and other racialized minorities, across all systems and sectors by:

- All provinces and territories should establish an interdisciplinary team, including civilians to conduct reviews of deaths involving police to identify learning opportunities and make recommendations for change.
- Developing structural racism indicators and collecting race based demographic data that identifies systemic inequities.
- Developing concrete strategies across all levels of systems and sectors to create strategic evidence-based solutions to structural racism and systemic inequities.

Hold accountable all Provincial, Territorial, Local, First Nations and RCMP local detachments to:

- Examine their systems and structures that perpetuate racism and discrimination as opposed to a focus on the individual officers who are often scapegoated.
- Deliver training that includes an understanding of cultural competence and implicit bias and acknowledges past practices.
- Deliver training on anti-Indigenous and anti-Black racism.
- Develop recruitment strategies based on understanding of the cultural and linguistic needs of the population being served.
- Conduct comprehensive assessments of their communities and examine opportunities for re-investments in community safety and well-being.
- Develop partnerships with Indigenous and Black communities that includes the development of advisory committees.
- Collaborate with community health and social service providers in the community around safety and wellness strategies and examining integrated models of service delivery.

Previous Report Recommendations

Through the research conducted in this paper we have reviewed a number of pivotal reports containing recommendations from experts across Canada on the challenges and future possibilities for policing that mirror our own recommendations. There is substantial consistency in their analysis and findings that consider the complexities of the current situation of policing in Canada and the urgent need to address systemic racism and repair the social safety net. We call on the government to fulfill their commitments to fulfill the recommendations.

- Examine the main findings of The Expert Panel on the Future of Canadian Policing Models: Policing Canada in the 21st Century: New Policing for New Challenges Report to assist in the development of concrete strategies moving forward (2014)
- Implement the recommendations of the Missing Murdered Indigenous Women and Girls Report and develop concrete plans to implement the recommendations to changes in policing, training and oversight contained in the MMIWG calls to justice 5.7 (2019)
- Implement the recommendations contained in the Report of the Standing Committee on Public Safety and National Security on Systemic Racism in Policing in Canada (2021)
- Implement the recommendations in the Final Report on Canada's review of the Criminal Justice System, Department of Justice Canada (2019)

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