



Grief & Bereavement Literacy Series

Session 23: "Grief in Systematically Oppressed Communities: Building Compassionate Relationships as a First Step"

Presenters:

Jennie Biltek, Client Services Coordinator, Sunshine Coast Hospice Society
Stephanie Laing, PhD(c), MSW, RSW - Director of Operations, Kelowna Homelessness Research Centre
Jaylene Schible, Community Care Collaborator & Consultant

Agenda Item	Discussion
Introduction & Objectives	 Objectives Deepen understanding of grief in the context of systemic oppression. Explore real-life examples and emerging strategies related to grief work. Encourage reflective practice and open, curious engagement with unfamiliar approaches. Focus on compassionate relationship-building with marginalized communities.
Presentation Key points	 Presenters share insights from diverse lived and professional experiences, emphasizing exploration, dialogue, and openness to different perspectives. Populations highlighted included: Unhoused or precariously housed. Substance users. Communities affected by the toxic drug crisis. Frontline and peer support workers. This work builds on collaborations between BC Centre for Palliative Care and Kelowna Homelessness Research Collaborative (KHRC) on grief/bereavement in homelessness (2023). Outcomes: Research study on bereavement experiences. Ongoing partnership leading to:
	 Systemic Oppression: Discrimination embedded in institutions and structures, disproportionately impacting racialized, disabled, LGBTQ2S+, and impoverished communities. Importantly reframed as: people are not marginalized, they are systemically oppressed. Grief: Extends beyond death to include losses of identity, safety, culture, and community; especially in harmful systems like healthcare. Grief manifests emotionally, physically, cognitively, behaviorally, and socially. Bereavement: The state of having experienced a loss; grief is the response to that loss. Layered and Compounded Grief: Multiple, repeated losses without time to heal, intensifying each new experience of loss. Common among frontline and peer workers. Disenfranchised Grief: Grief that is invisible, unacknowledged, or unsupported by society. This is prevalent among people in survival mode who lack the resources or time to grieve. Organizations and individuals must situate themselves in compassionate, relational practice that acknowledges and responds to the layered, complex grief experienced by systemically oppressed communities.

<u>Understanding Systemic Oppression & Compassionate Community Care</u>

<u>Context & Framing</u>: Speakers emphasized that societal harms must be understood through systemic oppression, rooted in colonialism and capitalism. These forces are embedded in institutions and normalized through language, policies, and practices.

- Language and Power: Neutrality is often complicit in systemic harm. Language can be a
 tool of control, reinforcing stigma and pathologizing people instead of acknowledging
 trauma and survival.
- Systemic Failures vs. Personal Responsibility: Narratives of "personal responsibility" obscure systemic neglect. Addiction, homelessness, and poverty are not individual failings but rational responses to suffering.
- **Organized Abandonment**: Certain communities are intentionally disinvested in, leaving them vulnerable to harm, surveillance, and early death. Phrases like "falling through the cracks" obscure deliberate policy choices that exclude and endanger.

<u>Compassion and Grief</u>: Disenfranchised grief is a widespread but hidden consequence of systemic oppression. True community care requires being trauma-informed, grief-aware, and rooted in compassion; not only as sentiment, but as action.

• Ecosystems of care that prioritize dignity and justice must be built. This requires shifting from simply "meeting people where they are" to transforming systems that cause harm.

<u>Compassionate Relationships in Social Services</u>: Providing services alone does not equal compassion. Systems of care often reproduce inequities unless compassion is practiced intentionally and relationally.

- Why Compassion Matters: Many carry trauma from past interactions with "helping" systems. Safety is not assumed; it must be defined by those receiving care.
- Compassion as a Tool for Equity and Repair: Compassion creates space for acknowledgment of harm, slow relationship-building, and solidarity. It must go beyond allyship to active accountability and shared vulnerability.

Cultural Humility vs. Cultural Competence

- Cultural competence can reinforce stereotypes.
- Cultural humility requires self-reflection, power analysis, and shared vulnerability.
- The goal is solidarity; active, ongoing, and often uncomfortable engagement.

The Importance of Grief, Bereavement, and "Death Work"

Many marginalized communities live with ongoing crisis; housing insecurity, toxic drug poisoning, systemic discrimination. This results in chronic and disenfranchised grief.

- **Frontline and Peer Workers**: These workers grieve while simultaneously supporting others, with little institutional recognition or support.
- Relational vs. Institutional Pace: Institutions often prioritize speed and outcomes. In contrast, relational care requires moving slowly, centering trust, and adapting to real community needs.

Creating Safer and Inclusive Spaces: It is not enough to say "everyone is welcome." Safety, belonging, and dignity must be actively cultivated. Organizations must ask: *Who is excluded? Who doesn't show up and why?*

Principles of Relational Care and Partnership

Practical strategies for building compassionate, equitable relationships include:

- 1. **Start with listening, not proposing:** Attend as a guest, understand before acting.
- 2. **Build trust over time:** Consistency is more important than intensity.
- 3. Acknowledge mistakes & repair: Mistakes are inevitable; repair strengthens relationships.
- 4. Co-create, don't predetermine: "Nothing about us without us."
- 5. **Transparency & flexibility:** Share limitations honestly, adapt to community realities.
- 6. **Reflect together:** Reflection is essential for learning and growth.
- 7. **Compensate fairly:** Honoraria, childcare, meals, and recognition of emotional labor matter

8. **Stay consistent:** Maintain connection beyond the life of a project to avoid extractive practices.

Examples in Action

- Grief circles in community gardens, rather than institutional settings, to increase accessibility.
- Listening and presence after a death proved more impactful than formal programming.
- Hospice partnerships with frontline staff and peers provide support for those navigating ongoing grief in emergency-driven environments.

Q&A Discussion

Key Issue Raised: Who Is Excluded from Services?

• Community members highlighted that: People who use substances, those experiencing homelessness, and individuals living in poverty are often excluded from grief and bereavement services.

Collaboration Between Jenny and Jaylene:

- Past Work: Focused on creating access points to grief support in marginalized communities.
- Introductions by Trusted Community Members were essential to gain access and build trust (e.g., those running tent encampments, shelters, OPS).
- Role of Trust and Presence:
 - Simply being present after a death and offering to listen was more impactful than formal programs.
 - o Demonstrated value of relational trust and community respect.

Challenges Within Organizations:

- Jenny described the difficulty of being the only one within an organization pushing for inclusive grief care.
- Compared it to "standing in the water" alone while others remain on shore; highlighting emotional labor and institutional resistance.

Reframing Hospice's Role:

- Jaylene emphasized "ecosystems of care": building individual relationships across institutions and peer networks.
- A tangible starting point for hospice: support grief care for:
 - o Frontline workers (e.g., overdose prevention site staff, shelter staff),
 - o Peer workers embedded in the drug crisis and housing support.
- These groups are constantly managing emergencies with little room for grief processing.

Barriers and Long Timelines:

- Jenny shared examples showing how trust-building takes time:
 - $\circ\quad$ A year to support a palliative care case in supportive housing.
 - Two years for housing staff to invite hospice in after a resident's death.
- Reinforces the need for patience and persistence in relationship-building.

Approaching with Humility:

- Acknowledged fear of saying the wrong thing or showing up poorly.
- Mistakes can be opportunities for repair and connection when paired with sincere apologies.
- Emphasized not arriving as "saviors", but rather as listeners and learners.

Final Reflections:

- Important to approach new communities without assumptions about their needs.
- Listening, humility, and reflection are critical to building meaningful and supportive relationships.

	This approach fosters openness, mutual respect, and more effective, community-rooted care.
Closing, Future Sessions	❖ Video recording
	Upcoming Session: Oct 27 th session: Grief and Bereavement: A South Asian Perspective Register
	Past sessions: https://www.bc-cpc.ca/echo-project-new-home/echo-project-past-series-and-resources/#1694021429157-e9440b18-3da4
	Action Plan: https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/
	Other Links: Joshua's podcast link: https://www.griefdreams.ca/