



# DOCUMENTING OUR PANDEMIC

Telling the Stories of the NCFST Covid-19 Pivot of 2020



## ABSTRACT

This report represents the QAD department's bird's eye view of the NCFST pandemic pivot operations narrative and provides analytical observations of innovations, challenges, and gaps from 18 group and one-on-one interviews with a total of 32 supervisors and managers. Included is a literature review, "Covid Response by Service Providers in Indigenous Communities", which offers insights into the histories of pandemics on Indigenous communities through an exploration into the ways Indigenous communities have pivoted their services during the pandemic.

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Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

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## Contents

|                                                                                                                                                                                                                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Executive Summary.....                                                                                                                                                                                               | 3  |
| Key Findings .....                                                                                                                                                                                                   | 3  |
| Introduction: Project Characteristic.....                                                                                                                                                                            | 4  |
| Background: Program name & service supervisor/team.....                                                                                                                                                              | 4  |
| Funder .....                                                                                                                                                                                                         | 4  |
| Reporting .....                                                                                                                                                                                                      | 4  |
| NCFST Service Levels during the COVID-19 pandemic.....                                                                                                                                                               | 4  |
| Food Supports.....                                                                                                                                                                                                   | 4  |
| 2019 and 2020 Group Programming .....                                                                                                                                                                                | 5  |
| 2019 and 2020 Clinical Referrals.....                                                                                                                                                                                | 6  |
| Additional Statistics .....                                                                                                                                                                                          | 8  |
| EarlyON .....                                                                                                                                                                                                        | 8  |
| Daily virtual programming to community members .....                                                                                                                                                                 | 8  |
| NYRC.....                                                                                                                                                                                                            | 8  |
| Extensive weekly face to face and virtual programming to youth enrolled in their programs and<br>outreached through social media. The stats below were captured from the daily log maintained<br>by the program..... | 8  |
| Purpose of the project – decolonizing and indigenizing approaches .....                                                                                                                                              | 8  |
| Investigative question(s) of the qualitative research .....                                                                                                                                                          | 10 |
| Methods.....                                                                                                                                                                                                         | 10 |
| Community-Based Approach .....                                                                                                                                                                                       | 10 |
| Interview sample/demographics .....                                                                                                                                                                                  | 10 |
| Data collection methods .....                                                                                                                                                                                        | 11 |
| Summary/ data analysis.....                                                                                                                                                                                          | 11 |
| Findings .....                                                                                                                                                                                                       | 13 |
| Key themes.....                                                                                                                                                                                                      | 13 |
| Insights: roses and thorns, accolades, and gaps.....                                                                                                                                                                 | 14 |
| Roses: What is working well .....                                                                                                                                                                                    | 14 |
| Gaps: Service and Inter-Agency .....                                                                                                                                                                                 | 15 |



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

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|                                                                     |    |
|---------------------------------------------------------------------|----|
| Changes to Work: Challenges .....                                   | 17 |
| Service Recommendations.....                                        | 18 |
| Answering the question .....                                        | 18 |
| Creating service priorities .....                                   | 19 |
| Next steps: Buds: Moving forward in a good way .....                | 21 |
| Scope/ literature review .....                                      | 21 |
| Covid Response by Service Providers in Indigenous Communities ..... | 21 |
| Introduction .....                                                  | 21 |
| The Disproportionate Impact of COVID-19 .....                       | 22 |
| Indigenous Self-Determination .....                                 | 23 |
| Service Provider Response to Indigenous Communities .....           | 24 |
| Conclusion .....                                                    | 26 |
| References .....                                                    | 26 |



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

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## Executive Summary

During the first nine months of the Covid-19 Pandemic, Native Child and Family Services of Toronto pivoted its services from in-person to virtual. This report represents the QAD department's bird's eye view of the NCFST pandemic pivot operations narrative and provides analytical observations of innovations, challenges, and gaps from 18 group and one-on-one interviews with a total of 32 supervisors and managers. Included is a literature review, "Covid Response by Service Providers in Indigenous Communities", which offers insights into the histories of pandemics on Indigenous communities through an exploration into the ways Indigenous communities have pivoted their services during the pandemic.

### Key Findings

Agency staff across all departments were highly innovative in shifting services and supports to accommodate community affected by lockdown restrictions imposed by the pandemic. Supported by a dynamic IT team, NCFST was able to pivot in a two-week period to having staff work from home. Examples of innovation include communications supporting the Early ON staff to create exciting and fun videos posted on social media for community members; culture offered daily morning openings led by an Elder on Facebook to help community members feel spiritually engaged and less isolated; and Access offered on-the-land visits for families with children in care at a time when people were apprehensive about being in public. Workers offered counselling services from their home by phone or video call, and community members were provided with cellphones and iPads so they could participate in virtual programming. NCFST's hamper program supported food sovereignty for community by packing and delivering 5,979 hampers with food and other supports such as PPEs and cleaning supplies to community members in need. Culture featured prominently in providing mental health supports for community through virtual culture nights and medicines delivered to community. Staff supported each other personally and through their working relationships, navigating the challenges of redeployment and working from home with flexibility and adaptability.



NATIVE CHILD AND FAMILY SERVICES OF TORONTO

Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

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## Introduction: Project Characteristic

Background: Program name & service supervisor/team

Pandemic Response Evaluation

Internal Lead: Quality Assurance and Decolonization Outcomes Measurement team of Senior

Analysts: Judith Mintz, Valeria Guimaraes, Don Gibson

Funder

Subgrant through the NEIHR (National Environments for Indigenous Health Research)

Partnership with Waakebiness-Bryce Institute for Indigenous Health, supervised by Dr. Suzanne Stewart and her team.

## Reporting

Data and data visualizations by Valeria Guimaraes, Senior Analyst, Quality Assurance and Data Management Specialist

NCFST Service Levels during the COVID-19 pandemic

Food Supports

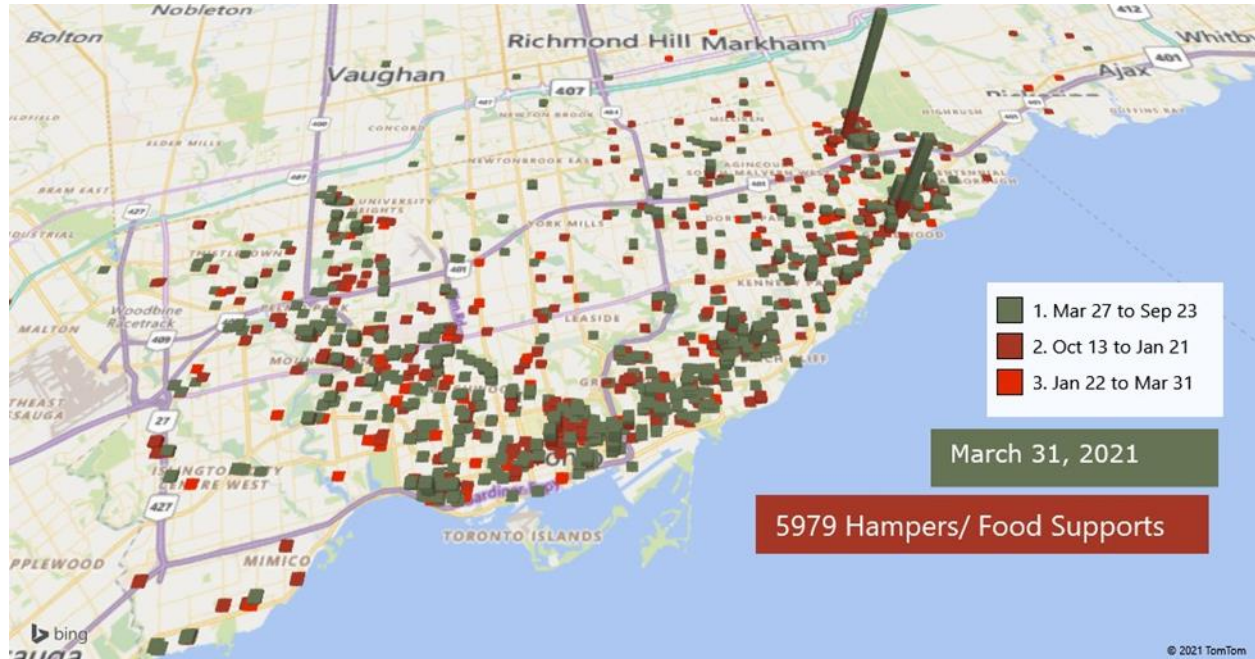
The Early Years, SCFLC and Youth Services teams initiated the Hamper Project within the first week of lockdown as a collaborative initiative to deliver weekly food support to the community members. This screen snapshot captures the hamper requests from March 27, 2020 to March 31, 2021.



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Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

Supports: Quality Assurance and Decolonization Team



## 2019 and 2020 Group Programming

The chart below illustrates the variation in service level for the multiple participant-based programs. After an initial pause in May, the group activities resumed via Zoom or Facebook, and some programs managed to deliver face-to-face programs. The summer spike illustrates the delivery of the virtual summer programs.





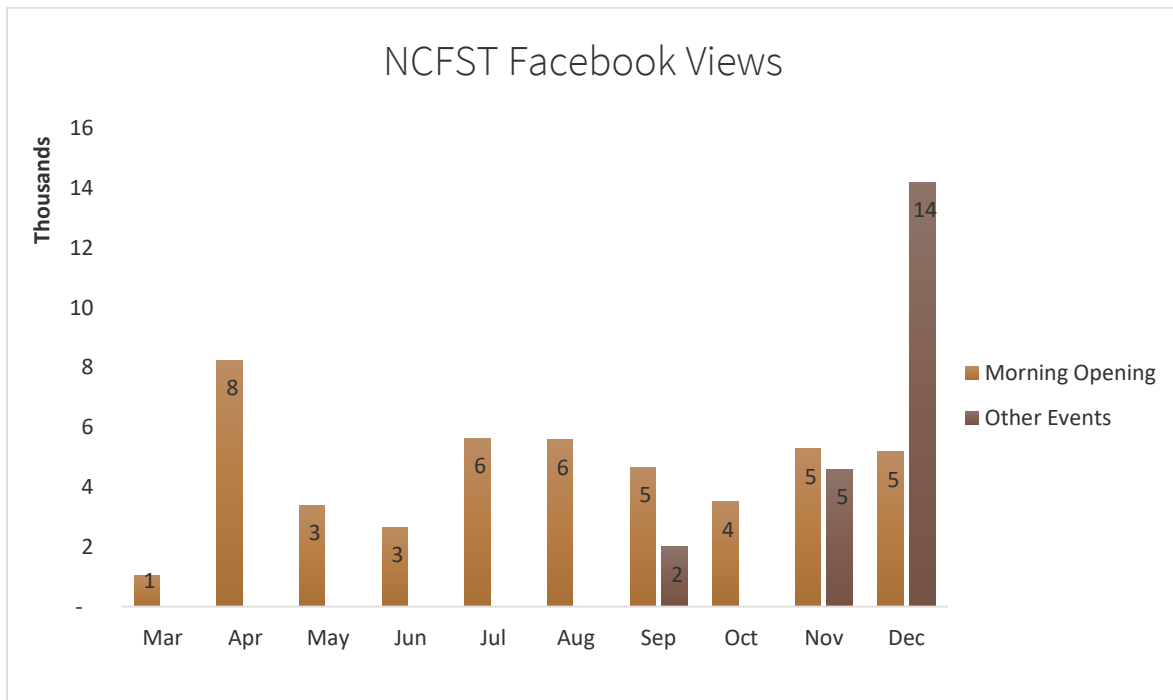
Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

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*Source: CaseWorks & Reports*

In lieu of its traditional in-person weekly culture night events, the Agency started broadcasting Morning Openings with an Elder / Knowledge Keeper and many other cultural events via Facebook. The chart below shows FB views and on December 21, 2020 there was a live broadcast from Attawapiskat First Nation, which reached 14200 views.



#### 2019 and 2020 Clinical Referrals

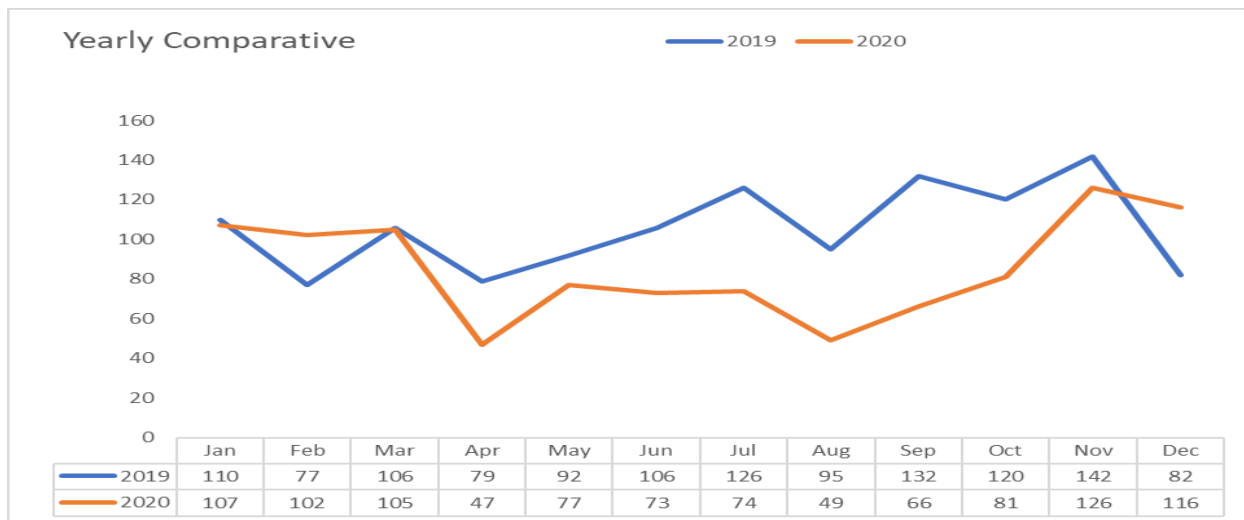
Overall, the number of new referrals received by the Clinical Team has increased since October. These increases have impacted the Mooka'am team, which now has a waiting list for the first time.



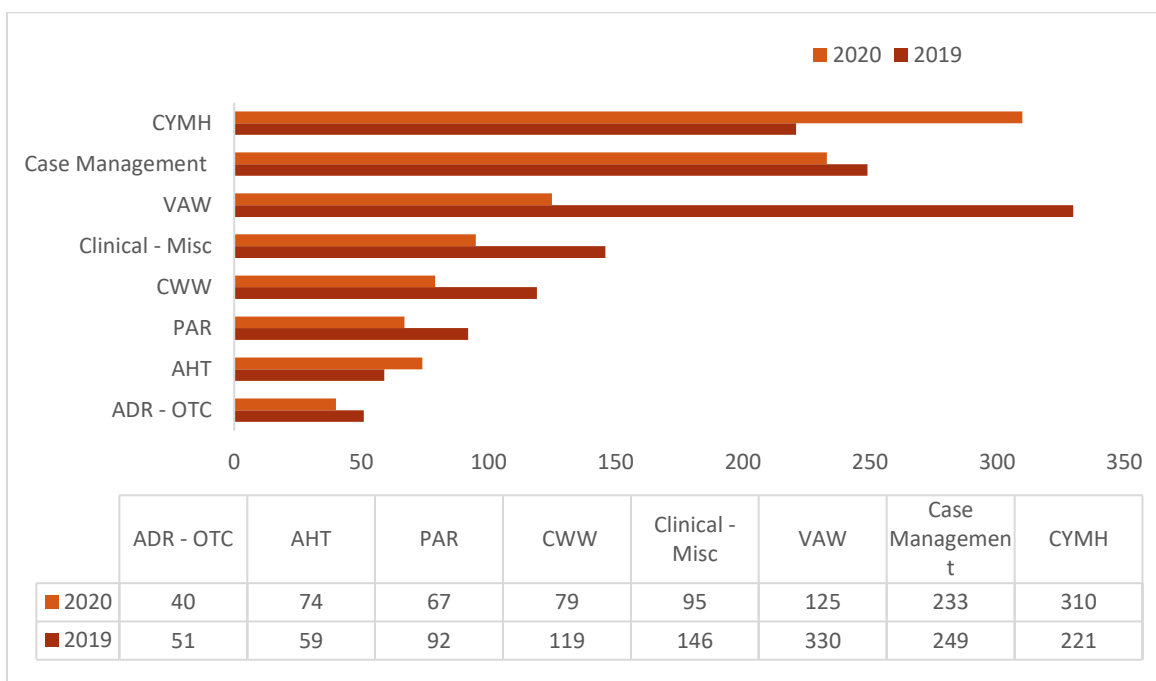
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Most of the clinical services continued to be delivered in a modified format. In 2020, the number of referrals for Mental Health services has seen an increase of 40% when compared with the 2019 referrals. The visible variance in the VAW programs can be accounted for by the lack of privacy and safety for the delivery of the Child Witness Program (Here to Help group).





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## Additional Statistics

EarlyON

Daily virtual programming to community members

| <b>EarlyON Sites / 2020 VIRTUAL Programs</b>                   | <b>Number of Sessions</b> | <b>Total Participation</b> |
|----------------------------------------------------------------|---------------------------|----------------------------|
| Drop In - Telephone service hours for parent/caregiver support | 909                       | 11130                      |
| Facilitated parent/caregiver discussions                       | 426                       | 850                        |
| Interactive child-focused sessions                             | 713                       | 2374                       |
| Recorded child-focused sessions                                | 1003                      | 61860                      |

*Source: Funder Reports*

NYRC

Extensive weekly face to face and virtual programming to youth enrolled in their programs and outreached through social media. The stats below were captured from the daily log maintained by the program.

| <b>NYRC (Hybrid)</b>      | <b>Number of Sessions</b> | <b>Total Participation</b> |
|---------------------------|---------------------------|----------------------------|
| 2020-2021 Social Programs | 524                       | 7056                       |
| Drop-in Visits            |                           | 1054                       |

*Source: ICE Tool*

## Purpose of the project – decolonizing and indigenizing approaches

While the NEIHR was conducting its evaluation of how the community experienced the virtual programs and services that NCFST provided during the pandemic's first wave, NCFST's department of Quality Assurance and Decolonization Outcomes Measurement evaluated its own service pivot from the perspectives of agency managers and supervisors. By creating space for the service teams to tell stories about their own experiences with the pandemic and the changes associated with the ways in which they provide services, NCFST authors its own narrative.

The work is decolonizing because NCFST enacts the principles of OCAP® (Ownership, Control, Access, and Possession) through the voices of its own service staff. In this project, the staff is the community who holds ownership and control of the representation, rather than an external researcher. The finished Covid Pivot Report will be accessible to both staff and the



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community they serve via the NCFST website, and QAD team possesses the data that it collected in listening to the stories of the staff it supports. Any NCFST staff who wish to access the raw, anonymized data may request it.

**The Four “Rs” of Indigenous research are respect, relevance, relationality, and reciprocity** (Wilson 2008; Cidro and Anderson, 2020). This project embodies the Four Rs in several ways.

- **Respect:** We expressed gratitude for the time and stories the staff shared, and more importantly, we worked within their busy schedules to make the talking circles most efficient for them.
- **Relevance:** The talking circle structure enabled us to listen to the stories of staff experiences, which further supports indigenization because they tell us how and what we can to improve through this pandemic and beyond.
- **Relationality:** An unforeseen benefit of this project was that the talking circles transcended boundaries that perpetuate barriers between the QAD department and Service. These barriers exist because of QAD and Service not working together frequently, which contributes to both teams feeling alienated from one another.
- **Reciprocity:** As these barriers are diminished, trust improves between QAD and service, which allows for effective power sharing and understanding of our experiences, job responsibilities, and how we can support one another in our work.



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### Investigative question(s) of the qualitative research

- What were the immediate changes for your team because of the pandemic lockdowns?
- What were the biggest challenges in the beginning?
- How did you innovate?
- Which programs did you consolidate or decide were less essential?
- What are the ways in which departments innovated and adapted services, technology, how we work, while supporting community and each other?
- How can teams share their innovations?

## Methods

### Community-Based Approach

QAD conducted 18 interviews via Teams with 29 NCFST supervisors and managers across the following departments and teams:

#### **Culture & Communications**

#### **Child and Family Wellbeing teams 1, 2, 3, & 4**

#### **Clinical Healing teams 1, 2, 3**

#### **Intake**

#### **Facilities and Administration**

#### **IT**

#### **Early Years East, West, Central**

#### **Scarborough and Malvern sites**

#### **Youth Services/NYRC/Housing**

### Interview sample/demographics

Only agency managers and supervisors were interviewed. Some interviews, such as the Child and Family Wellbeing Team #1 had four individuals attend, while some attended one on one interviews. Managers and supervisors participated in these interviews during regular business hours.



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### Data collection methods

Video interviews were recorded via Teams. Statistical data was obtained from CaseWorks, the Manager, Communications and Culture, funder reports,

### Summary/ data analysis

Video interviews were uploaded to MAXQDA software, transcribed, and coded for themes within the software. Word clouds and thematic connection mapping provide useful data analysis tools. Word cloud data visualizations demonstrate the frequency of a coded theme as it appears in all interview transcripts. Higher frequency of coded themes is indicated in the word cloud as a larger word and represents the weighted importance of that topic.

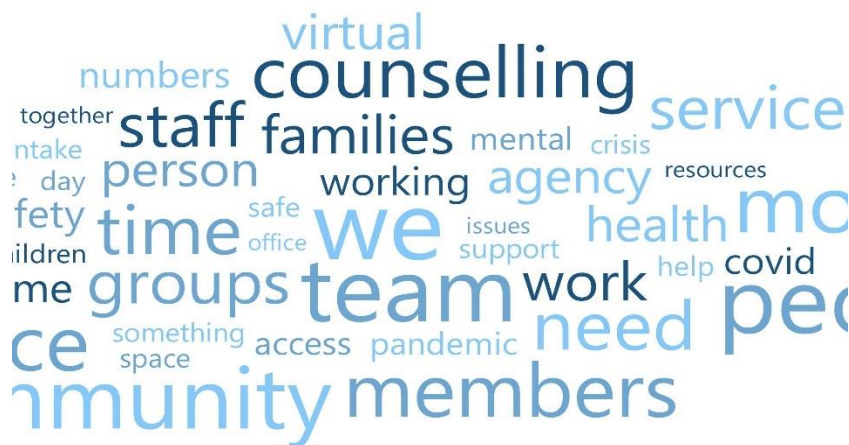


FIGURE 1: HOLISTIC TEAM WORD CLOUD



Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

A word cloud of terms related to community and virtual programs. The words are arranged in a circular pattern, with 'community' at the top and 'families' at the bottom. Other prominent words include 'virtual', 'people', 'staff', 'time', 'work', 'support', 'kids', 'child', 'long', 'zoom', 'funding', 'together', 'family', 'home', 'instagram', 'worked', 'talk', 'after', 'headstart', 'pandemic', 'facebook', 'land', 'march', 'why', 'videos', 'team', 'earlyon', 'stats', 'money', 'working', 'home', 'together', 'family', 'instagram', 'worked', 'talk', 'after', 'headstart', 'pandemic', 'facebook'. The words are in various shades of green and blue, with some in bold and some in a lighter font. The overall shape is roughly circular, with the words filling the space around the center.

The size of the colored dots in this network data visualization are proportional to the number of times a particular theme was coded in the transcripts. The largest dot, which is red and labelled “Culture”, demonstrates that culture lives at the centre of all we do here at Native Child and Family Services. Technology, changes to work, workload challenges, and mental



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health all feature prominently as factors that influenced the experiences of the agency's Covid pivot.

## Findings

### Key themes

The Covid pivot, as it has come to be called, needed the agency staff to make changes to the ways they do their administrative and service work on extremely short notice, to be flexible and continue to deliver services as seamlessly as possible. Interview participants stories revealed prominent themes including, from most mentioned to least:

**Innovation in Culture, Work, Services and Technology** – linked to community supports, innovation and mental health

**Technology and challenges** – linked with changes to work and innovation

**Changes to work** – linked with heavy workload, increased stress, and covid safety protocol adherence

**Service Changes** – linked with innovation

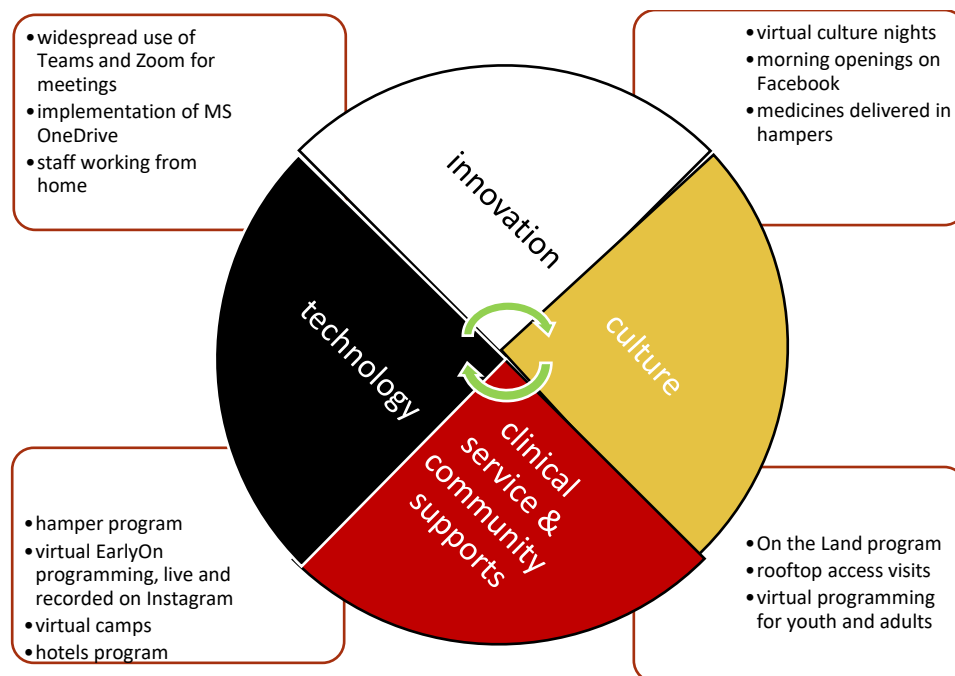
**Community Supports** – linked with food, culture, and adaptation



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## Insights: roses and thorns, accolades, and gaps

### Roses: What is working well

NCFST has been highly innovative in the areas of providing culture and services while navigating new technology and work practices. Agency staff offered moral support for each other by checking in through texts and WhatsApp group chats and helping with technology. Staff drew on their inner resources to be creatively innovative with online program delivery and work-life balance management. Staff with children at home developed supportive mechanisms to flex their work time so that they could accommodate their families and work responsibilities. Agency staff opened their minds beyond the 9-5 box and explored:

...how creative we can get...just being open and flexible with each other as far as our work schedule. If they do have children and a family that they need to attend to, they're spreading it out during the day whatever works for them. (Tikinagan)

Not surprisingly, we found that culture supported mental health during the pandemic. People had run out of sage and cedar, so the agency provided these in hamper deliveries. Through its focus on community connections, relationship building, honoring our Elders and knowledge keepers, and engaging with the land whenever possible, the Culture Team helped community



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members and staff to maintain at least some scrap of mental wellness, however fleeting, when many felt like the world was falling apart. NCFST's Cultural Renewal week for staff in May 2020 helped many of us get some grounding in land-based experiences and reconnect with smudging to support mindfulness practices. Virtual camps helped youth and children stay focused on a common purpose and remain engaged in culture-based activities.

As the agency got used to working with technology daily, teams found that they appreciated improvements in accessibility, relationships, and efficiency. For example, pre-recorded programming provides more options for youth to get the information and support where and when they needed. This proved to be especially useful for young people who lived far away from the NYRC site at 655 Bloor St. West, or for anyone who had school, work, or caregiving responsibilities. The 27 separate social media accounts connected community members to staff and supported ongoing relationships. With Child and Family Wellbeing historically having been paper-heavy for documentation, the team has moved to 50% more electronic with everyone updating their Frontline files and uploading physical case notes to Caseworks.

You can do a whole lot more in a day than when you have to travel around to different places. It's not only with the individual community members, but with externals, sitting on different committees. In some ways it's been really good. (Holistic)

Transitional housing was able to lean into a pocket of funding from the city of Toronto and offer hotel rooms for youth. The hotels program had pros and cons, but the main goal from the program policy standpoint was to keep people housed safely in a socially distanced way.

They really enjoyed being at the hotel, cause it's their own space. They got a nice large bed, they have their own washroom that you know, they have their own TV, stuff like that. But one of the challenges that we experience is again, the isolation and loneliness in the hotel, at least within the transition houses. At the transition houses they have their own rooms, but they have those common areas. So they can have a meal together. As opposed to the hotel, we knock on the door to give them their tray of food and then they shut the door and then they eat by themselves (Housing)

Gaps: Service and Inter-Agency

Challenges give rise to gaps as we identify areas that we can address to turn challenges into successes. Despite the many wonderful transitions that NCFST achieved, many staff only worked with desktop computers before being relegated to working from home. Staff who did



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not have adequate technology at home, such as a laptop with internet could not work until they had the proper technology.

We assume that people would have some kind of device at home they could connect with, but the reality is that many didn't. We had...issues when it came to staff connectivity at home. I've had to schedule dependent on what kind of equipment they have, because my team doesn't have a funding line. (Facilities Admin)

The necessity for staff to suddenly offering services online and be available to community by text sometimes 24-7 has for many proven to be stressful. Many workers experienced decreased personal space and boundaries between family and work while being isolated from their colleagues. One supervisor told us,

This department thrives on working together and being able to communicate and ask for support. A challenge was now that they don't have that in-person experience with talking to their colleagues...or in person experience to engage with youth...it took a toll on the staff as well in terms of engagement. (CFWB Team 2)

This gap in supports for staff can contribute to burnout. One person told us,

I think we can do better as an agency to provide support to staff. We don't really have anything from the agency to support our staff that are dealing with all this. (Holistic)

NCFST's staff burnout rates, redeployment, and contract funded employment model has also led to decreased continuity of care. Decreased continuity of care affects the community NCFST serves, according to one supervisor:

When people are constantly transitioning roles, that's traumatic for the community member that the person they've been relying on for 5 years is abruptly gone, then they spiral, and then someone else comes in and picks up the crisis and then stabilizes it, and then they leave. (Intake)

The pandemic restrictions inspired Registered Early Childhood Educators (RECEs) who had access to and expertise with social media to get creative with delivering EarlyOn programming as livestreams on Instagram, however, many Aboriginal Head Start and childcare staff felt frustrated with being laid off from providing services. With the first wave of the pandemic being nine months away from vaccines, no one was quite sure how transmissible Covid-19 would be, and people were scared to go out and use public transit. Resources were stretched.



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We didn't have the materials, and who was going to come get them, when we didn't want to come? And who's paying for them? Childcare was getting no money, because they're fee-based. The computers at our sites, at Kiiwednong where you could go in, were old. There was no camera. I don't even know where we got the money for new ones. (Aboriginal Head Start/Early ON)

Some programs, such as the Violence Against Women program, saw a decrease in referrals and participation, which can be accounted for by the lack of privacy and safety many community members experienced during lockdown. Clients and some staff struggled around getting privacy for sessions, especially with regards to using or providing virtual services. Frequently, clients would be unable to attend counselling services because they were unsafe at home.

Wraparound services also proved difficult to provide for parents and young children doing healing work.

Let's face it; how are you going to work with a young child who has a lot of needs on Zoom? It's a difficult process. You have child welfare involved, and we're trying to put in a wraparound, and services aren't available. That could be a stressor to a parent who is trying to do their own healing and move on. The services aren't working together. (CFWB Team 1)

Changes to Work: Challenges

### **Burnout risk is a major concern.**

Three meta-themes emerged with regards to the main theme of work, **including changes to work, covid safety, and heavy workload**. In its commitment not to lay off staff, the People and Culture department found a variety of training opportunities to support staff experiencing work shortages and redeployment. Staff who were re-deployed from their regular in-person roles ended up being fatigued with the difficult situation of missing their regular work with community and colleagues while doing work that was different from their usual responsibilities. There has been some employment inequality although NCFST has made no layoffs. Some people's jobs are more conducive to working from home than others, and those who do frontline work experienced stress levels compounded not only by the intensity of the needs of community, but also the concerns around covid safety for themselves and their families. Meanwhile, there was no daycare for staff with children, and so



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any staff who needed to work on site who had children were faced with a difficult conundrum:

If they [the Head Start and Childcare staff] have children, they gotta take a leave. So when people are like, you know, tough! At least you've got an income coming in...The child care staff, sorry, you've got no job if you want to stay home. No income. They're very very fortunate to be able to work from home if they've got children, 'cause we don't have that option. (Aboriginal Head Start/EarlyON)

While some staff said that they appreciated being able to pack more visits in online because they no longer lose time to travel, the onscreen time did take its toll. Staff were pulled into more planning meetings than in the past to accommodate the shift to virtual services, and the intensely rapid pivot rate to plan in-person to virtual and on-the-land services meant that everything took on increased urgency:

It felt insane at the beginning...It's constant. I could be in meetings 5 hours of a 7 hour day. That leaves 2 hours for emails and phone calls and I'm not getting my work done. I'm getting it done after hours, but that's a bit of a tough shift. I'm trying to manage; I'm trying to say no to some things. It's like everything is urgent these days. (Resource & Permanency Planning)

The isolation from working from home has also been extra challenging for staff who have been hired since the pandemic began. With no 4<sup>th</sup> Floor Bistro to gather and chat, no photocopier to bump into people, and no in-person culture nights or bustling reception area, new staff have had to dig deeper to find out how to get what they need from different departments and each other.

For anyone who had to start during the pandemic, it's harder to be connected to the team, to the families, to the community. There is a huge difference for any new employee starting. (Access)

## Service Recommendations

Answering the question

The pivot to providing online cultural, youth, and EarlyOn programming via social media was impressive, but we still need to ask who is being left out.

Maybe we're not doing enough programming for our young fathers. (Communications)



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The interview data demonstrates that NCFST leans on employee flexibility, but while some staff were able to pivot easily, others were not. Staff whose work was in-person but who did not have day care for their own children due to the cancellation of those services had little options. Staff whose primary roles are to provide day care or after school programming, particularly before the Mt Dennis or Malvern Hubs were opened in June 2021, found that they were left out of opportunities to work because the funding for those programs was cut off.

Access workers, however, discovered “huge improvements in parenting in attachment and engagement when facilitating outside and offsite,” offered one manager. She explained families that had previously come in to 30 College for their access visits and didn’t want to be there enjoy more “real life opportunities” rather than a “sterile fake environment” that an in-office visit creates.

#### Creating service priorities

Now that vaccine rollouts are well underway and children aged 5-11 are included in the pandemic recovery mandates, NCFST can feel more confident about how to be safe with some indoor programming. If in-person programming needs to be reduced again, the agency will know how to effectively operationalize to offer virtual programming, while staff and community members alike are already equipped with devices and equipment to engage in services from home.

With agency directives centering decolonizing and re-designing child welfare, service priorities for NCFST need to focus on prevention and healing. Research demonstrates that the land is the primary teacher, perpetuator of culture, and creates an enduring sense of identity and belonging. Urban Indigenous communities with access to land thrive through the collective and individual recognition of self, family, and place while assuring enduring mental health and well-being (Simpson 2017; Gaudet 2019; Mushquash 2021). Thoughtful, trauma-informed land-based programming, whether through outdoor counselling hangouts in someone’s driveway, EarlyON, or access visits, will ensure outcomes are met.

#### **Technology:**

Love it or hate it, technology is here to stay, whether it be through online cultural programming, virtual early childhood education through Instagram, or video counselling calls. Virtual programming allows individuals to access programming who may not be able to physically come to our physical space. Pre-recording programs to put either on YouTube,



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Supports: Quality Assurance and Decolonization Team

other social media or in podcasts will reach more youth to connect outside of regular program hours.

We must make sure that everyone has the resources to participate in programming, and for families who can't engage in virtual counselling, special accommodations must be made to prioritize that healing work. A survey exploring family capacity and feelings about potential return to virtual services might be a good strategy for planning for potential circuit-breaker shutdowns.

### **Resource and Permanency Planning**

Now, every summer, from April, Access plans to do as many visits outside and on the land as possible to support more natural environments for families to connect. Updating the cultural knowledge base of our caregivers will help to support healing and mental wellness of community.

### **Transitional Housing**

More housing for youth transitioning out of care and for people experiencing intimate partner violence whether they are parents or not, is desperately needed for other wraparound service outcomes to be achieved safely and successfully.

### **People and Culture**

Staff need support. With nearly half of the agency's staff as contract employees, many do not qualify for agency benefits and do not necessarily access EAP services. Supervisors and managers must encourage service workers to create and maintain firm boundaries around work hours and self-care. Carving out time and space for trainings such as *Indigenous Tools for Living* is a good step toward supporting all employees to learn how to tap into their felt sense and strengthen personal boundaries. Providing a dedicated time to get away from hours of sitting at the screen with cultural and movement practices is crucial to avoiding staff burnout. Staff who feel nurtured and rested provide better care for community members and look forward to going to work each day.



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

Supports: Quality Assurance and Decolonization Team

Next steps: Buds: Moving forward in a good way

### **Aboriginal Head Start and EarlyON**

The success of the On the Lands program pilot of Summer 2020 demonstrated the priority need for a permanent outdoor structure to house Early ON and Aboriginal Head Start programming. This would future-proof not only the community so that they can continue much needed preventative cultural transmission and childhood development, but also ensure that RECEs are not out of work or having to struggle with transportation and access to locked sites to run programs safely outside. A proposal and design for a permanent pavilion in a park has been approved for Eastview Park in the Kingston Galloway neighbourhood will help mitigate some of these issues, but the program sites at Mt. Dennis Hub and 30 College also need pavilions.

### **Return to in-person work**

Following a survey for staff about potential return to work, preliminary plans are in progress for partial in-person presence limited to essential workers, those intending to come in for specific meetings, tasks, and might be working in shared desk spaces.

## **Scope/ literature review**

Covid Response by Service Providers in Indigenous Communities

Introduction

The COVID-19 pandemic has caused major global impact in most arenas of life. As almost every workplace has undergone significant shifts in their operations, people have become accustomed to the concept of adaptation as an action word. COVID-19 has drastically affected service providers and Indigenous communities as they adapted policies and procedures to maintain the health and wellbeing of their communities, while grappling with the interplay of systemic colonial oppression on such processes (Richardson & Crawford,



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Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

Supports: Quality Assurance and Decolonization Team

2020; Pasternak & Houle, 2020). By exploring how urban organizations that serve Indigenous communities pivoted their services during the pandemic, we can determine where there is a need for improvement both institutionally and systemically.

#### The Disproportionate Impact of COVID-19

Indigenous young people, families, and communities are among such groups to have been disproportionately impacted by COVID-19, intensifying pre-existing challenges to their physical and mental health and well-being (Heck et al., 2021; Skye, 2020). The long-lasting effects of colonization create inequities to Indigenous communities such as food insecurity, clean water scarcity, poverty, and housing instability. Indigenous communities often experience further barriers accessing quality health care, which significantly contribute to higher rates of chronic physical and mental illnesses (Heck et al., 2021; Richardson & Crawford, 2020). These challenges place Indigenous communities at an overall higher risk of contracting COVID-19. As older adults are more susceptible to contracting this disease, Indigenous Elders are particularly vulnerable to such impacts (Neeganagwedgin, 2020). The pandemic was initially cited as a medical emergency. This emergency is more than a contagious virus, however; it exacerbates established chronic economic crises of inequality, racism, colonization, and systemic underfunding (Pasternak & Houle, 2020).



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

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Supports: Quality Assurance and Decolonization Team

### Indigenous Self-Determination

Indigenous peoples have long histories of going to battle and winning against highly infectious diseases spread through colonial contact such as smallpox, the Spanish flu, tuberculosis, and even H1N1 – all with minimal to no support from settlers or governments (Heck et al., 2021; Maracle, 2017). The 1918 Spanish flu pandemic caused widespread crisis across First Nations, devastating the population (Pasternak & Houle, 2020). The colonial structures imposed upon Indigenous communities during such health crises was amplified for families whose children were placed into the care of the child welfare system when parents or caregivers succumbed to such illnesses. This history contributes to the continued cultural genocide of Indigenous ways of knowing and being, while creating unresolved grief and isolation for children and youth who are placed into care (Heck et al., 2021).

Indigenous advocates and knowledge keepers argue that the land is the biggest and best healthcare system. Key Indigenous principles of illness prevention and spread include the use of sacred medicines and remedies for healing, self-isolating on the land, practicing self-care, and sharing resources with community members are among (Potts et al., 2020; Murdoch, 2020). Elders and Knowledge Keepers are critically important for the transmission of cultural knowledge to future generations, and they must be protected from contracting COVID-19 to prevent further harm to Indigenous cultural continuity (Neeganagwedgin, 2020; Heck et al., 2021).



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Supports: Quality Assurance and Decolonization Team

### Service Provider Response to Indigenous Communities

Across Turtle Island, Indigenous service providers are adapting to the challenges of COVID-19 in ways that are innovative, culturally integrative, and built on community (Yellowhead Institute, 2020; Indigenous Climate Action, 2020; Banning, 2020). To maintain and support community connections, local and national organizations have created resources in traditional languages for Indigenous communities to learn about COVID-19, how to take care of loved ones during the pandemic, practicing self-care, learning about land-based resources for healing, and how to stay connected safely (Heck et al., 2021). From the grassroots, communities are providing funding to families to take trips on the land to reconnect with their community and learn about traditional teachings to prevent sickness (Indigenous Climate Action, 2020; Heck et al., 2021). Such on-the-land programming has significant benefits for Indigenous young people, who can increase their resilience through teachings about the land (Indigenous Climate Action, 2020; Murdoch, 2020).

Many child-centered services for Indigenous families are modifying their programming to digital formats and offering physically distanced services to support holistic wellbeing during the pandemic (Banning, 2020; Heck et al., 2021). Indigenous young people have even created their own content on social media to share information about hygiene practices, the importance of protecting Elders, healing dances and ceremony, traditional language learning, among numerous others (Banning, 2020; Heck et al., 2021).



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

Supports: Quality Assurance and Decolonization Team

Given the lack of resources available to many Indigenous communities, organizations such as the First Nation Health Authority in British Colombia made funds available to support in providing soap, hand sanitizer, disinfectants, and personal protective equipment to those in need (Heck et al., 2021). The Native Canadian Centre of Toronto and the Chiefs of Ontario both facilitated accessibility to resources by sharing information about the closure status of service providers when lockdowns were enforced, and about healthcare and housing services available to various communities (Yellowhead Institute, 2020). Anishnawbe Health Toronto focused their supports on the urban Indigenous community, collecting donations to share with service users to combat food insecurity, homelessness, and mental health challenges (Yellowhead Institute, 2020).

In response to the pervasive inequity of food insecurity during the COVID-19 pandemic, Nourish, a national non-profit that seeks to tackle health inequity, offered grants to healthcare practitioners so they could partner with Indigenous community members, Elders, and Knowledge Keepers to develop tools that decolonize the healthcare system (Levi & Lapalme, 2020). These tools promote Indigenous foodways and emphasize the importance of food as medicine among healthcare professionals who work closely with Indigenous communities (Levi & Lapalme, 2020). Native Child and Family Services of Toronto created new roles to deliver a Food Hamper program to reach communities most affected (NCFST, 2021).



Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

Project lead: Judith Mintz, PhD, Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement

Supports: Quality Assurance and Decolonization Team

## Conclusion

Through several “waves” now, the COVID-19 pandemic has challenged Indigenous communities and service providers to create and adapt to changes necessary to protect the communities they serve, especially given the dearth of government support (Jewell, Mosby & King, 2020). The impact of colonialism marginalizes and isolates Indigenous communities and individuals from accessing and receiving the resources necessary to maintain one’s mental, physical, spiritual, and emotional wellbeing (Skye, 2020; Heck et al., 2021). The healthcare crisis exacerbated by Covid-19 is emphasizing structural inequalities that the Government of Canada has yet to address appropriately. With little funding provided to Indigenous service providers, the harm caused by systemic colonial oppression is only heightened (Levi & Lapalme, 2021).

Despite these barriers, Indigenous communities and service providers are demonstrating resilience, focusing on cultural healing practices, strengthening interpersonal relationships, and maintaining interconnectedness with the land. Indigenous ways of knowing and being support communities to uniquely navigate COVID-19.

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Documenting Our Pandemic: Telling the Stories of the NCFST Covid-19 Pivot

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NATIVE CHILD AND FAMILY SERVICES OF TORONTO

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