

# Journal



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## **ALIGN Journal Special Edition**

**COVID-19: Meeting the Challenge in  
Child Welfare Settings**

**Spring 2021**



**ALIGN**  
Association of  
Community Services

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The ALIGN Journal is published by the ALIGN Association of Community Services; a member-based provincial organization of child and family service agencies. The Association works to strengthen member agencies and promote attitudes, practices and conditions that contribute to quality service for vulnerable children and families. Articles are the responsibility of the authors and do not necessarily reflect the views of ALIGN.

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# Remembering and Honouring

*It is with heavy hearts that we, the ALIGN team and Board of Directors, acknowledge and grieve the loss of 215 children's lives of the Tk'emlups te Secwepemc near Kamloops, BC and the future lives that will be uncovered over time. We have given protocol to Elders to pray for these children and for our work ahead. We humbly acknowledge the painful memories this news raises and hold that knowledge respectfully. We extend our sincere sympathies for those children and their families.*



**Every Child Matters**

*It is important for us all to remember these children and their families—we can pause and reflect, pray, light a candle, smudge, offer support and listen. Indigenous communities are calling on all of us to work together towards true reconciliation, and to take individual responsibility to increase our own knowledge about Indigenous histories and the key issues facing Indigenous peoples today.*

*This tragedy is a reminder that we need to continue to learn more and do better. ALIGN is focusing on our cultural journey to strengthen the work of allies so all children are given a safe and loving path to follow.*

*We must look forward as we reflect on what this means. It is a start to a new Journey, and an awakening to ensure we do our best for children and their families.*

*All our relations,*

*Pauline Smale – President of ALIGN Board of Directors*

*Rhonda Barraclough – Executive Director of ALIGN*



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## Introduction

**Cathy Mitchell, ALIGN, Editor**

**Thomas Barker, The University of Alberta, Guest Editor**

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The past year has been an unprecedented time for everyone involved in child and family services in Alberta. In response, the agencies and employees have maintained high standards of excellence in care, growing the sector in new ways. In appreciation of that achievement, the *ALIGN Journal of Child and Family Services* is publishing this collection of studies and stories. These accounts of this work are intended to supplement "on the ground" accounts by asking and answering questions of education, policy, and theory that sometimes get overlooked in daily work, but which are essential to the knowledge base of the sector.

Our journey of collecting and curating these essays began with an observation in a 2020 University of Toronto report that reviewed studies on pandemics and children in care.<sup>1</sup> That study underscored the important effects of COVID-19 on Canada's child welfare system relating to 1) the high number of children in

care, 2) the high vulnerability of the population (facing social, economic, and behavioral issues), and 3) ways that pandemics can significantly challenge the capacity of public agencies to operate and provide services and supports during this period of heightened demand and uncertainty.

**We believe agencies in Alberta and Canada have risen to the challenge and have met it with innovation and creativity. And we have a record of that in these essays.**

For this special issue of the ALIGN Journal, we invited professionals across the province to share creative COVID solutions with the broad audience of our journal. As we moved through the stages of the COVID-19 pandemic, we heard from agencies, consultants, and child welfare teams in the community-service sector who had develop processes, overcome challenging

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<sup>1</sup> Sistovaris, M. et al., (2020) Child Welfare and Pandemics Literature Scan, Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto.

<https://cwrp.ca/publications/child-welfare-and-pandemics-literature-scan>

situations, and developed unique, innovative solutions for dealing with the threat.

This special issue, entitled "COVID-19: Meeting the Challenge in Child Welfare Settings" is not a completion of the effort. We see it as a great step towards furthering our understandings and sharing accomplishments across the sector.

The collection begins with a research study entitled *Community-Service Agency Communicative Collaboration During The Covid-19 Pandemic*. This report studies the ALIGN memos, a collection of COVID-related communications that set the bar across the province for collaborative communication among managers, supervisors, and sector leaders. This article focuses on how the memos, which started in early 2020, both shared information and also coordinated the effort to assemble and get the right guidance in place for agencies. Together they made it work.

The second article, *Learning on the Curve: A Non-Profit Research Department's Perspective on Transitioning to Virtual Work and Training during COVID-19*, details how an in-house research organization pivoted to adapting to virtual work under pandemic conditions. As we all know, training is a crucial part of service delivery and also maintaining employee relationships. This essay contains a wealth of information useful for any agency having to

make the leap into virtual knowledge making and training.

The COVID-19 pandemic has been stressful for everyone in the sector. The third article in this special issue, *Grace Under Pressure: Supporting Family-Service Caregivers Under COVID*, discusses the challenges met by a caregiver support program in Calgary in continuing its mission of caring for caregivers. Read how this agile department responded to maintain hope for staff and clients. The service innovations amidst COVID took on efficient yet charming programming directions: prompting this reader to ask, "Can a pandemic be that much fun?"

As we all know, the disability service sector responded to the pressures of care in a pandemic setting creatively and with long-term goals of continued learnings, new practices, and sector sustainability. Our fourth article, *COVID-19's Impact on Alberta's Community Disability Services Sector*, takes a broad view of boundary issues and service distribution and how these were mitigated, in part, through technological solutions and service innovations. This article highlights areas for positive growth that are discovered during pandemic situations, such as communication, data transparency, organizational capacity to adapt, and workforce stabilization.

We all know that relationships are at the heart of any risk or crisis response. In our fifth article, *Rooted in Relationships, Adapting to Change: Trellis' Pandemic Experience*, the authors outline how an organization that had recently expanded was able to keep its focus on "empowering relationships" as a key to its commitment to the children and families of Calgary. Using staff redeployment, innovative training strategies, centralized management roles and revamped information access, Trellis maintained the youth's and staff's relationships and experience throughout.

The COVID pandemic that began in 2020 is still with us at this writing. Lucky for us, the generosity, care, and quality service values exhibited in these essays give testament to the resilience of the human-service sector in Alberta. We are all in this together, and that fact is nowhere more evident than in these pages. We hope you enjoy this scholarly view of our sector and will be encouraged to submit your stories to subsequent issues.



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## Community-Service Agency Communicative Collaboration During COVID-19 Pandemic

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### Abstract

This case study examines the COVID-19 pandemic mitigation messages produced by an agency-membership organization in Alberta, Canada in March and April 2020. Known as "the ALIGN Memos," these communications represent a collaborative effort that is on-going as of December 2020. This study examines two aspects of these communication texts: their informative content and structure, and their function as facilitators of collaborative activity. The article uses a qualitative content and communicative analysis approach, and a socio-environmental and activity-theory analysis. The article concludes that the memos supported both informative purposes through adequate informational and coordinative content, and by addressing messaging that was dynamic, organized, participatory, informed, and reflexive. The study further shows how the ALIGN memos

situated the mitigation communications within the broader social and community context within which the collaboration occurred, emphasizing connectedness and crossing organizational boundaries. The article concludes with lessons learned for practitioners who are considering similar communication efforts and addresses questions of overall validity of the qualitative approach.

### Introduction

The task of communicating pandemic safety practices and policies to child intervention practitioners in child and family social service agencies in Alberta during the 2020 COVID-19 pandemic is complex, requiring the collaborative effort of professionals in Alberta Health Services, the Alberta Ministry of Children's Services, the ALIGN Association of Child and Family Services, and various communities of practice. In this case study we

look at that communicative collaboration through a series of communications named the "ALIGN memos," which began in March of 2020 and is on-going (see Appendix A: Description). The purpose of this case study is to describe and analyze the practices that were followed in this collaboration so that other agencies and organizations can benefit from the lessons learned to plan and inform their own communication efforts (Tracy, 2017).

The communication activities we focus on in this paper represent what are called "communicative interventions" (Barbour et al., 2018; "The Role of Communicative Intervention in Policy Planning: Instrumental and Interactive Approaches," 2004). Often we think of such interventions in the context of the delivery of prevention information to patients in a clinical setting. Information of this kind sometimes takes the form of patient information about diagnoses or about smoking cessation, treating obesity, or the importance of sexual health (Rothman & Kiviniemi, 1999). The objectives of communication intervention are to increase the capacity of risk stakeholders so they can make appropriate protective decisions, in this case for child welfare workers to protect themselves and the children in care. Communicative interventions differ from

other sorts of interventions (such as taking physical or administrative measures) in that they rely on variables such as language, content, media, and timing. In this article we focus on those variables and how they played out in the ALIGN memos.

The intention of this paper is, as stated above, to draw productive conclusions about pandemic communication for child intervention professionals, from a case of successful and long-lasting communication effort. Why is this important? As Krystal notes, there are, first of all, the complexity of pandemic-related hazards to frontline child welfare workers and need to protect those who are at risk in this situation.

**Societies around the world are counting on their healthcare workers to meet the medical challenges presented by COVID-19. The frontline healthcare workers are heroes who are putting themselves at risk for the sake of others. But this puts those healthcare workers at enormous risk of stress-related symptoms and even persisting adjustment-related problems (Krystal, 2020, p. 639).**

How the need for information in this situation was successfully met in the case of the ALIGN memos requires an understanding of

message design and collaborative communication behaviours in crisis situations (Ghio et al., 2020; Sutton et al., 2020). Our thesis is that performing such an analysis on this body of work can produce such an understanding. In performing this study two primary questions were used to frame the analysis.

**Research question 1:** How did the ALIGN memos work as communication documents? How were they structured and created so as to facilitate stakeholder decision-making?

**Research question 2:** How did the ALIGN memos work to facilitate collaborative action in the broader scholarly context of pandemic communications?

In this article, as stated, we will examine the early communicative transactions--memos and letters--that represent the setting-up of the communication process. Part 1 of this article responds to research question 1, and presents and discusses the results of a qualitative analysis of the message texts themselves--their content--to understand how they convey necessary information. Part 2 responds to research question 2, and frames the ALIGN memo project in the context of 1) socio-ecological theory, to identify the broader context of risk

influences, and 2) an activity-theory approach called Core Task Analysis that helps frame the nature of the collaboration and how it worked in this case.

## Methods

Two methods were used in the following analysis: qualitative and theoretical. The qualitative analysis focused primarily on a reduced set of seven documents that represented the foundation of the ALIGN memos project and occurred at the earliest stages of the emergence of the COVID-19 pandemic. The qualitative analysis focuses primarily on the text of the documents using data and corpus analytical techniques for text (Frechtling & Sharp, 1997). The process of qualitative analysis involved 1) reducing the data set for analysis, 2) categorizing the data into topics, 3) reconstructing data through data visualization, and 4) explaining the findings. A second qualitative analysis was done using categories of communicative analysis for formative evaluation: delivery, content, engagement, resources, and knowledge-building (Frechtling & Sharp, 1997; Michener et al., 2020; The National Collaborating Centre for Methods and Tools, 2020).

The theoretical analysis used in Part 2 employed two well-researched theoretical

frameworks for analysis of communications in situations of risk and crisis: the Socio-Ecological model (McMurray, 2006; Schmitz, 2016) and the Core Task Analysis model (Mackenzie et al., 2020; Norros & Nuutinen, 2003). First, the socio-ecological analysis aims to get at the multifaceted dimensions of risk and vulnerability represented by workers in the child welfare sector during a pandemic. It looks at the worker as the "stakeholder" or vulnerable individual and examines the kinds of secondary risks such a person faces, some of which are often overlooked in a more narrow focus on biological hazards. We show how the ALIGN memos responded to this broader, multifaceted context of hazard and risk represented by COVID-19. Second, the Core Task Analysis focuses on a subset of the original seven documents that embody the coordination and inter-agency boundary-spanning that was done in the ALIGN memo project. Using activity theory constructs to frame the essential functions of the documents, this analysis extends the micro-level analysis of boundary-spanning individuals to show how the same socio-cultural principles can be applied at a macro level.

## Part 1: Qualitative Analysis

In this part we look at the documents from a content perspective, seeing how the words

they contain work to achieve their communicative effect. We follow a process suggested by Miles and Huberman that relies on collecting and reducing data, then performing an analysis (Frechtling & Sharp, 1997; Huberman & Miles, 2002; Miles & Huberman, 1984). The following diagram outlines that process.

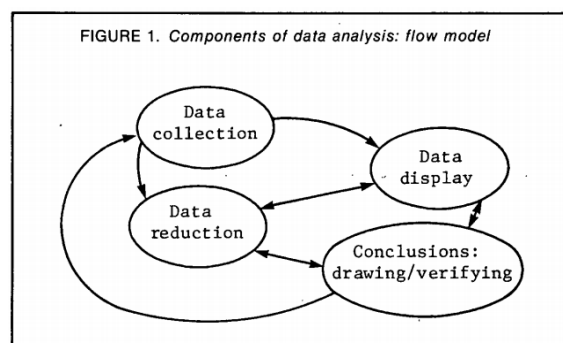


Figure 1: Source: (Miles & Huberman, 1984)

## Data Collection and Reduction

In the case of the ALIGN memos, there exists a collection of over 47 (and counting) examples of communications. Taken as a whole, these documents comprise a fascinating example of how messages are developed, revised, and conveyed to persons at risk (workers and caregivers) and how the whole project was coordinated. For our purposes in this writing, the intention is to get at the core principles involved in the whole effort. For this reason, we focus on the first four memos and the first three attached pdf documents that, in many ways, represent the setting-up of the whole

process from then forward. Considering these seven early documents, then, further data reduction was performed for this analysis. In order to focus clearly on the content of the documents, parts of them, like letterheads and dates and page numbers were removed. The analysis that is performed here is just on the body or main contents of the documents. Our reasoning is that by focusing in this way on these early documents, a picture of the substance of collaborative communication intervention emerges as a model that worked for the intended audience.

## Data Display

Two categories of data display were used in this analysis: author and type (see Table 1). The first category, by author, illustrates the collaborative authoring situation in which the texts were created. To categorize the author, we used a

standard model of messaging for communication, known as the Shannon and Weaver model (Shannon & Weaver, 1949). According to this model, a message consists of a sender, the message itself, and the receiver. For our purposes here, the sender or author of the message is important, because, in a collaborative context, such as this one, identifying the senders of the message can help us understand the messages themselves. This partly answers the question of "who wrote what?" In the case of the ALIGN memos, all seven of the documents came originally from two sources: the Ministry of Children's Services and ALIGN. Table 1 lists these as "Author."

A second category of documents used in this analysis pertains to the nature of the message itself. According to scholarship on genres and document types, the "memo" form of

Date	Title	Web Title	Desc	Author	Type
3/16	COVID-19: A Guide for ALIGN Members	Align Communication Memo 1	earliest communication	Align	informative
3/17	COVID19 ALIGN Ministry of Children Services	Align Communication Memo 2	Written directly to members, press release from ALIGN ED	Align	coordinative
3/19	Communications #3 Update	Align Communication Memo 3 Communications #3 Update – March 18, 2020.docx (on comm #3 page)	The link points to a page with 4 links to AB covid site, comm #3, comm #2, comm #1 Links to 3 documents	Align	coordinative
3/19	Caregiver Letter COVID-19	Caregiver Letter	<a href="#">Caregiver Letter COVID-19</a>	CS (ADM's office) Acting Assistant Deputy Minister	coordinative
3/19	Practice Covid guide AGENCY March 17 Update	Practice Covid guide AGENCY March 17 Update	<a href="#">Practice Covid guide AGENCY March 17 Update</a>	CS on letterhead	informative
3/19	Support for Caregivers during COVID-19 Pandemic	Support for Caregivers during COVID-19 Pandemic	<a href="#">Support for Caregivers during COVID-19 Pandemic</a>	CS on letterhead	informative
3/20	Align Communication Memo 4	Align Communication Memo 4	message to ALIGN members	Align	coordinative

Table 1: The ALIGN Memos



document can serve more than one purpose. As Yoshioka et al. note, "the memo genre is used mainly to inform its readers and record information, and it may be used for directing an order, or proposing some course of action" (Yoshioka et al., 2001, p. 435). These other uses of the memo can be detected by looking at the text itself and finding "genre markers" or details that point to the document's purpose. A number of text characteristics or genre markers (Cohen, 1986; Leitch, 2008) allow us to distinguish between these two purposes: the format of the document (the letter format vs the report format), the addressing of the document to the reader (e. g. "Dear members"), and other characteristics made it possible to identify each of the documents as either primarily to inform or primarily to coordinate. Reading the ALIGN memos with this in mind, we can see that some of them are primarily used to inform readers and others are used to coordinate action, or to explain how activities (such as the COVID-19 messaging process) will be carried out.

While all the documents contain some information, and do some coordinating, it is also clear that some of them were mostly buckets of data and some of them were mostly statements of "what's going on." Table 1 shows that four of the documents were primarily for informative purposes (often relaying

information from other sources) (Sutton et al., 2020). As Sutton notes, relaying information from other sources, such as the Ministry of Children's Services or Alberta Health in this case, is to be expected in a pandemic situation. "Message dissemination and amplification is a necessary precursor to reaching audiences, both online and off, as well as inspiring action" (Sutton et al., 2020, p. 25). By way of contrast, three of the documents were primarily coordinative, or used to set up the collaboration. The coordination of information in the ALIGN memos often takes the form of explanations of "what is to come" or "how the process will work." These documents, for example, discuss the "Rapid Response Team" that was being organized by ALIGN, they discuss the roles that individuals and agencies will play, and they set a timeline for the future and when new information can be expected. An overview of the documents and their purposes can be found in Appendix A: Case Description--The ALIGN Memos.

## Qualitative Analysis

The three preceding stages of analysis--data collection, data reduction, and data display--represent the first phase of a thorough qualitative analysis. What comes next is a further analysis of the documents based on the limited scope and data categories derived so far. That is to say, we know what documents

and purposes or types of text to focus on, and we know who wrote them. But we don't quite know how they worked. The following qualitative analysis of the contents of the ALIGN memos attempts to do that. It takes two forms: first, a document analysis focusing on the language of the documents, and second a communicative analysis focusing on five key elements of effective communication.

### **Language analysis**

The analysis of the language of the ALIGN memos uses the method of word frequency count. Word frequency counts are a standard method of document analysis in such areas as news (Altheide, 1997), education (R & Ramli, 2018), political speech (Partington & Morley, 2003), and other types of written and spoken texts (Baron et al., 2009; Popescu, 2009). In analyzing the ALIGN memos we look first at the contents of the informative documents (assembled in one file) and then at the contents of the collaborative documents (also assembled in one file).

A number of observations may be made about the differences between these two representations of these informative and coordinative texts. We invite the reader to make such observations, with the cautionary understanding that this view is highly focused and thus leaves out details that might be pertinent to drawing any kind of conclusions.

That said, in the paragraphs below we offer some such inconclusive observations, the intent of which is simply to highlight characteristics that could be of use to persons interested in "lessons learned" from the activity that these texts represent.

### **Informative documents**

What observations can we make about the informative documents? In these documents, seen collectively, the top three words ("COVID-19," "contact," and "care") focus directly on the tasks and decisions that frontline workers would have to make regarding care and safety. They are all three nouns, indicating topics of interest to the audience (Horn et al., 2013). Consider the following excerpt from the COVID-19: A Guide for ALIGN Members text, one of the earliest documents.

Statistically, 53% of cases across Canada have been in female patients, 67% of cases have occurred in individuals over the age of 40, 13% of cases have resulted in hospitalization, 90% of cases have been travel-related or contracted by someone in close contact with the traveller, and 1 individual has died. The Government of Canada has identified the six highest risk individuals as those aged 65 and older, those with compromised immune systems, those with underlying medical conditions,

A second point relates to what can be seen by the sizes of the words in this word cloud. Words

A final observation relates to the topic of authorship. In the word clouds, there is less occurrence of names of authors: ALIGN,

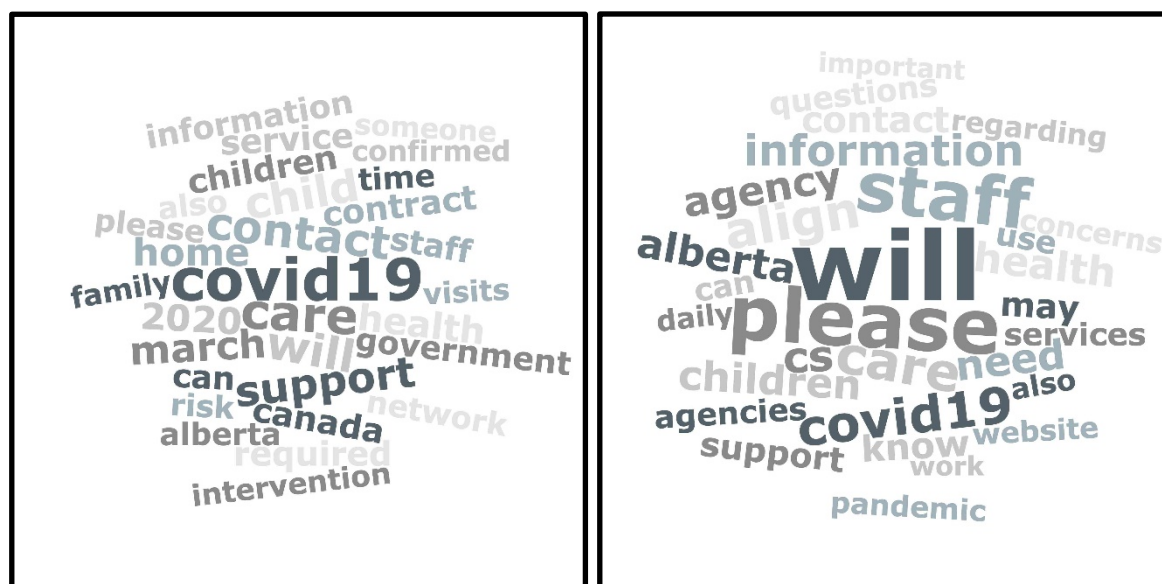


Figure 2: Word frequency analysis of informative documents (left) and coordinative documents (right)

Children's Services, and more occurrence of names of authorities ("government" and "Canada"). This suggests that an attempt was made in these informative documents to stress the authority that was being passed down to the front-line workers. It was up to them, in these situations (home visits, group care, congregate care, transportation) to make decisions based on the best information from authoritative sources.

### **Coordinative documents**

The top three most frequently used terms in the word cloud ("will," "please," and "staff,") emphasize the importance of cooperation and shared purpose. Such an emphasis seems appropriate in texts designed to explain how agencies will work together. This point is emphasized by passages in the text that draw the reader's attention to ways to work together. Consider the following excerpt from a text from the coordinative category.

In preparation of what is likely to be the reality, many of you are in communities where you have developed relationships with other community organizations who may have prepared for this pandemic and are now closed, i.e. rec centers, schools, churches etc. It may be worthwhile now to reach out to those organizations or a buddy agency

and ask if they can assist in staffing if need be.

While this excerpt focuses on staffing needs, which was an issue in the early phases of lockdown because agencies needed to continue operations. One of the participants in these early deliberations shared with us, "Some businesses shut down; we never shut down." However, the collaborative theme is also evident in this passage ("buddy agency," "reach out"). The passage, then, aligns with and supports the notion of collaboration as the primary focus of these texts.

As noted in the discussion of the informative texts word cloud, the relative contrast between terms (larger words and smaller words) suggests that there is a greater differential among words used in the coordinative texts. Some words are repeated often, perhaps to stress important ideas or to reinforce and clarify the notions of novel relationships being created among agencies and authorities to respond to the crisis. Often in more persuasive documents the text relies not on an organization around headings and bullet lists, but in paragraphs and the development of arguments and support for ideas.

Further to this point about explaining how the collaboration works, the coordinative documents indicate the more frequent

occurrence of names of authors ("ALIGN," "Children's Services.") This suggests that these four documents emphasize the actors and sources of information and how they will interact in future situations.

Overall, this analysis of the text of the informative and coordinative documents confirms the basic principles and motives at work in the ALIGN memos: to convey information and to organize systems of support. The limitation of these guiding analyses is that they provide the "what" of emergency preparedness and effective response, but not the "how." For our target audience in this essay, the question of "how" is paramount, because many issues of "who," "when," and "how much will it cost" affect actions. Knowing the how of communications necessitates a secondary analysis, called a communicative analysis, to uncover principles of communicative effectiveness in this situation.

### **Communicative analysis**

In studying communication effectiveness, organizations often employ one (or both) of two types of evaluation: formative and summative (Frechtling & Sharp, 1997; Harlen & James, 1997; Taras, 2008). Formative evaluation is performed during the process of communication (Paramythis et al., 2010; Zhang et al., 2015). The purpose of formative

evaluation is to examine what seems to be working in a communicative effort, and make adjustments in form, content, and media as needed to better serve the information needs of audiences. The purpose of summative evaluation is to examine a completed communication effort, and to assess its overall effectiveness. Because the ALIGN memos represent an ongoing communication process (as of this writing in 2020), a formative evaluation seems most appropriate. Similarly, since our purpose is to extract principles of what works for others interested in learning from what occurred, a formative evaluation seems to be called for. The reason for this is that in order to extract principles of effective communication management, and make them useful to others who face similar challenges, formative assessment places the emphasis where it belongs: on the processes that were followed.

A number of scholars in areas of education (Dunn & Mulvenon, 2009; Prosser et al., 2006) and policy (Baines et al., 2019; Brennan et al., 2016) suggest processes and categories that can serve in a systematic formative critique. For our purposes, we are employing the formative evaluation design process suggested by Frechtling and Sharp (Frechtling & Sharp, 1997). The reason for this selection is that the evaluation process suggested in the National



Science Foundation (Frechtling and Sharp) study apply to and were derived from a communicative intervention very similar to the ALIGN memos. The suggested approach for designing a formative evaluation follows three basic steps: 1) develop evaluation questions, 2) determine appropriate data sources to obtain answers, and 3) formulate sound conclusions and recommendations. We turn now to the first step: developing evaluation questions.

### **Step 1: Develop evaluation questions**

Frechtling and Sharp note that evaluation questions should focus on how the information was implemented. "The formative evaluation would look at the implementation of the program and be used for identifying its strengths and weaknesses" (Frechtling & Sharp, 1997, Chapter 6). The following questions were adapted from the implementation example in this work.

- How was the intervention delivered and staffed?
- Was the content of the intervention accurate and up to date?
- Did the authors communicate effectively and collaboratively?
- Were the appropriate materials available?

- Was there an appropriate balance between knowledge building and application?

Given the purpose of deriving "lessons learned" from the ALIGN memos, these questions cover the fundamental elements of communication: delivery media, content, authorship, resources, and knowledge building (the reflexive practice of learning while doing). For this reason they serve as a useful heuristic for our purposes in this analysis.

### **Step 2: Determine appropriate data sources**

The data sources that were used in the previous language analysis suggests that the seven documents in the ALIGN memos early collection provide an adequate source of information on which to base a formative evaluation. It is equally useful to examine all of the documents in this limited set, given that an evaluation of the entire communicative effort (including informative and coordinative communications) is desired in this case. These categories remain salient in an evaluation of the whole effort.

The following table represents these questions along with data (collected as examples) of the communication principles involved. A descriptive "theme" was added to this analysis based on the principles of qualitative research spelled out by Frechtling and Sharp. "At the

display stage, additional, higher order categories or themes may emerge from the data that go beyond those first discovered during the initial process of data reduction" (Frechtling & Sharp, 1997, Chapter 6). The themes in this table reflect this practice, and also provide a way to uncover best practices discovered through the investigation process.

## Part 2: Socio-Ecological Analysis

The *Child Welfare and Pandemics* review of threats to children in care looks at two levels of harm that populations face during a pandemic situation (Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S., 2020). The primary is threat from the virus

itself. This hazard is an illness that can severely affect the respiratory system, and is especially dangerous to older adults. Its transmission through airborne droplets requires mitigation through social distancing, masking, and hygiene. The secondary threat, however, derives from the hazards of mitigating the first: isolation, mental health challenges, nutrition, limits on exercise, access to routine health care and threats to one's financial livelihood. The mitigation of secondary threats is, in some ways, as important as those that mitigate the first. Answers to how these secondary threats were addressed in the ALIGN memos can help us respond to our second research question.

The *Child Welfare and Pandemics* report uses a much researched and convenient model for

Evaluation Question	Theme	Example/Evidence
How was the intervention delivered and staffed?	Dynamic	"ALIGN will be sending these Communication Memos to you on a regular basis; hopefully daily as we move through this COVID-19 pandemic. They will be emailed to all directors and then posted on the ALIGN website for reference. Because there is so much information being provided we want to ensure the most pertinent info is available to you." C3 (coordinative)
Was the content of the intervention accurate and up to date?	Organized	"I want to let you know that ALIGN has begun to meet daily with the executive of the Ministry of Children Services to discuss planning for COVID-19. We will be supporting and helping to develop a united approach." C2 (coordinative)  "ALIGN has received notice on March 11, 2020 that the Ministry of Children Services will be asking agencies to ensure they have current agency policies, procedures and guidelines in place in the event of a pandemic. The ministry has also provided the following poster for agencies to display in the workplace." C1 (informative)
Did the authors communicate effectively and collaboratively?	Participatory	"In addition ALIGN is participating on a committee developing practice guidelines and Rhonda is involved in a Rapid Response Task Team that will be developing protocols for responding to staffing issues and redeploying staff. Katie has sent a note out requesting the phone numbers for the ED/CEO's for all the agencies." C3 (coordinative)
Were the appropriate materials available?	Informed	"Where can you access accurate information about COVID-19? Learn about the novel coronavirus (COVID-19) and actions being taken to protect the health of Albertans. or go to <a href="https://...">https://...</a> " C3C (informative)
Was there an appropriate balance between knowledge building and application?	Reflexive	"I want to let you know that ALIGN has begun to meet daily with the executive of the Ministry of Children Services to discuss planning for COVID-19. We will be supporting and helping to develop a united approach. By now all of you are deep into your emergency pandemic planning. If not, you should be." C2 (coordinative)

Table 2: Results of the communicative analysis

viewing the situation of children in care: the Socio-Ecological model (McMurray, 2006; Schmitz, 2016). The Socio-Ecological model frames the situation of these vulnerable youths in terms of layers: starting with the child, and expanding outward to the family, community, society, and sociocultural norms. Such a model is useful in this context for envisioning the pandemic hazards for the clients of welfare workers. For children in care, the risk of the primary threat is increased, because of close quarters, and the basically risk prone nature--feelings of invulnerability and carelessness--of youth. For such youth in care, the secondary threat is heightened also (Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S., 2020). They may be at greater risk of maltreatment, family separation, lack of access to social services, erosion (over time) of social standing, and greater stigma.

As citizens and members of society, child intervention practitioners in Alberta face the threat at two levels: at the primary level, a set of risks that other citizens face: illness, respiratory disease, and an increased danger if they suffer from underlying conditions or are elderly. At the secondary level, however, they face additional hazards in regard to their workplaces. In the case of the ALIGN memos, we have adapted the levels of hazard in COVID-

19 from that of threats to the child in care, to the threats to workers and caregivers. In that regard, the following levels emerge.

- Worker: This is the primary stakeholder and transactor for analysis
- Workplace: This category was added as a first-level factor in healthy service
- Family: This category acknowledges the factors surrounding family life and work-life challenges
- Community: This category acknowledges risk factors associated with community partners and the surrounding care environment
- Society: This category recognizes other agencies, membership organizations, and service obligations to vulnerable individuals

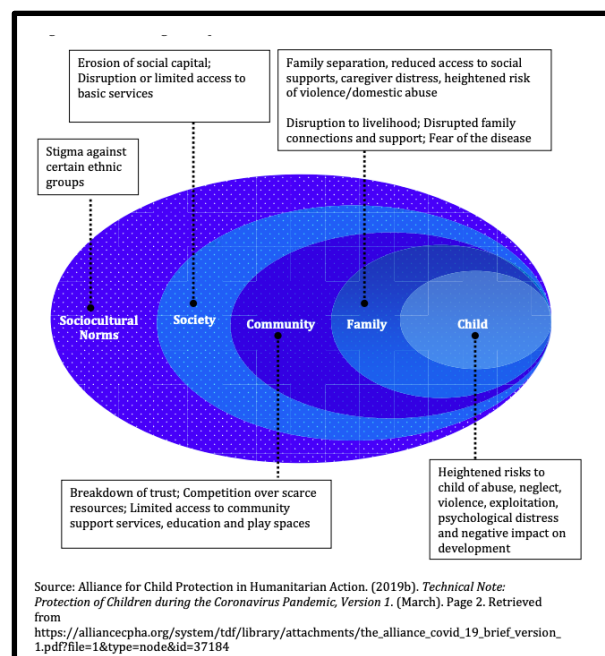


Figure 3: Social-Ecological Impact of Covid-19 (Bertrand, n.d.)

- **Socio-cultural norms:** This broad category acknowledges cultural factors, justice, ethics, and other imperatives in which the worker and agency live and work.

The table below describes some of the potential secondary hazards. If we use the socio-ecological model to envision the threats to the stakeholders of the communication efforts taken to mitigate pandemic threats to community-service workers in Alberta, we can see that the communication interventions taken

by the ALIGN initiative address many of these secondary pandemic threats.

### Discussion of the findings from the socio-ecological model

The examples revealed through this communicative analysis are valuable for a number of reasons. One is that such a view of the texts reveals or highlights areas that might otherwise be overlooked. For example, at the time when agencies were faced with the possibility of shutting down, staffing became a huge issue. Solutions were possible, and could be facilitated by communication among

Category	Summary	Example
Worker	Increased stress of unsupported, dangerous work with child, family, and community exposure	"Please take care of yourselves and your staff and follow government and resource recommendations as well." C1
Workplace	Staffing shortages induced by illness, work-life pressures, lack of ready access to mental health supports through insurance, reduced income, fear	"ALIGN has received notice on March 11, 2020 that the Ministry of Children Services will be asking agencies to ensure they have current agency policies, procedures and guidelines in place in the event of a pandemic." C1  "By now all of you are deep into your emergency pandemic planning. If not, you should be" C2  "There may be a need to reallocate staff both within Children Services and within your agencies. We will work with the Ministry and agencies to help with this if necessary." C2
Family	Increased threat of infecting the family, extra burden of home child care because the shelters "never shut down."	"Please note that as of Sunday March 15, 2020 all university, colleges, schools and daycares are closed in Alberta." C2  "This letter is to let you know what Children's Services is doing to support you and your family during the COVID-19 outbreak." C3a
Community	Lack of access to community treatment, assessment, and testing options, including restricted access to judges and court personnel working at home, restricted access to health care partners	"Support Network: Please develop a plan with your network of family and friends in case you need to self-isolate. Please be sure all medications are up to date. If you are caring for a child who is considered medically fragile please discuss any specific concerns you have directly with the caseworker." C3a
Society	Longer term erosion of reputation because of inability to meet social needs of at risk children, undervalued work in the social arena. The denial of "essential worker" status, when such status makes heroes out of store clerks.	"As an essential service, the Ministry is required to continue to fulfill its obligations under the Child, Youth and Family Enhancement Act, in particular assessing harm and danger and ensuring the well-being of children." C3b  "A decision has been made to cancel ALL CI staff training events currently scheduled until further notice." C3b
Socio-cultural environment	Long-term effect of the disproportional impact on the sector itself, encouraging devaluation of professionalism and human resource devaluation.	"Child Intervention Practitioners are being asked to record and track situations of suspected and/or confirmed COVID. Please report any information related to suspected or confirmed COVID of a child or a family that you are providing services to."

Table 3: Matrix of socio-economic levels and ALIGN memo content

agencies about the possibility of sharing staff, and the very real possibility that staff would be unavailable if they were quarantined at home. Other important issues such as reporting functions to health authorities (which became an addition duty and service), ongoing disruption of training activities, difficulties with community connections (such as the courts or law enforcement) and approval processes for applications for additional funding are all highlighted through a focus on statements indicative of the broader socio-ecological context. These statements reveal key functionalities of professionals in the sector that reflect the socio-ecological context of the work. By stressing them, the pandemic brings these key roles into sharper focus; by addressing them the ALIGN memos reflect the reality and complexity of the sector's response.

## Core Task Analysis

In Canada the guidelines for responding to emergencies of any type (the "all-hazard" approach) can be found in the Emergency Management Framework for Canada, published on the Public Safety Canada website (An Emergency Management Framework for Canada - Third Edition, 2018). This approach provides guiding objectives for prevention and mitigation, preparedness, response, and recovery.

- Prevention and Mitigation – to adapt to, eliminate or reduce the risks of disasters in order to protect lives, property, the environment, and reduce economic disruption.
- Preparedness – to be ready to respond to a disaster and manage its consequences through measures taken prior to an event.
- Response – to act during or immediately before or after a disaster to manage its consequences.
- Recovery – to repair or restore conditions to an acceptable level through measures taken after a disaster.

When a disaster such as a pandemic or other natural disaster occurs, collaborative working groups are often formed, each focusing on one of the four components listed above. These areas define the tasks that the working groups will undertake. Each of the working groups may be composed of government representatives and also include representatives from affected sectors. The people who represent these groups are often referred to as information exchange officers or, more colloquially, boundary-spanners in their organizations. Their job entails connecting their agency's goals, objectives, and operational muscle to those of other agencies, all with the goal of mitigating the threat, of



increasing the stakeholders' (primarily staff, clients, and other caregivers) capacity to prevent harm at the ground-floor level (in group and residential homes, cars, houses, and, in some cases streets.)

It is common in the scholarship of emergency management to view the work of individuals as boundary-spanning. The job title of information exchange officer or exchange officer is not uncommon in industry and policy, especially emergency management situations (Curnin et al., 2014; Kapucu, 2006). However, the term or concept of an agency that functions as a conduit or facilitator for information exchange is unusual. However, among nonprofits in Alberta, organizations like ALIGN, which function as intermediaries between non-profit, contract organizations play such a role in

modern, neo-liberal economies, such as exist in Canada.

Following this logic, Table 4, as a thought experiment, illustrates how the dynamics of boundary-spanning at the individual level can be applied to boundary-spanning at the organizational level (Norros, 2004). To uncover evidence of organizational boundary-spanning, we limit the data, in this case, specifically to the collaborative texts. In these texts, the primary purpose is to describe the coordination and "bringing together" of ministries, peer associations (domestic and international), agencies, and specific individuals.

A Core-Task Analysis can illustrate a number of points that help us understand how the ALIGN memos coordinated the work of other agencies, spanning the boundaries among individual agencies and government entities. First, this

Boundary-spanning Dimension	Evidence from the ALIGN memos
<b>Dynamism</b> <i>Decisions need to be made quickly to respond to emergencies.</i>	<p>"As mentioned in earlier ALIGN Communication Memos we hope to get one out to you each day via email with pertinent updates/information and important links for you to use. Timing of information may not always line up, but as we get use to the ever-changing environment ALIGN will keep you informed. These messages will be posted on the ALIGN Webpage which you can access through the COVID-19 banner."</p> <p>"Thursday ALIGN held a virtual meeting with 30 representatives from group and residential care Red Deer/North; which generated many good questions to take to CS Executives."</p> <p>"By now all of you are deep into your emergency pandemic planning. If not, you should be."</p>
<b>Complexity</b> <i>Collaboration needs to manage the complexity of multi-agency involvement.</i>	<p>"There is no HR barrier provided the agency that is providing the staff continues to pay for the salary and benefits of the staff. The receiving agency would need to provide payment to compensate the agency providing the staff, this would easily be covered by a simple contract. It is our understanding that the agency must continue to pay for the salary and benefits as the staff is essentially continuing the employment of the staff, only in a different physical location. From an insurance point of view, there also is no barrier."</p> <p>"In regard to WCB, our Director of Health and Safety [name removed] was able to confirm that there are again no barriers to having staff work in another agency."</p> <p>"At this point there is no barrier that would be too large to agencies providing HR support to each other in this time of crisis."</p>
<b>Uncertainty</b> <i>Communication needs to acknowledge information uncertainty.</i>	<p>"ALIGN will be sending these Communication Memos to you on a regular basis; hopefully daily as we move through this COVID-19 pandemic. They will be emailed to all directors and then posted on the ALIGN website for reference. Because there is so much information being provided we want to ensure the most pertinent info is available to you."</p>

Table 4: Core task analysis of organizational boundary-spanning

analysis illustrates the responsibility that ALIGN, as an agency membership organization, took during the crisis. The assumption underlying the coordination of effort is that agencies and their front-line staff can trust ALIGN to act as an intermediary to Children's Services. It affirmed ALIGN as a trustworthy voice. Second, this analysis highlights the staff issues that were of concern at this time by affirming the possibility of staff sharing and addressing concerns that might be appropriate in non-pandemic times, such as professional barriers to staff sharing. Most of the 150 members of ALIGN are contract non-profits, some small (10-20 employees) and some large (1500 or more employees). These agencies are bound by contractual obligations specified in their applications. So what is possibly at stake is their funding. It is clear from this analysis, that ALIGN is taking communicative action to reassure agencies about this important concern: "At this point there is no barrier that would be too large to agencies providing HR support to each other in this time of crisis."

## Conclusions

The following conclusions draw on the observations made earlier based on the two inquiries (word analysis and theoretical analysis) that was conducted on the texts themselves. How have we answered the research questions that guided our inquiry?

*Research question 1: How did the ALIGN memos work as communication documents? How were they structured and created so as to facilitate stakeholder decision-making?*

- The memos address informational needs and also coordination needs. Individual stakeholders (staff and supervisors) need to be given information and to be organized at the same time.
- The communication analysis validates the following five-part model of communicative intervention practice.
  1. Dynamic: How was the intervention delivered and staffed?
  2. Organized: Was the content of the intervention accurate and up to date?
  3. Participatory: Did the authors communicate effectively and collaboratively?
  4. Informed: Were the appropriate materials available?
  5. Reflexive: Was there an appropriate balance between knowledge building and application?

*Research question 2: How did the ALIGN memos work to facilitate collaborative action in the broader context of a pandemic communications?*

- The Socio-Ecological analysis highlights the connectedness that individual child intervention professionals feel and within which they work. The analysis shows how crucial these levels of connections and contexts are to the overall service delivery, but also to the stress levels of employees.
- The Core Task Analysis highlights the "barrier removing" work done by ALIGN. It also highlights the connection and communication work done by the organization. This work consisted of not just passing on information, but engaging all voices. In a way that was quite remarkable, the ALIGN memos highlight the use of that authoritative voice by an organization, validated by subsequent information followup.

In an interesting analysis of the changes to what socially-oriented work, such as that which is performed by child intervention professionals, the International Federation Of Social Workers suggests that COVID-19 has had a transformative effect on the work of those who provide community services to children and families. In regard to the effect on the profession, that analysis states, "...what happened was a remarkable transformation of social work. The pandemic effectively caused a shift that set a new course for the profession"

(Truell & Crompton, 2020, p. 6). The work of child intervention professionals is subject to paradigm shifts, to re-definition in the experience of crisis. The ALIGN memos reflect those kinds of structural transformations. Early information sharing, boundary spanning, and trust building can lead to continued sharing, spanning, and trusting.

In drawing any conclusions about transformations of the professional role of child intervention professionals, using text analysis based on data reduction and representational techniques and by applying theoretical perspectives, we need to consider the important, and unanswered question of "why". Was this an effective intervention, and if so, why? In the case of the ALIGN memos, we assume that the messaging was successful. What might be the reasoning behind that assumption? At the basic level of a proof of concept, the memos have continued for eight months (at this writing) and agency representatives continue to participate in the collaborative activities set up in the early memos that are the focus of our study (Tidman, 2018). We have examined closely the elements in the texts themselves that would lead to or support that assumption: that the overall effect was achieved. That overall effect would be that individuals working in the sector in high-risk situations with children and youth and families

acted safely. Many of the elements of the text that are revealed through textual and communicative analysis show the fit of the information to these stakeholders who needed to act on it. Communicative categories of information speak to the effectiveness of information presented in this way. The organization is understood (factually) and accepted (authoritatively). But does that analysis answer all the questions?

What if we were to ask, literally, the thousands sector employees whether they actually read these materials? Certainly the memos were read by many for specific information, such as which policy applies in specific cases, or what to do if you have an outbreak in your agency or residential facility. On the other hand, as individuals who have access to health information from a variety of sources, using their cell phones, workers in these situations who know their clients and know their jobs and read the newspaper or read the news online, may have acted on their own in ways that they considered to be in their best interest and in the best interests of their clients and their families, regardless of what the ALIGN memos said. And so the question is, how much of the informed decision-making that was generated by these documents is in fact the result of these documents and the characteristics that can be

identified through a close textual scrutiny such as we have done in this research study?

Asking such a question, as we step back and look at the entire effort, demands that we look not only at the textual elements, but also at the effort itself as an example of the studious, careful and thoughtful response of the authority figures, the authority structures, and the social and cultural environments within which these employees work every day. A compelling explanation might be that the overall success of this initiative—the careful, reasonable collaborative work, preparing the documents and revising them over and over again when new information was provided—ultimately in the minds of employees was secondary to the overwhelming evidence from all voices of truth and reasoned judgement, that a collective effort had been made, the focus of which was on this employee, and this client, in this setting. In such a context of concern and collaborative effort ("COVID, COVID, COVID"), supported by technological and social mechanisms, an employee working in a group-care home and protecting clients and him or herself sees that this is where her individual judgment is validated and needs to be applied.

And it was applied, as the overall low outbreak rate testifies. The overall lesson in such a case leads us to see clearly how, by stimulating and supporting collaboratively at all levels,

individual judgement at the lowest level can be validated, encouraged, respected, and appreciated.

In this case, when we talk about individual judgement—individuals making up their own minds, and acting on their own informed conclusions—we're really talking about what is known as situated critical thinking, which in this case means safer children, families, workplaces, communities, and societies (Angeli et al., 2012).

To understand the ALIGN memos, we must consider the authority of the text as a critical factor in the outcomes of the text having been achieved. The implication here gives depth to the concept of "collaboration" and how powerful that impulse is in our world today, despite the many ready examples of "fragmentation." This conclusion of course is one that is validated principally by the sheer force of simple qualitative reasoning, not by quantitative, numerical, or statistical methods. Further qualitative research into factors such as authority and the context within which information is presented might be a valuable area to explore when considering the lessons that can be learned from an analysis of communication efforts such as the ALIGN memos.



## References

- Altheide, D. L. (1997). "the news media, the problem frame, and the production of fear." *The Sociological Quarterly*, 38(4), 647–668.
- An Emergency Management Framework for Canada - Third Edition. (2018, December 21).  
<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2017-mrgnc-mngmnt-frmwrk/index-en.aspx>
- Angeli, C., Valanides, N., & Papastephanou, M. (2012). The Role of the Authority of the Text on Critical Thinking. 42(3)).  
<https://doi.org/10.1007/s10780-012-9161-z>
- Baines, R., Donovan, J., Regan de Bere, S., Archer, J., & Jones, R. (2019). Patient and public involvement in the design, administration and evaluation of patient feedback tools, an example in psychiatry: a systematic review and critical interpretative synthesis. *Journal of Health Services Research & Policy*, 24(2), 130–142.
- Barbour, J. B., Gill, R., & Barge, J. K. (2018). Organizational Communication Design Logics: A Theory of Communicative Intervention and Collective Communication Design. *Communication Theory: CT: A Journal of the International Communication Association*, 28(3), 332–353.
- Baron, A., Rayson, P., & Archer, D. (2009). Word frequency and key word statistics in corpus linguistics. *Anglistik*, 20(1), 41–67.
- Bertrand, S. L. (n.d.). Technical Note: Protection of Children during the Coronavirus. Retrieved April 23, 2021, from  
<https://alliancecpha.org/en/COVID19>
- Brennan, S. E., Cumpston, M., Misso, M. L., McDonald, S., Murphy, M. J., & Green, S. E. (2016). Design and formative evaluation of the Policy Liaison Initiative: a long-term knowledge translation strategy to encourage and support the use of Cochrane systematic reviews for informing health policy. *Evidence & Policy: A Journal of Research, Debate and Practice*, 12(1), 25–52.
- Chase, R. S., & Shamo, W. (2012). *Elements of Effective Communication: 4th Edition*. Plain & Precious Publishing.
- Cohen, R. (1986). History and genre. *Neohelicon*, 13(2), 87–105.
- Curnin, S., Owen, C., & Trist, C. (2014). Managing the constraints of boundary spanning in emergency management. *Cognition, Technology & Work*, 16(4), 549–563.
- Dunn, K. E., & Mulvenon, S. W. (2009). A critical review of research on formative assessments: The limited scientific evidence of the impact of formative assessments in education. *Practical Assessment, Research, and Evaluation*, 14(1), 7.
- Frechtling & Sharp. (1997, August). *User-Friendly Handbook for Mixed Method Evaluations*.  
<https://www.nsf.gov/pubs/1997/nsf97153/start.htm>
- Ghio, D., Lawes-Wickwar, S., Tang, D., Mei Yee, Epton, T., Howlett, N., Jenkinson, E., Stanescu, S., Westbrook, J., Kassianos, A., Watson, D., & al., E. (2020). What influences people's responses to public health messages for

- managing risks and preventing infectious diseases? A rapid systematic review of the evidence and recommendations. <https://doi.org/10.31234/osf.io/nz7tr>
- Harlen, W., & James, M. (1997). Assessment and Learning: differences and relationships between formative and summative assessment. *Assessment in Education: Principles, Policy & Practice*, 4(3), 365–379.
- Horn, C., Zhila, A., Gelbukh, A., Kern, R., & Lex, E. (2013). Using Factual Density to Measure Informativeness of Web Documents. *Proceedings of the 19th Nordic Conference of Computational Linguistics (NODALIDA 2013)*, 227–238.
- Huberman, M., & Miles, M. B. (2002). *The Qualitative Researcher's Companion*. SAGE.
- Kapucu, N. (2006). Interagency Communication Networks During Emergencies: Boundary Spanners in Multiagency Coordination. *American Review of Public Administration*, 36(2), 207–225.
- Krystal, J. H. (2020). Responding to the hidden pandemic for healthcare workers: stress. *Nature Medicine*, 26(5), 639.
- Leitch, T. (2008). Adaptation, the Genre. *Adaptation, Learning, and Optimization*, 1(2), 106–120.
- Mackenzie, L., O'Toole, G., & James, C. (2020). Core business: Activity, task and occupational analysis. In *Occupational Therapy in Australia* (pp. 215–226). <https://doi.org/10.4324/9781003116639-20>
- McMurray, A. (2006). *Community Health and Wellness: A Socio-ecological Approach*. Mosby Elsevier.
- Michener, L., Aguilar-Gaxiola, S., Alberti, P. M., Castaneda, M. J., Castrucci, B. C., Harrison, L. M., Hughes, L. S., Richmond, A., & Wallerstein, N. (2020). Engaging With Communities - Lessons (Re)Learned From COVID-19. *Preventing Chronic Disease*, 17, E65.
- Miles, M. B., & Huberman, A. M. (1984). Drawing Valid Meaning from Qualitative Data: Toward a Shared Craft. *Educational Researcher*, 13(5), 20–30.
- Norros, L. (2004). Acting under uncertainty. *The Core-Task Analysis in Ecological Study of Work*. <https://www.vttresearch.com/sites/default/files/pdf/publications/2004/P546.pdf>
- Norros, L., & Nuutinen, M. (2003). The concept of the core task and the analysis of working practices. In *Work process knowledge* (pp. 37–51). Routledge.
- Paramythis, A., Weibelzahl, S., & Masthoff, J. (2010). Layered Evaluation of Interactive Adaptive Systems: Framework and Formative Methods. *User Modeling and User-Adapted Interaction*, 20(5), 383–453.
- Partington, A., & Morley, J. (2003). From frequency to ideology: investigating word and cluster/bundle frequency in political debate. *Practical Applications in Language and computers—PALC*, 179–192.
- Popescu, I.-I. (2009). *Word Frequency Studies*. Walter de Gruyter.
- Prosser, M., Rickinson, M., Bence, V., Hanbury, A., & Kulej, M. (2006). *Formative evaluation of accredited programmes*. Published by The Higher Education Academy, May. [https://www.researchgate.net/profile/Mike\\_Prosser/publication/239585933\\_Formative\\_evaluation\\_of\\_accredited\\_programmes/links/00b4953ba80b885960000000/Formative-evaluation-of-accredited-programmes.pdf](https://www.researchgate.net/profile/Mike_Prosser/publication/239585933_Formative_evaluation_of_accredited_programmes/links/00b4953ba80b885960000000/Formative-evaluation-of-accredited-programmes.pdf)

- Rothman, A. J., & Kiviniemi, M. T. (1999). Treating people with information: an analysis and review of approaches to communicating health risk information. *Journal of the National Cancer Institute. Monographs*, 25, 44–51.
- R, R., & Ramli, R. (2018). What Frequency Word Level Needed to have L2 Listening Comprehension. In *Social Science Learning Education Journal* (Vol. 03, Issue 08, pp. 18–20). <https://doi.org/10.15520/sslej.v3i08.2276>
- Schmitz, O. J. (2016). Socio-ecological Systems Thinking. In *The New Ecology*.  
<https://doi.org/10.23943/princeton/9780691160566.003.0005>
- Shannon, C. E., & Weaver, W. (1949). *A mathematical model of communication*. Urbana, IL: University of Illinois Press, 11.
- Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S. (2020). *Child Welfare and Pandemics*. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto.
- Sutton, J., Renshaw, S. L., & Butts, C. T. (2020). COVID-19: Retransmission of official communications in an emerging pandemic. *PLoS One*, 15(9), e0238491.
- Taras, M. (2008). Summative and formative assessment: Perceptions and realities. *Active Learning in Higher Education*, 9(2), 172–192.
- The National Collaborating Centre for Methods and Tools. (2020). Rapid Review: What are best practices for risk communication and strategies to mitigate risk behaviours? <https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service>.
- The Role of Communicative Intervention in Policy Planning: Instrumental and Interactive Approaches. (2004). *Communication for Rural Innovation*, 49–58.
- Tidman, V. (2018). Proof of concept. In *Oxford Medicine Online*. <https://doi.org/10.1093/med/9780198834359.003.0048>
- Tracy, S. J. (2017). Practical Application in Organizational Communication: A Historical Snapshot and Challenge for the Future. *Management Communication Quarterly*, 31(1), 139–145.
- Truell, R., & Crompton, S. (2020). To the Top of the Cliff: How Social Work Changed with Covid-19. *International Federation of Social Workers*.
- Webb, S. (2007). The Effects of Repetition on Vocabulary Knowledge. *Applied Linguistics*, 28(1), 46–65.
- Yoshioka, T., Herman, G., Yates, J., & Orlikowski, W. (2001). Genre taxonomy: A knowledge repository of communicative actions. *ACM Transactions on Information and System Security*, 19(4), 431–456.
- Zhang, Y., Flum, M., West, C., & Punnett, L. (2015). Assessing Organizational Readiness for a Participatory Occupational Health/Health Promotion Intervention in Skilled Nursing Facilities. *Health Promotion Practice*, 16(5), 724–732.

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## Learning on the Curve: A Non-Profit Research Department's Perspective on Transitioning to Virtual Work and Training During COVID-19

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Parts of this work and the ability to publish these experiences were supported by funds received from Frayme through their Virtual Innovations in Care grant program.

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Most people would agree COVID-19 required them to shift common practices and habits in both their personal and professional lives.

This has required creativity and innovation, and children's mental health service providers are no exception, especially at Wood's Homes.

Wood's Homes is a Children's Mental Health Centre primarily located in Calgary, Alberta that provides a wide range of services to children, youth and their families. Wood's Homes also has an internal Research Department, part of which encompasses several Research Assistants and a Research Supervisor, dedicated to supporting service areas throughout the agency with many

aspects related to outcomes, data collection, and training or certification related to certain outcome measures. The work completed within the Research Department is collaborative and prioritizes connecting with frontline practitioners to appropriately assess and respond to needs related to staff or client data and reporting. Throughout this article we hope to share some of our experiences in supporting programs and services many aspects of service needed to pivot from face-to-face interactions to virtual ones.

The virtual work of our Research Department has been focused in three specific areas in terms of the transition that occurred as a department while also working to continue

agency training. Since Research Assistants usually worked on site pre-COVID, it was important for us to adjust our working styles to ensure programs still felt supported. It was also important for us to recognize that many of the tools used within the agency come with suggested (or mandatory) trainings to support or adhere to valid and reliable use of certain outcomes, and how to make the most of them in practice. To respond as trainers we needed to find an effective way to provide these trainings, as did other trainers in the agency. Finally, we wanted to support programs in building their virtual capacity as much as we could to continue collecting data or outcomes from methods that used to rely on paper surveys handed out at key meetings.

### **Connecting Virtually as a Support Service**

The Research Department focuses on research and reporting, and often our work is completed in the background away from day-to-day frontline operations. However, many times a potential research question or request is identified through conversations that typically occur in the hallways or common areas. During these interactions, the Research Assistant would realize that a

program had a need that we at the Research Department could help with. However, in order to follow Alberta's public health measures there were two separate extended periods of time where the Research Department moved to remote service. This meant that we would no longer be engaged in naturally occurring conversations from just running into practitioners throughout the course of our day. Lacking these impromptu opportunities to connect, we knew it was important to connect with programs in a different way.

At the Research Department, we were pushed to reach out to programs and services more often than we likely would have otherwise. We relied on a mixture of phone calls and e-mails as per usual, but also made ourselves more available through our internal messaging software for both meetings and quick messages or questions. Often these communications were to let programs know we were available to take on requests, see if they needed anything, or provide status updates related to their data and outcomes. But we also knew how busy programs were, and so we were mindful to balance communications about reminders or actions items with messages of support and

positivity. There was even an instance where we planned a coffee break with another centralized service to increase our understanding of respective work done within each area, as well as identify potential opportunities for collaboration. These connection efforts were a critical piece of how we pivoted to remotely supporting the agency, and it took some focused planning and efforts to build this into our daily routines.

Interestingly enough, we had two periods where we reached out to gather feedback related to the quality of the support practitioners received from the Research Department through surveys sent at the end of each calendar-year quarter. The first feedback period was able to reflect work where we were on site, whereas the second feedback period was primarily related to projects completed when we were working virtually. Overall the results were relatively steady, meaning that the shift from in-person to virtual work did not seem to create a negative impact on our ability to serve programs. In fact, we found positive increases in proportions of people who felt that the work they did was understood, were excited to hear from the Research Department, and

positive responses in the overall experiences about their interactions. Regardless of the methods or contact, the fact that we prioritized clear and frequent communication seems to have translated into maintaining and building rapport with the programs we work so closely with.

### **Transitioning to Being a Virtual Trainer**

Within our Research Department, we are very invested in ensuring that practitioners have what they need in order to appropriately utilize the tools and measures used for client assessment and outcomes for treatment planning and program evaluation. This meant transitioning from trainings we used to provide in-person to a virtual format.

One of the first things we noticed is that translating an in-person training to a virtual training is not as simple as it may sound. Research on effective practices for online learning and engagement has noted that shifting how a training is provided cannot be done without considering that the new mode of delivery will not impact with positive outcomes (Self-Brown et al., 2020). However, in a review of research comparing in-person learning to online learning Continu (2019)



found that online learning is often found to be just as effective in a variety of sectors. To effectively provide our trainings, we realized that it would require a lot of preparation in several ways. First, we had to vigorously test and troubleshoot the training platform's limitations in order to determine its potential and to try and reduce issues on the day of training. This had an additional benefit of increasing the trainer's skill with the platform as well, a concept similar to supervisors or those overseeing others needing to build their own comfort and capability with the virtual format they are using to engage with others (Mitchell, Sarfati & Stewart, 2021).

We also needed to communicate with training participants earlier and more frequently in order to prepare them properly. Educating any trainees or participants is an important component of structuring virtual trainings or sessions to encourage engagement (Cvent, 2021). In our trainings, we worked to prepare virtual trainees by reminding individuals of the training taking place virtually, providing step-by-step instructions and basic troubleshooting methods regarding how to log on and use the platform, and sending all relevant materials ahead of time to ensure everything was

accessible to participants the day of. Additional strategies used included encouraging people to log in earlier in order to troubleshoot with us (i.e., providing built in tech support) prior to the official start time of the training. We also constructed our communications creatively, using bolding, screenshots, and changes in text colour to draw attention to critically important information. While this did not eliminate all issues, most people were able to join on time and were prepared with everything they needed.

We did notice that this preparation was very time consuming and required breaking down tasks into very basic and easy-to-follow steps (many of which may often be taken for granted as 'obvious'). However, the importance of taking the time to do this cannot be overstated, as it was a critical component to ensuring that we were considerate and supportive of those attending the training, even if they were newer to the platform, or would not consider themselves as being technologically savvy.

## Successes and Challenges of Training Virtually

While the logistics and preparation of virtual training were one area of focus, the training itself also had its own benefits and drawbacks. Virtual trainings allow people to learn in comfort, which can be helpful in learning effectively. The potential for virtual training to better accommodate a multitude of learning styles and geographic locations of attendees has been a clearly identified benefit (Mitchell et al., 2021). In our own in-person training feedback, we have found that some feedback focuses on long hours, early start times, and difficulty finding parking can culminate into an uncomfortable training experience. With virtual training, this feedback was less frequent. We believe this is because being in a comfortable environment from start to finish of the day is quintessential to effective learning – and what’s more comfortable than being in your home. Another benefit is that virtual training platforms seemed to allow people to participate and engage more confidently than seemed typical in our in-person trainings. This form of engagement in training was reflective of best practices for online learning that emphasize use of polls, the chat, and built in

discussion to encourage engagement (Harvard University, 2020; O’Malley, 2017). From our experiences, this included trainees asking questions privately to the trainer in the chat box, or responding to a poll instead of shouting out an answer in front of a group. In our most recent virtual training, we found that polling was a great way of enabling greater participation. The trainers were able to see a broader range of responses to the question than usual and therefore were better able to address some of the intricacies in a targeted way. Effectively, this meant a more tailored experience for trainees based on their understanding of the material at each knowledge checkpoint. However, the polling function also allowed trainees to compare their answers and not only see if they were correct, but also if their response was common among others. Additionally, within the software we use, options for automated marking created some efficiencies at the end of training, but did require significant planning and preparation prior to ensure everything was set up properly. That being said, there are still benefits to in-person trainings, such as real-time interactions with trainees, gauging the ‘feel’ of the environment, and being able to respond

quickly to questions or follow-up on testing results. These in-person advantages are not new criticisms of virtual learning and while a number of engagement activities, planning, and design can help create an effective environment for virtual training there are just some fundamental differences of in-person training that cannot be replicated (Continu, 2019).

Treatment-related trainings provide a clear example of trainings that tend to rely on the benefits of in-person training, but nevertheless needed to shift to be virtual due to COVID-19 restrictions. The different types of barriers here are unsurprising, as it has been noted that situations that require vulnerability, privacy, or high levels of confidentiality can be impacted differently by virtual spaces, as opposed to physical training spaces (Mitchell et al., 2021). Under typical circumstances, these trainings are facilitated in-person by trainers with backgrounds in clinical work (i.e., not those within the Research Department). Although some trainings experienced benefits, these more treatment-related trainings dealt with sensitive topics and required extra adjustments to be made so that the training could be delivered in a confidential and

supportive way. Conducting these trainings virtually meant limiting participants to the number that could be accommodated on one screen, as well as ask that they keep their video monitors on so that participants could be observed, and thereby conduct the training in an emotionally responsible way. In terms of virtual training, this is a tactic that has been referred to evoke active engagement from virtual participants (Cvent, 2021). The treatment-related trainings also required trainers to consider the home environments of trainees in a different way. This meant reminding trainees about the confidential, sensitive nature of the training, and to ensure that if there were other people present with them to either keep headphones in or to find a confidential space within their homes. These considerations highlight some critical differences experienced by trainers transitioning to virtual platforms based on the subject matter of the trainings. While the Research trainings experienced higher attendance and increased accessibility, those covering more sensitive topics experienced the opposite. In this way, both types of trainings have been able to pivot to virtual training, but considerations in

how the training was planned, constructed and facilitated were different.

## **Our Small Role in Helping to Build Virtual Capacity and Knowledge**

Of course, Wood's Homes Information Technology Department was critical in this learning aspect of using virtual technologies, but we at the Research Department wanted to provide assistance and support in any extra way we could. After all, what has become more obvious during this time than the power that comes from working together? Given our frequent virtual interactions, those working within the Research Department had become quite familiar with the software used within our agency, at least at a functional level. Given the frequency we were setting up meetings or trainings, it was an opportune time to try and explore the software available to us, teach ourselves its capabilities, and then reach out to programs and offer support through teaching or providing options to frontline practitioners where we thought beneficial. Being thrust into the world of virtual connections and meetings did not come naturally to everyone, given how little some had relied on virtual technologies prior to the pandemic. By trying to share what we

were able to learn and troubleshoot ourselves, we were providing whatever bits of extra support during a time with new challenges facing all of us.

Since our agency primarily used one platform for connecting with one another and with our clients it made transmission of knowledge or tips and tricks easy to share. Having this standard made it consistent with how we could troubleshoot with others about how to log in, what pop ups they should be seeing, and what options they should have available to them. This being said, as a team we spent some time doing all this troubleshooting among ourselves to make the process easier when connecting with practitioners to try and minimize potential 'tech' barriers. Assisting others with technology who did not get the same pop ups, potentially due to using a different web browser or having a different version of the software, could make things more difficult to troubleshoot. Trying new techniques and adapting processes can require a lot of troubleshooting and, at times, this process can be discouraging and frustrating. When working with other practitioners (or even ourselves!), we found it helpful to contextualize the need for troubleshooting and to encourage others in

terms of their learning processes, while also being understanding of the limitations and realities faced by frontline practitioners.

Outside of training, we reached out specifically to certain groups that were doing a lot of virtual work to teach, train, and build surveys that were compatible with the software's polling function. The intent was to add an additional tool into the virtual toolboxes of practitioners that they could use when they felt it would be appropriate and helpful – in particular to help collect feedback about the virtual services being provided. As COVID-19 has progressed and shifted many workplaces to become virtual, there have been indications that further understanding the benefits and challenges of virtual work is important (Self-Brown et al., 2020). After we provided support to build understanding in how the polling function could work, we saw an uptake in using polls to get feedback on how parent or caregiver groups went, and some also used it to gather feedback from clients themselves about their experiences of service provision through virtual efforts. This provided a very efficient way to judge successes or challenges and get direct feedback from participants. Being able to have clients complete a virtual poll or survey

seemed to allow them to share feedback more readily in some instances, and made gathering feedback from group settings possible. In order to further support these efforts, we also generated a step-by-step how to guide so those trying to use these tools would have clear guidance, even after training sessions had been provided.

On top of providing people information and resources to use, we were also invested in providing programs monthly information related to any staff or client perspectives regarding virtual service. Some of the most common benefits noted through our staff surveys included:

- saving time between meetings;
- feeling more accessible to clients;
- sensing increased comfort from clients in their own homes or spaces; and,
- being able to continue service provision when travel would be difficult or not feasible.

Some of the most noted barriers were:

- technical or network difficulties;
- clients not having the required hardware and software to engage in this type of work; and,

- loss of the personal connection that comes more naturally during in-person engagement.

The monthly reports on findings were meant to assist practitioners in reflecting and thinking about everything from what was working, potential areas for growth or improvement, and even hopefully to initiate some brainstorming and further innovation and idea-sharing. Programs definitely responded well to this and came up with innovative ideas to engage clients and families virtually throughout the agency, as well as being able to share or recognize common experiences.

## Closing Thoughts

The confidential and clinical nature of the work completed at Wood's Homes has been an underpinning as re-conceptualization has occurred regarding the delivery of services ethically and effectively within a virtual setting. These concepts also applied to the transitions experienced within the realms of research and training. The pivot to virtual work encompassed an adaptation towards using new means of connecting to others, re-designing trainings that considered the needs of the material and the trainees, and learning

to use all of our platforms capabilities to ensure we continue providing exceptional virtual service delivery while sharing this with others. While we found numerous benefits of technology and virtual work (e.g., aiding in effective learning, increased engagement during trainings, and some logistical benefits), effective and efficient engagement with virtual platforms requires building and maintaining professional capacity. In our experience of learning while on the curve for virtual work, we noted that patience for troubleshooting, providing clear step-by-step assistance, exploration, teaching, and internal knowledge transmission efforts were all important to encourage growth and learning, and to support one another during such a critical time.



## References

- continuu. 2019. In-person vs. online training: What does the research say? Retrieved from:  
[https://www.continuu.co/blog/in-person-vs-online-training \](https://www.continuu.co/blog/in-person-vs-online-training)
- cvent. 2021. Virtual training: 29 tips to maximize your sessions. Retrieved from:  
[https://www.cvent.com/en/blog/hospitality/virtual-training#%3A%7E%3Atext%3DEncourage%20active%20participation.%26text%3DYou%25](https://www.cvent.com/en/blog/hospitality/virtual-training/#%3A%7E%3Atext%3DEncourage%20active%20participation.%26text%3DYou%25)
- Harvard University. 2020. Best Practices: Online Pedagogy. Retrieved from: <https://teachremotely.harvard.edu/best-practices>
- O'Malley, S. 2017. Effective Teaching Online. Inside Higher Ed. Retrieved from: <https://www.insidehighered.com/digital-learning/article/2017/07/12/7-guidelines-effective-teaching-online>
- Mitchell, B., Sarfati, D., and Stewart, M. 2021. COVID-19 and beyond: A prototype for remote/ virtual social work field placement. *Clinical Social Work Journal*. doi:10.1007/s10615-021-00788-x.
- Self-Brown, S., Reuben, K., Perry E.W., Bullinger, L.R., Osborne, M.C., Bielecki, J., and Daniel Whitaker. 2020. The impact of COVID-19 on the delivery of an evidence-based child maltreatment prevention program: understanding the perspectives of SafeCare® providers. *Journal of family violence*, 1-11. doi: 10.1007/s10896-020-00217-6.

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## Grace Under Pressure: Supporting Foster and Kinship Caregivers Through the COVID-19 Pandemic

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### Abstract

The Brief Intervention Caregiver Support program (BICS), a collaboration across Catholic Family Service, Carya, and Calgary Counselling Centre, in Calgary, Alberta, embarked on their work in March 2020 with more questions than answers: What could caregivers do to support their own emotional regulation during the pandemic and cope with their own stress? How would caregivers continue to support the children in their care, fulfill their needs, and support their emotional well-being? Would the pandemic have a greater impact on children with previous experiences with trauma and distressful events? Through flexibility, collaboration, commitment, and the grace of the families they support, BICS Clinicians were able to continue to provide service to foster and

kinship caregivers across the region and learned an enormous amount about caregiver resilience in the face of unimaginable pressure in the process.

### Introduction

The descent into the pandemic lockdown in March 2020 was swift and unrelenting. Our worlds were overturned in a matter of days. What had seemed so distant became present and alive, intruding on our everyday lives. With minimal preparation or warning, daily routines were completely upended as caregivers were asked to cope with seemingly insurmountable challenges. The COVID-19 pandemic and associated response measures presented novel challenges for parents and caregivers, the systems supporting them, the children being

cared for, and for service providers working with vulnerable children and families.

If you believe the adage, “it takes a village to raise a child”, this very quickly became an impossibility for caregivers who had no choice but to step into all previously outsourced roles. Schools and daycares abruptly closed, and families began socially isolating, feeling an urgent need to adapt to new routines to preserve the wellbeing of the family. The impact of the emergency measures early during the pandemic, and the ongoing stress and hardship, created for many an acute or chronic state of elevated stress. These are not the ideal conditions to respond with creativity and adaptability, and yet, many caregivers involved in the Brief Intervention Caregiver Support (BICS) program managed to flourish.

### **What is Brief Intervention Caregiver Support (BICS)?**

BICS is a program in Calgary, Alberta that offers short-term intervention and clinical support to foster care and kinship caregivers referred to the program by Children’s Services (Brief Intervention Caregiver Support ...). BICS was launched in 2014, as a joint initiative between Catholic Family Service, Carya, and Calgary Counselling Centre, in collaboration with

Children’s Services. Clinicians are paired with families to provide assessment and support of the relational needs present, education on psychological trauma, attachment, and grief and loss, and to collaborate with caregivers to best meet the needs of the child, which can often be expressed through maladaptive and dysfunctional behaviours. Many of these interventions include: supporting caregiver regulation, facilitating attunement, increasing curiosity about the function of behaviours, and moving toward intentional, rather than reactive, responses. The overall goal of the program is to build trauma-informed caregiver capacity, prevent placement breakdown, and enhance child wellbeing.

Prior to the pandemic the BICS program had a strong structure that supported the work being done with our caregivers. The service itself was delivered in person, in the caregiver’s home, and often with the case team (foster support-worker, caseworker, etc.) present to work together to best support the family. These meetings would focus around the challenges the caregiver is experiencing with the child and developing strategies to try, while supporting the caregiver with education around trauma and grief that might be contributing to what they were seeing. The goal being to align the

caregiver with an understanding and supporting their foster children through an attachment-based, trauma-informed and responsive lens.

The overall program was also supported by monthly clinical rounds meetings where the clinicians got together in person to consult on their cases and provide wraparound service to families they were supporting. In addition, the supervisors from each agency, alongside the foster care support manager from Children's Services, met monthly in person to ensure consistency and cohesion across all the partners and deliver support to the frontline staff through a unified approach. When the pandemic hit all of these structures had to shift and be re-assessed to ensure the same quality service delivery in time where we couldn't operate in the ways we knew to be successful.

### **How has BICS service changed since the beginning of Pandemic?**

As the world changed due to COVID-19, so did foster and kinship caregivers' needs, and the needs of the children in their care. Clinicians across the BICS collaborative worked together to understand how their work might change and to adjust to providing support in unprecedented new circumstances. Providing options for BICS service was top of mind for the

collaborative, with the understanding that different families had different needs and different capacity for technology. The BICS collaborative continued their pre-pandemic monthly meetings where clinicians regularly consulted with each other, troubleshooting how to continue to provide meaningful support remotely, and sharing collective wisdom for creative ways to engage caregivers over phone or video. There was a shared understanding amongst the BICS team that they had an important role to play in the lives of the families they supported during the pandemic: as a support to foster and kinship families that was understanding, compassionate, non-judgmental, and flexible.

Caregivers are often required to be creative in their role, but with limited resources, the challenges were unique. Early in the pandemic, childcare and respite were no longer an option and the impact of this was felt quickly for some families, particularly those with multiple young children in smaller-sized homes. Combined with financial stress, social isolation, and limited access to technology, the level of stress in families was high. Social isolation was intensified and prolonged in the case of families with older and/or immunocompromised caregivers at higher risk of COVID-19

infection/complications. Concerns for caregiver burnout rose, with limited opportunities for a break from the rigors of caregiving and self-care.

In order to maintain a supportive presence in caregiver's lives during pandemic restrictions, BICS clinicians offered unlimited support through video and phone contacts with the families. Later in the summer when some restrictions eased, clinicians resumed some home visits in special circumstances where video was insufficient or impossible. Clinicians shared and recommended resources and live webinars to clients to connect with other caregivers, referred to mindfulness group sessions, and found themselves shifting their overall efforts toward emphasizing self-care and the importance of prioritizing emotional and physical well-being.

### **Impact on children in care**

Children in care have often experienced multiple changes, instability, and uncertainty in their life. As such, early research is suggesting that changes related to the COVID-19 pandemic are expected to trigger traumatic memories and may have a serious impact on emotional well-being. In addition, literature shows that children in care are at

increased risk to be affected by parental stress, burnout, and economic hardship, all of which were present in many families during the pandemic. (Brown et al., 2020; Chanchlani et al., 2020; Griffith, 2020; Katz & Fallon, 2020; Mikolajczak & Roskam, 2020; Miller, 2020; Xu et al., 2020).

BICS Clinicians heard from caregivers that the children in their care experienced the additional stress of restricted access to their biological families. Initially, that connection was facilitated through video and phone contact, but this proved to be a barrier for some biological parents, and caregivers noticed that connection with biological families was sometimes more limited and inconsistent. In addition, while there are benefits from connecting through screens (ease of access should all parties have working devices, for example), that benefit is inversely correlated to a child's age.

Caregivers shared challenges to get young children to engage through screens, and biological parents reported feeling increasingly disconnected from their children as the lack of presence and physical contact made the relationship seem even more distant. In order to combat that sense of disconnection, BICS Clinicians supported

caregivers in leading children through their time with biological family by sharing stories of their day or crafts they had completed to increase that sense of “being part of”. Cards, letters and videos were exchanged with biological parents to maintain that connection.

Some caregivers worked hard to maintain their commitment to facilitate and support in-person visits with biological families, understanding the importance of preserving the connection and relationships between children and their parents, and the benefits to children’s mental health and emotional well-being. These parents were considered “unsung heroes” of the COVID-19 pandemic, although it is still unknown how much visitation changes, which took place in many families, impacted the children and their connection and ability to reunify with their biological parents (Warner, 2020).

The full impact of the pandemic on children, particularly children and youth who have experienced trauma in their lives, is yet to be fully understood. What appears to be commonly agreed upon from a scan of the research is that the disruption to regular routines, isolation from friends and family,

and uncertainty from children’s usual holders of certainty has affected a previously stable sense of felt safety. It is still not clear what that means for children, like those supported by caregivers seen in the BICS program, whose sense of felt safety was less constant due to their attachment experiences and trauma. The ability of caregivers to attune, be present, and support with regulation and validation through the pandemic experiences of these children will likely influence these outcomes.

### **Caregiver and child interventions**

In response to the chronic stress, uncertainty, and decision fatigue of the pandemic lockdown, BICS clinicians worked with caregivers to encourage and support them to maintain or create new routines and rhythm to their day that fit and made sense for their family circumstances. Self-care and caregiver’s wellness became an important focus, motivated by the belief that it is critically important to be able to take care of themselves in order to care for the children in their home. Self-compassion as a form of self-care was revisited regularly. All dimensions of self-care (physical, intellectual, social, spiritual, and emotional) were discussed at length with caregivers, and modulation and



self-regulation activities and mindfulness activities were recommended. Supporting caregivers in feeling validated in their range of abilities, responses, and emotions was key in enabling healthy regulation. This factored hugely in caregivers being able to engage in co-regulating the children in their care.

### **Regulation of activities**

Regulation for children and youth was another common theme that arose in BICS work during COVID-19. While working to promote and understand regulation is ever-present in BICS work with caregivers, this was amplified by the pandemic restrictions. Limited activities like group play and recreation and restricted access to parks and outdoor play were even more of a concern for many of the children in care who operate with higher-than-average arousal (energy) levels. Finding ways to safely engage in physical activity in order to manage energy and thus promote regulation was a critical part of the prescription for families. Caregivers were encouraged to loosen expectations around running inside the house and to incorporate regular family body breaks into their days, going for walks and utilizing backyard or nearby green space for physical outdoor games. When it came to how much

activity was needed, caregivers were the experts and could report on and evaluate the effect of different doses of activity and then moderate accordingly.

Through the support of her clinician, and through brainstorming ideas of kindness and being considerate during the pandemic, one caregiver came up with the idea for a Kindness Jar to support restless teens in foster care. This family wrote down their kindness ideas, put them in a jar, and pulled from the jar regularly. The goal of the activity was to normalize that we are all struggling and could all use some support and "being that support" can actually promote healing in ourselves. The family shared how much they loved the jar and would take it out when someone was having a bad day in the home. Other examples include supporting families in how to celebrate things like birthdays or special events—decorating outside, leaving surprise gifts on doorsteps and trying to make these days special—while being safe.

One caregiver shared she had her foster daughter write positive messages on her pillowcase as reminders of the things she is grateful for as she goes to bed.

## Increased isolation

One of the common themes that arose in conversation with caregivers was the isolation felt with the challenges they were experiencing. Caregivers reported feeling concerned about children constantly being at home with no opportunities for in-person contact with friends, family members, teachers, and their social network, and no extra-curricular activities. Interestingly, despite feeling overwhelmed by isolation, caregivers also reported a sense of being overwhelmed with regard to their professional supports, who, with the best of intentions, wanted to check in with them often and assess their well-being. As such, BICS Clinicians had to work against burnout as they struggled to find a balance between wanting to support caregivers with their challenges related to caregiving while also giving them space to decide how many meetings with professionals felt manageable for them during the pandemic. In some cases, caregivers decided to scale back their meetings and in others, meetings increased in regularity, depending on caregivers' stated need and capacity for engagement. Some found the advice in Herperger to be helpful.

**"To help families cope we can reassure them that they are not alone...encourage families to develop routines to reduce stress, and nudge families to stay connected." (Herperger, 2020)**

It appeared that during the COVID-19 pandemic there was a decrease in foster and kinship placement breakdowns. While there has not been a formal study examining the factors influencing this unexpected outcome (of which there are likely many), these writers hypothesize that increased opportunity for connection and togetherness through a slower pace of life was one of those mediating factors.

## Resilience and hope for the future

Resilience speaks to adapting to adversity. In some ways the past year has held no other options but to adapt to a chronic state of uncertainty, to limitations, and to knowing that change will be a constant. The pandemic forced many of us into living day to day without the benefit or burden of being able to plan for tomorrow.

For many, where life during a pandemic at times felt burdensome and confusing, BICS clinicians met with caregivers to hold space

for sadness, grief, and futility and talked about how to move through it, together. BICS families shared creative projects that they had embarked on together and foster sibling groups played and entertained each other through the day. Caregivers even reported the unexpected outcome that some children thrived more in their home during the pandemic than they had been able to at school or daycare.

In the below example a foster mom worked with her foster daughters on creative activities that represented hope for themselves and messages they wanted to send to those impacted by the pandemic. They shared doing these activities together (like painting rocks and decorating windows) brought them all closer. They also shared they received so much positive feedback from

their neighbours which made the kids (and foster mom!) very proud. See two photos of examples of what they created below.

Caregivers shared with BICS beautiful stories of connection despite distance and the creative ways that they continued to maintain social connections. Families shared about mailing letters, creating posters and banners with encouraging and positive messages, driving by houses to wave at neighbours, friends, and family, decorating doors, leaving baskets, flowers, or meaningful messages to celebrate special occasions, and safely meeting outdoors.

## Conclusion

As the world began to change rapidly in March 2020, it was important for the BICS program to adapt and respond to the changing needs of the families they support.



BICS Clinicians understood the need to focus their work with caregivers on emphasizing self-compassion, self-care, practicing patience with oneself, and tolerating the discomfort of big feelings and not knowing what the future holds. The BICS program's role was to continue to foster resilience and connection in the face of literal distance between families and those that support them. BICS Clinicians were called to approach the complexities of supporting caregivers of children with traumatic histories through the chronic stress of the pandemic with curiosity and compassion, holding non-judgmental space for caregivers to express frustration, fear, and exhaustion. Through an exceptionally difficult year emerged tremendous resilience on the part of both caregivers and children. What was particularly awe inspiring and unmissable was caregivers' enduring commitment to providing safe and supportive homes for the children in their care.

## References

- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child abuse & neglect*, 110, 104699. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104699>
- Chanchlani, N., Buchanan, F., & Gill, P. J. (2020). Addressing the indirect effects of COVID-19 on the health of children and young people. *CMAJ*, 192(32), E921-E927.
- Fadol, M. (2020.). Supporting Children During COVID-19. *ctrinstitute.com*. Retrieved 12 1, 2020, from <https://ca.ctrinstitute.com/covid-19-videos/supporting-children-during-covid-19/>
- Griffith A. K. (2020). Parental Burnout and Child Maltreatment During the COVID-19 Pandemic. *Journal of family violence*, 1–7. Advance online publication. <https://doi.org/10.1007/s10896-020-00172-2>
- Herperger, L. (2020). Alberta families in economic pain but still resilient during pandemic. University of Calgary. Retrieved 12 13, 2020, from <https://research4kids.ucalgary.ca/news/alberta-families-economic-pain-still-resilient-during-pandemic>
- Katz, C., & Fallon, B. (2020). Protecting children from maltreatment during COVID-19. *Child abuse & neglect*, 110, 104753. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104753>
- Mikolajczak, M., & Roskam, I. (2020). Parental burnout: Moving the focus from children to parents. *New directions for child and adolescent development*, 10.1002/cad.20376. Advance online publication. <https://doi.org/10.1002/cad.20376>
- Miller, J.J., Cooley, M.E. & Mihalec-Adkins, B.P. (2020). Examining the Impact of COVID-19 on Parental Stress: A Study of Foster Parents. *Child Adolesc Soc Work J*. <https://doi.org/10.1007/s10560-020-00725-w>
- Warner, J. R. H. (2020). Judging in a Time of COVID. *Family Court Review*, 58(4), 965-967.
- Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect*, 104642.
- Xu, Y., Wu, Q., Levkoff, S. E., & Jedwab, M. (2020). Material hardship and parenting stress among grandparent kinship providers during the COVID-19 pandemic: The mediating role of grandparents' mental health. *Child abuse & neglect*, 110, 104700. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104700>

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# COVID-19's Impact on Alberta's Community Disability Services Sector

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**Acknowledgement:** This article is derived from a much longer report, titled "Impact and Insights: COVID-19 and Alberta's Community Disability Services Sector," published by ACDS in October 2020. The report was funded in part by Alberta Community and Social Services, Disabilities, Inclusion and Accessibility Division, and supported by ACDS membership dues. The authors thank the anonymous reviewers for their helpful feedback.

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## Introduction

On March 17, 2020, Alberta declared a public health emergency due to the COVID-19 pandemic. Like many sectors, the Community Disability Services (CDS) sector responded rapidly and creatively to unforeseen challenges. Service providers developed new ways to continue supporting individuals while adhering to safety protocols, and intensified collaboration by sharing expertise and leveraging resources to address emerging issues. They were supported in their efforts by the government's push to significantly heighten communication activities, temporarily increase

funding flexibility, and engage frequently with agency partners to develop collaborative solutions. Were it not for the pressures of the pandemic, some of these actions might never have occurred or would have taken longer and had less impact. It must be appreciated that both service providers and government funders contributed in important ways to the CDS sector's ability to weather the COVID-19 pandemic's many and rapidly evolving challenges.

In contrast to these positive outcomes, the pandemic exacerbated some chronic problems in the CDS sector: overlap between the Persons



with Developmental Disabilities (PDD) program and Alberta Health Services (AHS) created confusion in implementing public health orders; the sector's characteristic low wages amplified retention issues; service providers with already-thin organizational capacities were stretched to their limits; and, in some cases, underlying relationships between PDD program staff and contracted agencies tended to tint perceptions of decisions and actions by either party.

This paper synthesizes how service providers in the CDS sector were impacted during the first six months since the public health emergency was declared. It also summarizes the insights gleaned from those experiences, emerging learnings, including promising new practices to retain and build upon, and chronic issues that must be addressed for the sector to be effective and sustainable in a challenging post-pandemic social and economic reality.

The information in this paper is based on what we heard at ACDS from March to end of September 2020 through our participation in various provincial and regional forums, and from individual communications. Data sources number well into the hundreds, and include meeting minutes and notes; copies of emails sent by agencies or networks; regional pulse-

check surveys; and emails or notes of conversations with service providers and government officers.

### **Disjoint Between AHS and PDD**

The most significant impacts on community disability services arose due to lack of clear boundaries between the PDD program and AHS. When public health orders began to be released in March 16, 2020, organizations struggled to understand if, and to what extent, the requirements applied to them. AHS' lack of understanding of PDD services, and the lack of CDS sector-specific information and guidelines, created undue stress on service providers already at their limits of trying to provide safe and meaningful supports.

**Boundary barriers:** AHS' lack of understanding of the disability sector resulted in service providers having to bear the burden of interpreting the complex public health orders from the Chief Medical Officer of Health (CMOH). Earlier and clear guidance from Alberta Community and Social Services (CSS) and AHS/CMOH would have expedited organizational decision-making and reduced the sense of disorder across the sector.

**Inefficient system overlaps:** Issues arising from the overlap between PDD services and AHS

were not unique to the COVID-19 crisis; the urgency of the pandemic, however, sharpened the sting of existing issues or created new hurdles. ACDS has already noted, for example, that the existence of a ‘parallel system’ – where PDD resorts to creating supports for individuals that should otherwise be provided through existing programs such as AHS – creates financial inefficiencies as well as gaps if one system believes the other is covering off responsibilities (Alberta Council of Disability Services [ACDS], 2019b).

The parallel system also has implications for frontline workers. They have to learn to become pseudo-healthcare workers and navigate a very complex and highly regulated system (ACDS, 2019a). These expectations are neither realistic nor sustainable. As was demonstrated during the last few months, learning to interpret and accommodate the strict protocols in orders written for the healthcare field was a stressful addition to many agencies’ service demands.

**Intentional cross-systems solutions:** Clarifying AHS’ overlap with PDD is a critical step in delineating PDD’s scope and capacity. Determining which program possesses overriding authority, liability and costs in cases of system conflict is integral to developing

sustainability and efficiency. In addition, sector-specific, or at least sector-sensitive, guidance in future public health orders as well as a better understanding of disability service models and approaches will significantly reduce the ongoing stress and burden on the disability sector should the pandemic crisis persist.

## **Service Delivery and Operational Changes**

Like all organizations, disability service providers had to rapidly modify or, in some cases, cease part of their operations in response to the public health guidelines. There was no uniformity in responses: types of services provided, delivery methods, and supports for workers depended on several factors including the needs of individuals, the organization’s range of programs, PDD’s flexibility, and organizational agility and capacity. Several innovative practices were implemented, many with the use of technological solutions, that will likely be retained even after the pandemic ends.

### **Service innovations and use of technology:**

Many organizations managed to reposition their services to continue supporting individuals throughout the first six months of the pandemic. For example, to adhere to physical distancing and visitor restrictions while trying to

provide opportunities for individuals to maintain social connections, staff implemented measures such as supporting visits through the window or in side-by-side cars, and delivering communicative technology to families (ADWA, n.d.). Others sent materials and equipment so that residential staff or families could help individuals continue their leisure or educational programs at home.

Even organizations previously averse to technology used technological solutions to provide services and create connectivity. Phone and video supports replaced in-person meetings. Instructional videos were used to teach individuals and families how to make and wear reusable masks, and to demonstrate new physical layouts and procedures to prepare individuals for the unfamiliar sights and practices awaiting them in adapted facilities. Live or pre-recorded virtual town halls and private Facebook groups were created. Online portals were used to disseminate pandemic information, make available tools and resources such as employee hazard assessments and procedural handbooks for staff returning to work, or collect staffing availability information. The ability to restructure program delivery and deploy technology gave organizations the

opportunity to explore new, or previously overlooked, approaches. Organizations should be supported to evaluate these practices, and to refine and amplify successful ones by sharing their learnings with other organizations.

**Organizational expertise and capacity:** The pandemic demonstrated the deep expertise in many agencies, particularly those with long-standing experience or those large enough to have skills in diverse program areas. Some smaller organizations, too, exhibited agility, most likely because of flatter structures and decision-makers more closely connected to frontline work.

However, several agencies also struggled in the pandemic's fluid and uncertain conditions. These organizations seemed less likely to have the financial reserves, staffing breadth, or leadership capacity to adapt to changing guidelines, manage unexpected expenses, and restructure at the speed required by the crisis. Despite these challenges, many of these agencies play a necessary role in the landscape of supports for individuals with disabilities.

As a sector, we need to strengthen organizational capacities in agencies that play valuable roles but may need some extra support during crises. Inter-agency

collaborations, partnerships, and mergers should be explored as potential solutions to increase sector resiliency.

**Contract flexibility:** The pandemic necessitated increased flexibility with less oversight or perceived “micromanagement” of changes to agency contracts. Most agencies rose to the challenge and showed that both PDD and individuals benefit when organizations can organize and adapt their supports to meet changing individual (vs. rigid contract) needs. However, some agencies especially in the early days of the pandemic, seemed shell-shocked by PDD’s permission to structure supports as they saw fit; agencies that had not seen this before doubted both PDD’s sincerity and their own ability to make sound decisions.

Increased flexibility can succeed if it is accompanied by a clear framework of outcomes and quality assurance standards, i.e., well-defined “goal posts” delineating the line between flexibility and accountability. Such a framework could consist of: a fixed contract amount for clear expectations; service codes used as budgeting tools (not as line items for accountability); flexible invoicing within total contract amount; and service provider ability to respond to individuals’ changing needs without

having to get approvals for supports within program criteria. This framework needs to be clear not only for service providers, but also for PDD staff responsible for contract compliance (COVID Learnings Working Group, 2020).

## Heightened Communication and Collaboration

Communication and collaboration activities were significantly increased during the pandemic. Primary means included existing mechanisms, such as the ACDS/CSS co-chaired Service Provider Partnership Committee (SPPC) and regional service provider councils, which served as sites to share information, discuss issues and craft potential solutions. As well, CSS ADMs hosted new biweekly videoconferences with regional service providers, and one ADM had daily briefings with ACDS CEO until the end of June. CSS also produced Q&A posts to clarify emerging questions or directions. Regional councils created task forces to collaboratively address program-specific challenges by sharing expertise and resources. Outside of these structures, informal, ad hoc communication and collaboration between individual agencies also increased, as did communication from agencies to families and individuals to keep them abreast

of new developments and their implications for supports.

**Formal structures:** Rapid response and problem-solving were possible because formal structures such as SPPC and regional councils existed, and could mobilize immediately when the need for clear communication and decisive action was imperative. These structures, and the videoconferences with CSS ADMs, became sites for information sharing, issue identification and management, and advocacy. Pandemic response would have occurred in the sector without these mechanisms; their existence, however, provided organized and efficient provincial and local connectivity.

**Trust through open communication:** The pandemic's uncertain, high-risk environment demands that decision-makers—both CSS and service providers—base their action on trusted communication, i.e., having the right information from the right sources at the right time. Frequent, and open communication kept all parties aware of emerging issues, and helped service providers prepare for potential actions from government. Most importantly, these forums facilitated collaborative problem solution and helped to build trust.

**Access to data:** The availability of PDD data on the government's open data portal is a welcome direction. So far, CSS has controlled what data is shared every quarter. A more effective approach would be to collaborate with service providers to develop a comprehensive data strategy that includes not only current caseload, waitlist and program expense information, but also: demographic projections to ascertain future needs, identify service and cost overlaps with other programs, geospatially map service demands and gaps, and run models of different scenarios to assist in developing a system design to address program sustainability challenges.

## Human Resource Issues

Across all sectors, the pandemic has impacted female workers more negatively than male workers. Women are more likely to: provide childcare during school or daycare closures; support children in homeschooling or online schooling; and provide care for sick or quarantined family members. They are also more likely to be in lower paying jobs, and if receiving the Canada Emergency Response Benefit (CERB), less motivated to speed-up their return to work after temporary unemployment (Royal Bank of Canada Economics, 2020).

**Vulnerabilities of a low-paying, female-**

**dominated sector:** In the CDS sector—with 26% turnover, 73% female workforce, and \$21.27/hr average wage—the pandemic has exacerbated long-standing recruitment and retention challenges (ACDS, 2020). Managers were confronted by the prospect of permanent loss of workers as day programs closed. At the same time, single site restrictions, quarantining requirements, and workers’ fears of contracting COVID-19 became significant obstacles for organizations juggling staffing resources to provide consistent services.

The additional layer of challenges created by the pandemic, combined with the province’s economic crisis, significantly exacerbate the human resources issues in the sector. Service providers and government will need creative solutions to address program sustainability pressures while protecting one of Alberta’s most vulnerable populations from loss of workers.

**Mental Health Impacts**

**The mental health consequences of COVID-19 can be described as the “fourth wave” of the pandemic, and are projected to result in the greatest and most enduring health footprint (Jenkins et al., 2020).**

Several researchers are reporting the negative impact of the pandemic on the mental health of Canadians. These include anxieties related to: job loss, economic uncertainty, physical distancing, housing and food insecurity, and demands related to childcare or school closures. While all Canadians are impacted, 48% of individuals with a disability, 59% of those with a pre-existing mental health condition, and 44% of people living in poverty are experiencing more pronounced deterioration in mental health since the onset of the pandemic (Jenkins et al., 2020). Many individuals with developmental disabilities intersect significantly with each of these demographic groups. As importantly, the sector needs to pay attention to the mental health impact on workers.

**Profound mental health consequences:**

Marginalised populations such as individuals with disabilities and a large part of the workforce that supports them may be among

those most profoundly impacted by the global COVID-19 pandemic. At present, we have little more than ad hoc information on the immediate mental health impacts of the pandemic; this is an area that needs research investment. Policy solutions will have to heed the intersectionality of impacts through strategies that address poverty, food security, affordable housing, accessible transportation and equitable access to quality healthcare.

## **Recommendations for Sector Recovery and Growth**

The lessons from the impacts observed during the first six months of the pandemic suggest that recovery and growth of the CDS sector requires concerted and ongoing efforts on multiple fronts by a variety of actors.

### **Government supports for civil society**

**organizations:** Federal and provincial governments have implemented numerous initiatives to support private sector employers to withstand and recover from the economic impacts of the pandemic. Automatically including nonprofits, charities and social enterprises in such initiatives will accelerate both economic and social recovery.

### **Purposeful cross-system design and**

**understanding:** AHS and other systems must

understand the PDD program and the implications of their policies on PDD services and individuals. Additionally, the PDD program must be reviewed for how it duplicates the roles and responsibilities of other programs. A thoughtful system redesign will result in a more focused, effective and sustainable program of supports for individuals with disabilities.

**Contract flexibility and trust:** Trusting organizations to allocate approved resources based on their expertise and evolving circumstances permits service providers to generate solutions rather than wait for instructions. A clear framework with well-defined expectations for outcomes and quality assurance standards will free up service providers and compliance officers to focus their reporting and contract management efforts on activities that make a difference.

**Communication and collaboration:** There must be ongoing commitment to formal structures of collaboration (such as SPPC), and support for service providers to participate. In addition, a forum for direct communication (e.g., a regular “town hall”) between senior CSS officers and service providers will strengthen relationships, understanding, and collaborative solution-building.



**Data and transparency:** Clear and current data, together with a comprehensive data strategy, will facilitate informed decision-making and policy development.

**Strong, adaptive organizations:** Organizations with limited resources or adaptive capacity will need significant life support if the pandemic lingers. A strong recovery requires:

1. **Investment in organizational capacity.** Funders target funding to frontline services, yet expect organizations to have administrative resources and leadership sophistication to navigate uncertainty. Investment in organizational capacity will boost sector resiliency.
2. **Critical assessment of organizational viability.** Organizational boards and leaders must honestly assess whether their agencies have the capacity and culture to successfully navigate change and uncertainty. Strategies to mitigate risk of failure include: trimming services to a niche expertise; collaborating or partnering to address capacity gaps; and merging to strengthen or expand program reach. Dissolution should not be seen as failure if it results in

individuals getting supports from a more viable and stable organization.

**Workforce stabilization and development:** The pandemic has made the disability sector even less attractive than before. Immediate steps needed to stabilize the workforce include: wage top-ups, cost for backfilling staffing gaps due to sick leaves and self-isolation, and hazard pay for employees working in outbreak sites. Longer-term responses include: foundational training and professional development for frontline and managerial positions, leadership training, well-defined job profiles and career ladders, and post-secondary programs to develop the next generation of workers (ACDS, 2019a). A committed, qualified and well-compensated workforce is essential to support the recovery of the sector and its capacity to tackle future challenges.

## Conclusion

The immense pressure of adapting to the COVID-19 pandemic forced all stakeholders in the CDS sector, service providers and funders alike, to work creatively and collaboratively to maintain quality supports for Albertans with disabilities. Their responses, in some cases as unprecedented as the pandemic itself, are to be appreciated given the challenging

circumstances in which they had to occur; they were, indeed, the ‘best efforts’ by people operating with the most laudable of intentions within the constraints of the systems in which they were located, with limited information, and under rapidly-changing conditions.

However, our observations have also shown that although the pandemic brought unique challenges, many of the issues that surfaced have their origins in long-standing problems in the structure of the PDD program and its

associated funder-service provider relationships; the pandemic simply sharpened some of these issues. While a significantly more complex solution is required to address these deep-seated structural problems for the CDS sector, this paper offers some modest recommendations for near-term responses to support, at the very least, the immediate recovery and growth of this important sector in Alberta’s social fabric.

## References

- Alberta Council of Disability Services. (2019a). *Developing a Comprehensive Human Resources Strategy for the Community Disability Services Sector: Discussion Paper*. Calgary, AB.
- Alberta Council of Disability Services. (2019b). *Moving Forward: ACDS Vision and Framework for Impact*. Calgary, AB.  
[https://acds.ca/files/Advocacy/Moving%20Forward\\_A%20Vision%20and%20Framework%20for%20Impact.pdf](https://acds.ca/files/Advocacy/Moving%20Forward_A%20Vision%20and%20Framework%20for%20Impact.pdf)
- Alberta Council of Disability Services. (2020, March). *ACDS 2019 Workforce Survey*. Calgary, AB.  
[https://acds.ca/files/Workforce/2019%20ACDS%20Annual%20Workforce%20Survey%20Report\\_Final%20\(1\).pdf](https://acds.ca/files/Workforce/2019%20ACDS%20Annual%20Workforce%20Survey%20Report_Final%20(1).pdf)
- Alberta Disability Workers Association. (n.d). Your Stories. <https://www.adwa.ca/your-stories.html>
- COVID Learnings Working Group. (2020, July 29). *Report of lessons learned*. Internal report to Service Provider Partnership Committee: unpublished.
- Jenkins, E., Gadermann, A., & McAuliffe, C. (2020, July 31). New Research: Mental Health Impact of Coronavirus Pandemic Hits Marginalized Groups Hardest. *Healthing*. <https://www.healthing.ca/opinion/new-research-mental-health-impact-of-coronavirus-pandemic-hits-marginalized-groups-hardest>
- Royal Bank of Canada Economics. (2020, July 16). Pandemic Threatens Decades of Women's Labour Force Gains. *RBC Thought Leadership*. <https://thoughtleadership.rbc.com/pandemic-threatens-decades-of-womens-labour-force-gains/>

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## Rooted in Relationships, Adapting to Change: Trellis' Pandemic Experience

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### Abstract

When the COVID-19 pandemic coincided with an organizational merger, Trellis has been creative, flexible and innovative in meeting the needs of program participants and staff. Utilizing staff redeployment, organizational directives, and adapted training, we have supported programs to increase capacity and work in unique ways. Residential programs have constantly adapted to the changing landscape in Calgary, and staff's commitment to youth's well-being has been a guiding value through it all. Staying focused on developing supportive, empowering relationships has kept Trellis rooted in its collective commitment to the long-term well-being and thriving of our children, youth and families.

### Introduction

Trellis, formed when Boys & Girls Clubs of Calgary and Aspen Family & Community Network Society joined forces in mid-2020, has been in a unique position to meet COVID-19 challenges. The merger of two agencies created a new space in which to collaborate and problem-solve for our expanded portfolio of

services. Trellis offers 33 programs serving all age groups. Over three-hundred (300) children and youth with Children's Services involvement participated in programming in 2020, such as youth shelter, group homes, foster care, youth transitions to adulthood and in-home programs.

The onset of the pandemic presented immediate challenges for Trellis, particularly in terms of resources and capacity. While Trellis had a robust Pandemic Preparedness Plan, which guided much of the initial program closures and work-from-home policies, the nature of COVID-19 and the length of the pandemic quickly posed questions that were not planned for. In March and April 2020, several key operational pivots were made to manage the new challenges of staff coverage, sick time, PPE sourcing, staff training, etc.

## Managing Staff Redeployment

As Trellis operates twelve programs with twenty-four/seven support available, staff scheduling across these sites has had challenging periods. This has primarily been impacted by staff experiencing COVID-19 symptoms or exposure to known positive cases and requiring periods of isolation. In addition, staffing challenges have included staff returning from travel (particularly near the start of pandemic), immune-compromised staff or staff households with immune-compromised people (i.e. aging parents), and programs having symptomatic youth.

Some of our most successful solutions for these challenges included:

- Updating staff records and training to understand who is qualified and able to work where
- Redeploying staff from closed or scaled-back programs, such as those operating in schools, to placements in 24/7 programming
- Assigning one manager to oversee a centralized scheduling system, managed by a single staff member who has a global sense of staff availability, qualifications and scheduling

- Utilizing an “on-call” shift for staff, so there is always an available extra staff member who can be mobilized to any program that needs coverage.
- Allowing residential care staff who were higher risk for COVID-19 were supported to alter their work schedules or make other accommodations until peak risk had passed

Trellis also utilized an existing Learning Management System (Absorb) to support emerging training needs. Specifically, trainings for staff in 24/7 residential programming (such as Therapeutic Crisis Intervention (TCI), First Aid/CPR, and Applied Suicide Intervention Skills Training (ASIST)) were moved to online delivery through webinars, where managers providing the training quickly adapted to changing regulations to deliver training in either smaller groups, or entirely virtually. This ensured the Trellis workforce remained able to safely be working with young people in programs throughout the pandemic. Additionally, some trainings were pre-recorded and set up to be taken on an as-needed basis, like a webinar.

The use of online systems like Office 365™ – particularly Teams™ chat software – lessened the impact of moving to remote work.

Additionally, the availability of online forms and electronic signature options for program consents and other paperwork provided a solution for virtual intakes.

## **Implementing Best Practices for COVID-19**

Given that Trellis operates a wide variety of programs, the agency is subject to a range of licensing, accreditation, and funder requirements. At times, this has meant the agency has been receiving large amounts of information from Alberta Health Services, Children's Services, the homeless-serving sector, and other stakeholder organizations.

To manage the large amounts of information about masking, PPE use, cohorts and other pandemic regulations, Trellis centralized this information in one management role, which was given responsibility for condensing regulations into a single set of Operational Directives that would apply for all staff. Over time, these directives were separated into categories, to reflect the regulations applying to all staff (such as daily symptom checks, staying home if sick) as well as the range of regulations applying to different types of programming. Trellis' diversity of programming requires directives related to registered programming

(such as after-school care), residential settings (like group homes), as well as outreach services (such as housing programs). The manager supported a wide range of communications such as drafting notifications for families of protocols for their participating children, notifying youth and staff as needed when someone was symptomatic or tested positive, and designing staff tools like decision trees to guide decisions about youth's participation.

This has centralized our expertise on COVID-19, giving staff a clear direction on day-to-day decisions (such as when to wear a mask, what to do when someone is symptomatic), and allowed for a single source of information. This has been especially helpful as managing the pandemic continues to evolve, and new and unique situations emerge regularly. With a centralized manager assessing all sources of information, we were also able to identify conflicting information (primarily due to the nature of how quickly the pandemic is evolving) and create confidence that we were making the best-informed decisions for consistent service delivery.

## Managing PPE, Training, and Program Adaptation

Trellis programs also have varying PPE and cleaning needs, and centralizing PPE has been an important part of our response. This has ensured that individual program managers are able to focus on their programs, that there is one point-of-contact for both PPE donations and PPE procurement (including from the province), and that the agency's PPE stock is maintained at all times. We chose a centrally located program to store supplies such as hand sanitizer, bleach, spray bottles, thermometers, masks and gowns, and other supplies.

As the pandemic continued, managers worked together to determine the PPE needs of each program. For example, we collected the number of shifts, number of unique staff members, and number of youth in a given program. Then, we built scenarios (such as one symptomatic youth in program, awaiting test results) to calculate how much PPE would be needed. We also factored in an additional margin for breaks for staff (and PPE changes), youth usage of PPE, and cleaning for our calculations. Day-to-day PPE usage in a "healthy" home is primarily masks (typically re-usable cloth masks) and gloves for cleaning. Each 24/7 program is asked to have seventy-two (72) hours worth of

additional PPE on-site at any time, when a program is "healthy" (no program participants have any symptoms) - this allows for time in situations where a youth does become symptomatic to retrieve more PPE from central storage.

Calculations assumed that at any given time, fifty percent (50%) of the household could become symptomatic and/or test positive. In this case, the 72-hour supply would be used to manage cases while additional PPE was retrieved from central storage. They also assume that, per protocols from Alberta Health Services, PPE is changed completely between patients. To calculate this:

- (# of interactions with a symptomatic or confirmed case in a 24-hour period [recommended: 8 interactions for meals, check-ins, etc.])
- x (# of symptomatic or confirmed cases [recommended: calculate based on 50% of the household capacity])
- = # of full sets of PPE (gloves, gown, disposable mask, goggles or face shields (plus appropriate cavi wipes or similar to disinfect between uses) per day
- X 3 days of supply = total sets of PPE to have on-hand at any one time



Using a 6 person group home as an example, this equation would be:

8 interactions per 24h period, per  
symptomatic or confirmed positive  
youth  
x 3 possibly symptomatic or confirmed  
positive youth  
x 1 set of PPE needed per interaction  
x 3 days  
= 72 sets of PPE on hand (72 sets of  
gloves, 72 disposable masks, 72 gowns,  
and 3 sets of goggles/face shields, with  
cavi wipes to sanitize)

Further, Absorb was used to ensure all staff were appropriately trained on PPE usage and mask-wearing. Collecting specific information from AHS, as well as supplementary material from Trellis programs, we created short “courses” with brief quizzes for all staff to complete. These ensured all staff working during pandemic have the same, shared understanding of what PPE to use, when, and how.

The adaptations Trellis staff have undertaken have truly been endless. Trellis serves a wide range of participants in over Thirty (30) unique

programs, each of which has been full of examples, such as:

- Preschool teachers building capacity with students about how to cough into your elbow, how to wear a mask, and how to stay distanced. Some teachers have put small felt pen marks on kids hands before handwashing, to ensure thorough handwashing and a chance for learning.
- A particular emphasis on basic needs, with additional check-ins and delivery runs to ensure program participants were able to support themselves and their families during lock-down periods. This included tasks like prescription deliveries, support with accessing income assistance, and utilizing gifts cards as a stop-gap measure.
- A wide range of take-home activities have been delivered to kids and families, including kits for crafts and coloring pages
- Virtual service delivery has exploded at all ages, including a dedicated resource for virtual out-of-school care. With themes for each week and dedicated program leaders, students regularly

dress up, play show-and-tell, and dozens of other interactive experiences.

- In-person programming has an increased emphasis on distanced activities, such as shadow tag and Simon Says.

## **Program Experiences in Group Care and Shelter**

Trellis operates seven (7) group care settings and an emergency shelter for youth, and during COVID-19 these sites have been under substantial pressure related to staffing, youth needs, and general operations. In addition to the operational practices listed above, innovations have been wide ranging in residential programming.

In group care, teams pulled together to create lots of fun at-home programming to help youth cope with the boredom of lockdown restrictions and banded together to help youth create routines and get help with their academic work. When planning activities for youth, staff have had to think outside the box more than ever. Group homes increased outdoor activities to include more walks and hikes, and programs also invested in outdoor yard games such as “Yardzee” and Jenga to be able to play outside at home. Indoors, very creative thinkers on staff

kept youth moving – group homes were able to live stream workouts, and often turned the living room into a “Just Dance” party. Staff and youth made a picnic table for the backyard, some beautiful planters and had some pieces of art created to specially decorate the sensory room.

As one staff recounted, “we planned a scavenger hunt for some kiddos in the group home and for about 1 hour, we had them running around the house and yard to find clues and each clue required them to compete in a challenge... the girls had to play badminton, corn hole, keep a balloon up with 1 minute while on one foot, beat the staff in Jenga etc. and the whole time we were all laughing and having fun.”

At our emergency youth shelter, the pandemic re-emphasized the importance of natural supports and family work to preserve housing and problem-solve ways for youth to stay at home. The critical work during this time was to manage family conflict, support mediation, and facilitate family reunification. In March, staff helped divert youth from shelter stays 23 times (as compared to 9 diversions in February). Avenue 15 also recorded a higher number of

unique youth served in March as compared to any other month in 2020.

Many youth had trouble internalizing the seriousness of COVID-19 threat and frequently ignored lockdown restrictions as well as hygiene protocols when returning from outside. This understandably raised the stress level of team members who were worried about keeping their own families as well as the program safe. Careful attention to staffing, PPE (including air purifiers and other enhanced safety efforts), and guidelines helped to address these fears. Staff also had great conversations with youth about the common experiences of frustration with lockdown, missing their friends and family, and the risks of COVID and how to keep themselves and their families safe if they did choose to leave during periods of lockdown.

While some youth did not follow guidelines, others stayed in touch with family through FaceTime and social media, kept in contact with the program if they did choose to leave and patiently washed their hands and clothes upon their return. Some team members reported feeling especially touched by how critical natural supports are in youth's lives, seeing that the "absent from care" events that were happening were almost exclusively running to

friends and loved ones in a frightening time, rather than running away from staff and program. Programs redoubled their efforts to help youth to maintain these connections throughout the pandemic.

Staff worked hard to ensure youth and staff were educated about COVID-19, utilizing posters, videos, and conversations to ensure youth understood the risks of COVID-19. Group care sites had their Wi-Fi expanded and tablets were made available. Youth needing to self-isolate within program were supported by staff wearing PPE, received visual summaries of their isolation protocols, and physical space was re-allocated where possible to ensure the isolating youth had a designated bathroom and additional space outside their room where possible (such as an art room).

### Youth's Experience

One of the most helpful things we did early on in the pandemic was to invite feedback from both staff and clients. We sent both groups a survey to better understand how the pandemic was personally impacting both staff and clients, and to gauge how well as an agency we were doing in responding to people's needs. The responses have been helpful for us to learn from as the second wave of the pandemic has

taken hold, we've been able to implement some of the learnings from early on and adapt to ease change fatigue for staff.

To better understand the needs of youth and families during the pandemic, Trellis surveyed participants in May 2020. A range of questions were asked with a slider on a 0 (not at all) to 100 (extremely) point scale, and youth in group care settings were surveyed:

- Youth said that COVID personally impacted them somewhat – an average score of 54 out of 100. Notably 5 youth had ratings over 90, on the 100-point scale.
- Youth similarly said that COVID impacted their mental health somewhat – an average score of 50 out of 100, with 4 youth rating themselves at 100.
- When asked about how well-informed youth felt, their response was an average of 65 out of a 100 point scale.

The survey also queried coping mechanisms and youth's needs. When asked about how they were taking care of their mental health and physical safety, youth's top-rated responses were: watching shows online; talking to friends and family via social media, phone and text;

staying at home as much as possible and playing video games. Youth also specifically mentioned learning new things, making art, baking, podcasts, and watching educational videos.

Youth said their main supports were coming from their friends (93%), program staff (71%) and family members (43%). When asked about additional information they would like to have for their mental health and well-being, youth said their top needs were stress reduction (71%), coping when overwhelmed (57%), and thinking positively (57%).

Youth were also asked, "what do you need right now to feel safe and take care of yourself?" and responses included:

- "Social interaction but making sure I stay safe (social distancing)"
- "more fun things to do (self care)"
- "write, podcasts, drawing"

And, the survey asked, "what brings you hope during the pandemic?" and responses included:

- "Seeing my friends again, and talking to them. Keeping my mind off it."
- "That I get to see my friends and family after."
- "I know people are working on trying to fix this pandemic"

- “The happiness of seeing everyone again soon enough”

Interestingly, Youth Satisfaction Surveys throughout the pandemic period indicated that our staff not only continued to successfully do meaningful relational work, but also that youth continued to feel supported and safe at home, and like the program allowed an appropriate amount of freedom. Youth said that program staff helped them the most with “strengthening boundaries and enforcing them” (June 2020) and “fixing my relationship with my parents” (October 2020). They also stated that what they liked best about the program is “I am safe when I come home and staff don’t judge” (May 2020), “I have a lot of freedom and get treated my age” (June 2020) and “the freedom” (December 2020). Themes of the importance of engagement in positive activities, as well as the key importance of relationships, stand out from the survey.

## Staff Experience

Due to the ongoing staffing challenges in group care related to quarantining, testing and staff redeployment, additional data was gathered from staff to ensure an understanding of their experience and lean into the opportunity to learn. Staff reflected particularly on the ways

that they learned from each other, and how the cross-pollination of staff between programs yielded some exciting new things. Staff spoke about their interconnected learnings, where staff typically running after-school care brought fresh, creative ideas about activities and games, and staff who were in group care could build capacity about trauma-informed care and attachment. Staff also shared reflections about the strong relationships they witnessed between their colleagues and youth in group care, and the support they received as they embraced new challenges (such as working overnights). From teaching good hand-washing skills to learning Tik Tok dances, “Reassigned staff have brought an energy and “can-doism” to the group home I think the kids have enjoyed.” One staff remarked that having staff from different programs who brought new creative ideas were “so great with helping our kids feel like kids again!”

Staff said:

- “I have formed great relationships with the team members at [the group home] as well as reassigned staff, and I continue to learn from each and every employee. My work has become much more fulfilling working as a member of

a strong team that supports one another and the youth we work with.”

- “I was able to gain a deeper understanding of the child services system, case workers and residential programs. This has brought more clarity on my own career path and where I may decide to go in the future. I am more empathetic towards group home staff and the amount of work that goes into running a home.”
- “It was nice meeting other staff from different departments and learning their story and their program. It was refreshing to hear others speak about why they do the work you do and reassuring that there are others who are just as passionate as you about this work.”

This experience of cross-pollination of ideas and activities was particularly poignant at our youth shelter, Avenue 15. The shelter adapted to a vast number of changes to their operations, impacting everything from meals to intakes to PPE usage. Shelter staff are experienced trained professionals who help youth through some of the most difficult periods of their lives when they are experiencing family breakdown, life on the streets, and trying to find hope for their

futures. During the pandemic, the Ave team remains resilient and adaptive, staying focused on the youth we serve and keeping everyone safe and healthy.

An unexpected outcome of the pandemic happened when we needed to redeploy staff from our community afterschool programs to the shelter. Mixing these diverse staff teams has resulted in incredible collaboration between staff and even more positive outcomes for kids. Helping tough street-wise youth to manage social distancing and self-isolation within a shelter setting has been challenging. Teens hate being bored, and now we were asking them to stay inside their rooms 24/7 if they had a cough or showed other symptoms of COVID-19. The sudden arrival of afterschool club staff who are experts in keeping kids busy and engaged inspired a fresh new approach to this challenge. The Ave team was pumped to try new ideas!

One evening, a club staff brought in an activity they would typically do with kids in an afterschool program. They created a kit for each of the Ave youth that included baking soda, food colouring, shaving cream, glue and lens solution – all the necessary ingredients to make “slime.” For the rest of the evening, all of the

youth sat in their doorways happily making slime. Even our most street-entrenched youth was completely enthralled in this activity.

The experience of homelessness can force kids to be so focused on survival and worried where their next meal or warm bed is going to come from – that they forget what it’s like to be kids. Unexpectedly, by providing an opportunity to mix our talented diverse staff teams, the pandemic created a silver lining. For a little while, these vulnerable youth at Avenue 15 were able to forget about COVID-19 and their survival and remember what it was like to just play and be kids again.

### **Learning and Support for Staff**

At the same time as the pandemic, Boys and Girls Clubs of Calgary (BGCC) and Aspen officially amalgamated in July 2020. The merge created opportunities for collaboration and mutual support, and intensified the need for avenues of connection and communication. In September, Aspen/BGCC officially became Trellis, and has continued to prioritize connection, communication and celebration of our successes as we cope with the ongoing challenges of the pandemic.

The leadership team is currently considering how to best continue the cross-pollination of

programs and services, to both meet pandemic-specific needs and to leverage the diversity in staff and activities at the agency toward remarkable programming.

One of the greatest challenges faced by teams and the organization as a whole was supporting staff wellbeing while working remotely during the pandemic. We know that we provide the best service when we are at our best, and that being our best during the pandemic was a constant struggle – one that was best tackled together, whenever possible.

As restrictions started, teams focused on building in regular time to connect and support one another through the changes. The leadership team sent gestures of support and appreciation to every frontline team member, and the communications team expanded the use of internal communication sites to allow all team members to honor and share the heroic work being done by their colleagues. Managers worked to maintain and extend flexibility for parents and other team members in order to balance and maintain their increased commitments through the upheaval. Team members at multiple levels organized virtual coffee chats for people to connect and spend time with one another to help replace the



casual connections that were not happening in office.

As the pandemic continues, Trellis continues to rely on the resilience of staff, the patience of participants, and a focus on the core work of serving children, youth and families safely. In the face of a year of constant change, the lessons have been plentiful, and the landscape of our newly merged organization has been a meaningful place to learn. The challenges of this year highlighted the importance of our commitment to developing supportive, empowering relationships - both with and among the communities we serve, and within our organization. What has united both agencies together is our collective commitment to the long-term wellbeing and thriving of our children, youth and families.

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## Appendix A: Case Description: The ALIGN Memos

### ALIGN Association of Community Services

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The method followed to construct this description was, first, to interview a consultant with ALIGN, who played the role of information liaison at the beginning of the project. In our interview, I asked for responses responding to the topic areas below. Second, the memos, membership releases, letters, guidelines and other documents surrounding the early communications (see Table X) were reviewed. From these two sources the following description was constructed.

The categories used to describe the collaborative development of policy and risk mitigation communications looked at basic communicative elements: audience, communicators, process, and media (Chase & Shamo, 2012). The specific questions asked of the participants were the following:

- What was the audience and information need? "Who was the target audience(s) and what information did they need?"
- Who were the authors? "What organization and groups were enlisted to help with the communication task?"
- What was the timeline? "What internal and external events drove the communication?"
- How was the information disseminated? "What communication channels were used?"

### Audiences and Information need

The entire non-profit community service sector in the province consists of child and family services, including child intervention, counselling, and foster care, and other related community service nonprofits in disabilities services, home visitation and nonprofit congregate care, sexual assault and women's shelters. Because ALIGN is primarily focused on supporting community service agencies, the emphasis was placed on these employees primarily.

In the area of child welfare and family services, the greatest need was in these categories:

- PPE: Staffers needed to know what protective equipment was needed and when. In residential care individuals are in close proximity to one another. Staff did not start and did not have the option of working from home
- Cleaning and surface maintenance
- Quarantining
- Social distancing of residents
- Reporting and assessment

A review of the early memorandums shows a number of content categories:

- Protocols, regulations, policy statements
  - self-protection: masking, staying at home, coughing, avoiding vulnerable locations.
  - emergency plan intervention "...implement your plan if you have one..."
  - general resource lists: government, other agencies, other associations
  - special requests for sharing of staffing for residential child care
  - communication support, "how to communicate with staff and clients about COVID"
  - practice guidelines for...
    - contract child intervention service providers (home visits, clients in care, family visits, First Nations band consults, group congregate care)
    - kinship, foster or permanency (PPA) caregivers (focusing on client service)
    - support for caregivers (focusing on staff, how to apply for payment and invoices for PPE)
- Establishing the collaborative team
  - from the Ministry of Children's Services, Government of Canada, Minister of Health, through ALIGN, to stakeholders
  - requests for important (CEO, ED) phone numbers
  - request for sharing of staff information on the web
  - identifying a central email and contact person
- Establishing communication systems
  - agency phone numbers and names

- social media channels (Twitter, Facebook, Instagram handles and hashtags)
  - setting up virtual meeting platforms for north, central and south regions
- Setting the timeline
  - statements about when key events and announcements would happen, what to look for "next week"

As the pandemic set in a key question arose regarding the status of front-line, community-service workers. The issue was whether or not they were considered "essential workers." At stake are top-up pay bonuses, special travel requirements, expedited testing and other supports. While the work of community-service workers was considered "essential," these workers themselves were not officially designated and so were not able to apply for or enjoy these additional supports. However, as one worker put it to me, "Some businesses shut down; we never shut down." This reality becomes pertinent to these support communications as a factor that underlies the need for information for these employees.

## Key Authors

From the outside, the collaboration that grew during the early pandemic period looks like a few key and recognizable voices: government, associations, agencies, and community voices. Just how complex the number of voices was is illustrated in the following list. Basically, the usual job role descriptions were temporarily set aside as people scrambled to get information out. Meetings were "COVID, COVID, COVID."

- The executive management team. The executive team consisted of Ministry representatives, in-house consultants, members of the ALIGN Board (who were also agency directors) and the Board President. The idea was to include people who could make decisions. The decision-making rubric for this meeting was indicated in a comment made by one of the organizers: "Child Services would take the issues to Alberta Health."
- Weekly "gathering meetings." These meetings consisted of executive directors and others from the three primary provincial regions (north, central, south). An additional gathering meeting was set up for foster care. This grouping reflected the constituencies in the association: reflecting both regional affiliations and service affiliations. They also included members from other

associations (such as the Foster Care Parents' Association) and representatives from municipal governments and authorities.

The meetings that occurred early on were, as indicated above, of two types: one was a decision-making group and the others were community of practice groups. The membership of the community of practice groups was varied, as facilitators tried to "get the appropriate people to the table." The meetings also reflected a "top down" approach, so that questions from the weekly meetings had somewhere to go for resolution and so that deliberations at the top had an audience to help shape decision-making.

## Timeline

What was the timeline? Much of what occurred followed a timeline dictated by external events pertaining to the pandemic.

In January and February of 2020 the pandemic situation was growing in the world and community-service agencies in children and families were beginning to sense the need for information to mitigate the effects of the virus. The official "lockdown" calling for stay-at-home for everyone came in mid-March. However, the family visit and congregate care homes never shut down. The nature of the work is such that visits with "family of origins" and providing for complex demands in congregate homes could not be halted. There was little remote work, workers attended shifts. "There were kids to watch."

In the progress of the pandemic, the usual milestones (return to work, back to school) for this sector had an indirect impact as workers dealt with their own families. The issue mentioned above of official designation as essential workers came into play over time. Most employees are "wage staff" with no extra benefits or supportive federal or provincial funding other than what was provided for all citizens. As the pandemic continued, issues of weariness, mental health maintenance, and the overall "strain of the pandemic" took its toll on residential workers and foster care parents.

When the pandemic was officially declared on March 11, 2020, events that had anticipated the declaration and responded to it began to unfold.

- First meeting. A meeting was called with Children's Services executives and ALIGN representatives because "people need something to guide them."

- Subsequent meetings. A queuing system of updates and additions to the guidelines began. New information would be added to the guidance document, highlighted, posted on the website and social media. As counterpart associations in other provinces and organizations began developing their own communications, they got cross-posted.

The timing of events began to regularize as dependent on dashboard information from Alberta Health and feedback from meetings contributed new content. The communication was deliberately two-way from the start, so that the memos, discussed below, began to reflect more and more the information needs arising from group-care, home visit, and legal arenas. For example, information was provided in one of the cyclical updates about changes and accommodations for court proceedings having to do with court orders and the online or onsite availability of judges.

## Channels

The communication was done through a number of channels and strategies. The channels are listed in Table #.

Channel	Purpose/example
online meetings	Zoom meetings with the executive committee and weekly gatherings
web page	"press/membership release," and announcements
web dashboard	list of resources and central information
asynchronous video	webinar on "how to communicate with staff and clients," Zoom training
social media	postings on Facebook, Twitter, Instagram
mailing list	Constant Contact list for email updates
documents	pdf guidelines and checklists shared on the web and mailed out

Table A1: Channels of communication

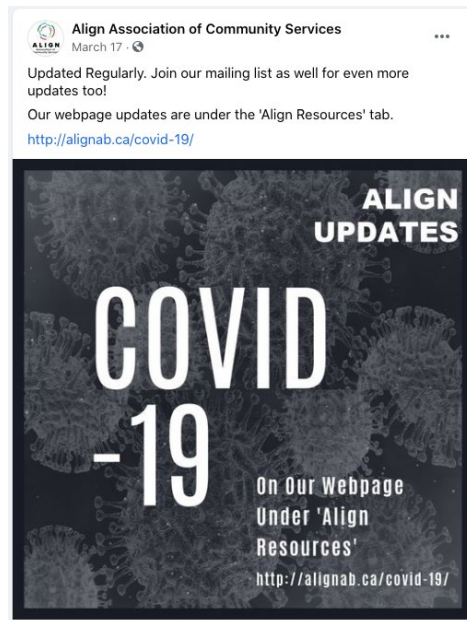


Figure A2: Updates and announcements in social media

The information channel development followed a model of existing platforms and media expanding to additional channels. For example, the frequency of the initial meetings were more spaced out as the pandemic developed. Also, initially, information was just posted on the web. But as the community grew additional cross-posting occurred on community-member websites and social media channels.