Evidence to Practice

Annie Wood Centre

WOOD'S HOMES
WORKING FOR CHILDREN'S MENTAL HEALTH
SINCE 1914

Contents

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Letter From the Editor – Wood's Homes Journal – Evidence to Practice

BRUCE MACLAURIN

INTRODUCTION TO WOOD'S HOMES

Child and adolescent mental health services across Canada continue to be challenged to demonstrate a solid foundation of evidence for best practice while at the same time meeting the ever growing demand for service. Wood's Homes has made a commitment to meet that challenge. Wood's Homes is a large children's mental health organization based in Calgary and also offering services in Lethbridge and Fort McMurray, Alberta. Founded in 1914, Wood's Homes offers a broad spectrum of more than 40 programs designed to serve children, adolescents and families in need of mental health services. This includes campus-based and community out-of-home treatment, foster care support, specialized educational learning centres and community and crisis counselling. Wood's Homes established an internal Research Department in the early 2000s, followed in 2017 by the creation of the Wood's Homes Research Chair in Children's Mental Health, a partnership between Wood's Home and the University of Calgary's Faculty of Social Work.

ABOUT THE WOOD'S HOME JOURNAL – EVIDENCE TO PRACTICE

The Wood's Homes Journal – Evidence to Practice was first published in 2014, and is the official journal of Wood's Homes. This journal is now published two times annually. In addition, special issues are produced on substantive topics related to emerging topics. This publication aims to establish a clear linkage between practice and the evidence that supports best practice for children's mental health, and create meaningful partnerships between researchers and practitioners for knowledge generation. The journal is designed to report on research and evaluation conducted within this children's mental health agency and will appeal to practitioners, managers, policy analysts and researchers. Articles include summaries of funded research, outcome research, literature reviews, practice and policy notes and secondary analyses of existing datasets. It is hoped that the Wood's Homes Journal – Evidence to Practice will contribute to the current knowledge base and share best practices with other organizations doing this critical work. Current and past issues, are available for download at https://www.woodshomes.ca/learn/publications/

FOCUS AND FUNDING OF THE COVID-19 SPECIAL ISSUE

The COVID-19 pandemic has made an impact upon the mental health system in Canada. Mental health services have had to change to keep pace with evolving public health policy and protocols, while maintaining a clear eye on the effective delivery of mental health services to children and families in need. The immediate organizational pivot to respond to the challenges of COVID-19 produced much learning for all involved.

A project was designed by the Wood's Homes Research Department to examine: 1) what Wood's Homes staff learned about innovations to service delivery for children, youth and families during the COVID-19 pandemic; and 2) how best practices will be informed by these innovations in the future.

The project, and this special issue of the Wood's Homes Journal – Evidence to Practice, were made possible through public donations to the Wood's Homes Foundation by community donors interested in understanding the impact of COVID-19 on service innovations to children, youth and families at Wood's Homes.

QUESTIONS OR INQUIRIES

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Introduction to the Wood's Homes Journal - Evidence to Practice: COVID-19 Special Issue

BRUCE MACLAURIN & NICOLE FRENETTE

The World Health Organization declared the novel coronavirus (COVID-19) a pandemic in March of 2020 due to the rapid spread and severity of the virus worldwide (World Health Organization, 2020). Since then, COVID-19 has affected us all in unfathomable ways. In addition to devastating physical health consequences, COVID-19 has had a drastic impact on people's mental health and well-being and contributed to a range of economic and social ramifications. For organizations like Wood's Homes, not only has "the COVID-19 pandemic created unprecedented challenges for our health and human services systems in serving our most vulnerable families, children, and youth" (Milner, 2020, p. 1), but the ways in which staff were accustomed to working had to be largely, and rapidly, overhauled due to governmental and agency policies and regulations. The immediate organizational pivot to respond to the challenges of the COVID-19 pandemic produced much learning for all involved.

There is a critical need to examine which service innovations are proving to be most successful in meeting the needs of children and families during the pandemic, and to share this knowledge with other professionals and organizations. A project was designed by the Wood's Homes Research Department to examine what Wood's Homes staff learned about creating necessary innovations to service delivery for children, youth and families during the COVID-19 pandemic, and how best practices will be informed by these innovations in the future. A funding proposal - Innovation to Service Delivery in Children's Mental Health - was submitted to the Wood's Homes Foundation and received funding in June, 2020. The project, and this special issue of the Wood's Homes Journal – Evidence to Practice, were made possible through public donations to the Wood's Homes Foundation by community donors interested in understanding the impact of COVID-19 on service innovations to children, youth and families at Wood's Homes.

This special issue documents the experiences of Wood's Homes employees during the COVID-19 pandemic as told by frontline workers, clinicians, support services staff members and managers. Perspectives and data for this journal came primarily from a 12-question online survey that was emailed to all Wood's Homes employees in September, 2020. Six questions in this survey addressed demographics or closed-ended questions, while the remaining six questions were open-ended inquiries that allowed employees to share, in their own words, how they have been affected personally and professionally by COVID-19. A total of 99 employees provided 100 responses to this

The COVID-19 pandemic created unprecedented challenges for our health and human services systems in serving our most vulnerable families, children, and youth

survey over a span of approximately one month. Participants reflected the full range of positions and were employed across the spectrum of more than 40 direct service programs at Wood's Homes. This includes campus and community-based residential programs, foster care, street services, community clinical and crisis counselling services, community family support programs and specialized school programs. As well, participants included a range of staff working at support service departments that include: Information Technology (IT); Finance; Communications; Wood's Homes Foundation; Facilities; Administrative Services; Human Resources; Payroll; and the Research Department.

Open-ended questions from the survey included:

1. In what way has the COVID-19 pandemic impacted your life personally?

2. Describe some specific ways in which your work at Wood's Homes has changed or adapted in response to the COVID-19 pandemic.

3. What are some examples of ways that your work has been supported and/or challenged during the COVID-19 pandemic? Please consider aspects both internal and external to Wood's Homes.

4. What are specific ways that you engage and work with clients during the COVID-19 pandemic?

5. What are some examples of how these approaches have been successful and what are some examples of how they have been challenging to your work at Wood's Homes during COVID-19?

6. Describe how your future work may be informed or changed by these new approaches. Are there things that you are now doing that you may continue, even after COVID-19 is over?

In addition to this survey, qualitative follow-up interviews with selected respondents were conducted in order for the research team to gather more information about specific areas of inquiry, and clarify areas that were more difficult to capture through the survey alone. These follow-up questions were developed by the research team and the interviews were conducted via telephone and video conferencing with Wood's Homes staff who co-authored each article. Analysis of the survey data was manually conducted by members of the research team using qualitative thematic coding strategies. Additional qualitative analysis was also completed on the follow-up interview summaries by members of the research team. These systematic processes served to organize the data and responses in order to ascribe distinctive themes and categories, which will be further discussed and analyzed in the articles that follow.

This special issue of the Wood's Homes Journal – Evidence to Practice begins with an article prepared by Nicole Frenette, Elaheh Nosrat, Ashley Jones, Justine Marengo, Angela Hicks and Jenna Passi. For children's mental health organizations, such as Wood's Homes, the COVID-19 pandemic led to a significant change in practice as clinical staff, family support counsellors,

and crisis counsellors, accustomed to seeing clients in-person, had to swiftly transition to alternative ways of providing clinical services.

This is followed by a paper prepared by Bruce MacLaurin, Jacky Liu and Nicole Frenette that examines the experiences of frontline staff, those who are frequently the individuals designated as first responders. Frontline staff include youth and family counsellors, working in out-of-home care treatment contexts, school support counsellors or foster care support counsellors at Wood's Homes.

Terry Pitoulis, Nicole Frenette, Janet Stewart, Kiran McKay and Chloe Westelmajer prepared the third article that summarizes the impressions of the directors, managers, supervisors and team leaders about leadership work during the COVID-19 pandemic. Given there is no standard guidebook on how to manage a pandemic, the management group at Wood's Homes was tasked with the challenge of providing leadership during these turbulent times.

The fourth article was prepared by Jacky Liu, Nicole Frenette, Ave Maria Beltran, Jenna Passi and Terry Pitoulis and focused on the experiences of staff working in all support service programs designed to provide support and assistance to the spectrum of clinical programs. At Wood's Homes, support services include; Information Technology (IT); Finance; Communications; Wood's Homes Foundation; Facilities; Administrative Services; Human Resources; Payroll; and the Research Department.

The fifth article, written by Tyrone Rhyno and Bruce MacLaurin, highlights a practical case example describing how Indigenous Services at Wood's Homes successfully embraced program innovation and change during the COVID-19 pandemic. A ceremony acknowledging the winter solstice occurred in a manner that was safe for all, and yet achieved the learning essential for all participants.

Nicole Frenette and Bruce MacLaurin prepared the final article which summarizes the new and emerging research literature on the impact of COVID-19 on non–profit, child welfare or children's mental health organizations and their front-line, clinical, support and management staff.

It is our hope that this special issue reflects the opinions of Wood's Homes staff and captures their prac-

tice experiences working during the pandemic within a large and multi-faceted children's mental health organization, while also pointing toward future directions for practice. In addition, we hope to celebrate the success that employees of Wood's Homes have had during this turbulent time, including the innovations that may very well become part of best practice in a post-pandemic world.

At the time of this publication, COVID-19 continues to be a reality and Canadians continue to experience the challenges and risks posed by this pandemic. As we enter the second wave of the pandemic, it is hoped that the knowledge gained over the past ten months of 2020 will continue to inform established and emerging best practices for children, youth and families navigating the mental health systems.

REFERENCES

Milner, J. (2020). *Letter on child welfare leaders as level 1 emergency responders*. Children's Bureau, Administration for Children and Families. Washington, DC. https://files.nc.gov/ncdhhs/Childrens-Bureau---Letter-on-Child-Welfare-Leaders-as-Level-1-Emergency-Responders.pdf

World Health Organization (2020). *Timeline: WHO's COVID-19 response*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline/#!

Clinician, Family Support Counsellor, and Crisis Counsellor Perspectives

NICOLE FRENETTE, ELAHEH NOSRAT, ASHLEY LOUISE JONES, JUSTINE MARENGO, ANGELA HICK & JENNA PASSI

INTRODUCTION

The coronavirus (COVID-19) pandemic has ushered in new ways of working for people employed in many different industries and occupations worldwide. This included many organizations recommending or mandating that employees work from home and, simultaneously, a rapid uptake of remote work technologies, such as video or telephone methods. For children's mental health organizations, such as Wood's Homes, the COVID-19 pandemic led to a significant change in practice as clinical staff, i.e. clinicians, family support counsellors (FSCs), and crisis counsellors, accustomed to seeing clients in-person had to swiftly transition to alternative ways of providing clinical services.

For the purpose of this analysis, the term "clinical staff" will be used to include a range of clinical positions at Wood's Homes. This includes: clinicians and therapists in counselling settings; family support counsellors (FSCs) working with families in the community; and crisis counsellors working with children and families by telephone and community crisis meetings. In order to best understand the experiences of clinical staff working during the COVID-19 pandemic, Wood's Homes clinical staff were asked to share their stories in their own words. From these responses, several common themes emerged, which will be explored further below. These experiences can help shape and inform future agency clinical practice as well as highlight successes and challenges that emerged during this time of flux. The primary themes encapsulated by the perspectives of clinical staff were: the challenges and successes of remote work and integration of technology; adaptations to client engagement and acknowledgement of some limitations of remote work; the impacts of social isolation on themselves, colleagues and clients; and the impacts on mental health both professionally and personally.

BACKGROUND AND OVERVIEW OF THE RESEARCH LITERATURE

The COVID-19 pandemic has changed mental health service delivery perhaps like no other event in recent history. At an extremely rapid pace, organizations and working professionals have had to adapt mental health care practices to comply with ever-evolving public health recommendations and policies. This occurred while also balancing the need to provide quality continuity of care to clients and practice ethically when transitioning to new technological platforms.

Literature on this topic is still scarce and in development due to the recent emergence of the pandemic. However, a review of available literature has shown that for most clinical staff working during COVID-19 largely meant a shift to online and telemental health provisions of services wherever possible (Casey Family Programs, 2020; Pierce et al., 2020; Racine et al., 2020; University of Regina, 2020). Amidst the pandemic, the norm of in-person clinical sessions became impossible due to public health and agency regulations surrounding physical distancing and out of concern for people's health and safety. This is in line with what has been called a "telemedicine revolution" (Perrin et al., 2020, para. 1) taking place during the COVID-19 pandemic. Interestingly, evidence has shown that many professionals plan on continuing to use online and telephone methods of service delivery post-pandemic at higher rates than pre-pandemic (Pierce et al., 2020), reflecting long-lasting changes in the methods of service provision into the future. However, it should be noted that the literature shows that some mental health concerns may be less suitable to treatment via virtual or telehealth methods than others, such as anti-social personality disorder, bipolar disorder and behavioural issues (Pierce et al., 2020). This reality further reflects the complexity of adapting clinical individual or family and crisis support work to remote practice.

It is also important to consider that research shows that people's mental health needs have increased during the pandemic, including higher levels of anx-

Clinician, Family Support Counsellor, and Crisis Counsellor Perspectives | **Nicole Frenette, Elaheh Nosrat, Ashley Louise Jones, Justine Marengo, Angela Hick & Jenna Passi**

5

iety and depression, traumatic stress reactions, and substance use disorders (Alonzi et al., 2020; Gruber et al., 2020; Guo et al, 2020; Pierce et al., 2020; Qiu et al., 2020), with simultaneous decreases in access to traditional coping strategies and in-person mental health options and increased levels of social isolation. Gruber et al. (2020) even describe COVID-19 itself as "a unique, compounding, multi-dimensional stressor that will create a vast need for intervention and necessitate new paradigms for mental health service delivery and training" (p. 2). In addition, the literature shows that the clients at organizations, like Wood's Homes, are identified as the most vulnerable to the effects of COVID-19. This vulnerability is due to factors influencing clients, such as socio-economic status, ethnicity, and place of residence, all of which increases the complexity of working with these children, youth and families during this time (Brown et al., 2020; Guo et al., 2020; Siliman-Cohen & Bosk, 2020; University of Regina, 2020; University of Toronto, 2020; Wong et al., 2020).

Amidst this major upheaval in service provision and increasingly complex caseloads, mental health service providers have been tasked to ensure continuity of care. This continuity of care is made more difficult within a crisis situation (Fegert et al., 2020), due to increased levels of distress, greater risk for children and youth as well as potential increase in abuse and family issues (Wong et al., 2020)

Not surprisingly, the literature also shows that mental health service providers are experiencing high levels of personal and professional stress while working during this time (Gruber et al., 2020; Miller et al., 2020), including peri- and post-traumatic stress. As such, support to this group of workers is essential, especially at the supervisor and agency level wherever possible (Miller et al., 2020).

METHODOLOGY
Data on Wood's Homes clinical staff perspectives of working during the COVID-19 pandemic was obtained through a 12-question online survey that was emailed to all Wood's Homes employees in September, 2020. A total of 31 clinicians, family support counsellors (FSCs), and crisis counsellors across programs in Wood's Homes responded to this survey.

In addition to the survey, brief qualitative interviews with two Wood's Homes clinicians and one FSC were conducted in order to gather more information about specific areas of inquiry and clarify areas that were more difficult to capture through the survey alone. The clinical staff selected to participate in follow-up interviews had also responded to the survey and identified availability to being contacted for additional information in their survey response. The follow-up interview questions were developed by the research team and these informal interviews were conducted by two additional Wood's Homes clinicians with the selected staff members via telephone. In advance of the interviews, the research team and the two interviewers met to review the process and protocols.

FINDINGS
Shift to Remote Work and Integration of Technology
In terms of their experiences working during the COVID-19 pandemic, what was mentioned most often by clinical staff in both survey responses and follow-up interviews was the shift they experienced to working remotely and increasingly incorporating technology into their practice. This was expressed by survey respondents noting that due to COVID-19 regulations and precautions, in-person sessions were no longer possible, so they had to move to "online and teletherapy sessions with clients," "working more from home," and "increased phone/Facetime/Zoom/Webex meetings." Another respondent more generally stated that amidst the pandemic, "the way we communicate with clients is very different."

These changes to practice were received by clinical staff in different ways. In terms of remote work or working from home, some of the survey respondents indicated that they "noticed some positive impacts including less distractions and more time to add quality to [their] work as a result of working remotely." Others noticed "an increase in client contact and accessibility for clients accessing counselling over the phone" and that they were able to provide "individual counselling sessions on a more frequent and consistent basis and over a longer course of time," thus indicating positive impacts to their practice and client interactions as a result of pandemic-related practice shifts.

However, remote work and the increasing usage of technology in clinical practice also brought challenges such as those surrounding considerations of privacy, confidentiality, and safety. As one interviewee described, increasing their knowledge around digital

safety was essential in order to practise ethically and effectively. Other challenges were also mentioned in the responses provided. As one clinician stated during a follow-up interview in regard to providing couples therapy to clients, "it is hard to gauge the reactions of the couples over the phone as you lose the non-verbal communication. If there are any threatening or non-verbal behaviours, you can't see them to intervene or assess." Several others described changes in their practice related to being unable to rely on seeing clients in person in order to pick up on other cues such as body language. One survey respondent said they felt as if they were "missing another sense to

Remote work and the increasing usage of technology in clinical practice brought challenges such as those surrounding considerations of privacy, confidentiality, and safety.

assess where the client is at emotionally" and that the "nuances of emotional response and affect might be lost over the phone/Webex versus live in-person." Similarly, another clinician noted that "[their] clinical approaches have not changed significantly, however the modality of teletherapy requires an adjustment in skills in terms of relying on auditory information as opposed to observing non-verbal response in face-to-face interviews." Another aspect brought up by a clinician surrounded the wearing of facial masks by clients and clinicians, as required by agency and provincial COVID-19 protocols. Even if a clinical session was able to be conducted in-person, such protocols added somewhat of a barrier as they concealed facial expressions and added a complexity to interactions compared to how they would have functioned previously. As well, physical distancing between staff and client was an additional consideration.

Efficacy and quality of work as a result of these prac-

tice changes were of concern to clinical staff. One respondent noted that "engaging [with clients] online was a challenge as some did not have access to technology or were not comfortable with the platform." Another clinician in a follow-up interview described that many clients successfully adapted to virtual meetings but some did experience difficulties, either due to lack of access to technology or lack of understanding of how to use it.

Although there were certainly challenges that arose while doing clinical work remotely and via alternative forms of technology, most of the respondents felt that agency/colleague meetings and collaborations worked smoothly on a remote basis and, in fact, were often more efficient. For instance, one respondent noted that "external meetings happened more easily as we were able to schedule these easily and we did not have to travel" and another expressed hope that remote work could continue into the future as this experience has "made us realize that not everything needs to be done in person." Another respondent noted such remote options are "time/cost saving."

Many of the responses provided also indicated that the support provided by Wood's Homes Information Technology (IT) department greatly assisted with the transition to remote work. As one survey respondent put it, IT "was able to set us up so we were able to work from home during some of the most uncertain and stressful times during the pandemic which was really appreciated" and effective problem-solving with the IT department was often noted.

It is important to note that the shift to remote work also required changes in accountability for staff. In a follow-up interview, one FSC described feeling like every hour of work had to be accounted for and that they had to send weekly work plans to supervisors. They felt that this change to their work indicated that managers were more involved in the day-to-day functions and planning than they had been previously.

Overall however, many of the clinical staff respondents indicated hope that incorporating remote work and technologies such as online sessions could continue in some capacity into the future. Respondents reported that remote work "allowed for more effective use of time due to the elimination of travel time," and that it provided "overall flexibility and effectiveness in the quality and accessibility of service delivery."

Client Engagement

Many of the respondents also made note of the ways in which client engagement had changed, both for better or worse, during the COVID-19 pandemic. In a follow-up interview, one FSC noted that while changes in practice did allow for more client engagement and contact, such changes added to their workload. They described how they were expected to contact clients on a more regular basis via text, video, or phone, than ever before.

Others often described in their survey responses how client engagement was altered in virtual or telephone sessions versus in-person sessions. For instance, one respondent stated that "some families became more engaged because of the distance provided by phone or video calls" and another respondent indicated that "for some youth/families it is easier for them to engage via Webex as there is less sensory and social stimulus compared to in-person meetings and they are able to focus more." On the other hand, some respondents remarked on the negative effects that pandemic-related changes had on their practice. For example, one interviewee described how clients could choose to disengage if they wanted to more easily via virtual sessions than in-person. Another respondent pointed out that with virtual or telephone sessions, more unknowns are involved, for example relating to the context of where the client is and "what else may be happening in the environment outside of the Webex video screen." Of course, in addition, certain approaches that clinicians may have used pre-pandemic when working with clients in-person were rendered impossible, such as Theraplay, which, as one clinician described, "requires family members to be in close proximity" to one another and the incorporation of physical touch.

In terms of client engagement, many of the respondents also commented on the changes in the ways they had to work to effectively engage clients. One interviewee discussed the importance of employing strengths-based practice in their remote sessions with clients given their concerns surrounding the pandemic. Another clinician stated, "I think innovations in different ways of providing counselling could be highly useful adjuncts for counselling services which would simply increase the range of options for client accessibility."

Social Isolation

One of the survey questions specifically asked respondents about the impact that COVID-19 has had on them personally. A major theme that emerged from this question for clinical staff respondents surrounded sentiments of social isolation. On a personal level, some respondents shared that due to the pandemic they "see less family and friends" and have experienced negative effects such as "broken routine of family visits and meals together." In addition, others often commented on how, due to the pandemic, they were forced to cancel planned social events and change routines and schedules that often revolved around social interactions, such as exercise classes or travel.

Professionally, clinical staff also remarked on the social isolation they experienced with their colleagues and clients, which some described as having the impact of making their work more challenging. For instance, one clinician responded that "planning and organizing sessions with clients and arranging team consultations...added to a greater level of planning than before the pandemic." In terms of interactions with clients, many respondents discussed the chal-

> *Others often described in their survey responses how client engagement was altered in virtual or telephone sessions versus in-person sessions.*

lenges and frustrations of not being able to meet with clients in-person. One clinician stated that because "service delivery is online, [it] feels less personal." This is not to mention the social isolation that respondents noticed clients expressing, especially due to the shift to online service delivery that was inaccessible, or at least unfavoured, to some who benefited from in-person interactions with clinical staff.

However, some respondents described creative ways to mitigate the detrimental effects of social isolation and social distancing. For instance, one clinician explained how they made a point of going into their office once per week "to remain connected to the phys-

ical setting and to hold on to the connection between my work and the organization." Wood's Homes team members also worked together to support each other through this isolating time. For instance, one clinician described regular lunch calls with team members so that they could try to connect in a similar way as they would have pre-pandemic. Many others described frequent supervision and team check-ins as a way to not only receive support around their work but also to socially connect with colleagues. One clinician summarized their thoughts on this topic as "having face-to-face meetings and interactions with colleagues is helpful in person, but not critical to service delivery," while still another stated that "the connection to my colleagues and team is very different when it isn't face-to-face."

In terms of working with clients, a number of clinical staff described solutions such as meeting with clients in socially-distanced settings outdoors, such as in clients' backyards or in parks. Of course, this solution was weather dependent but did allow workers to alleviate some of the social isolation felt by clients.

Mental Health Impacts

The mental health of both clients and clinical staff themselves was also a recurring element in responses. As mentioned previously, it has been noted in the literature that many people's mental health has been negatively impacted by the COVID-19 pandemic. As one clinician stated in their survey response, the pandemic has "created fear-based thought processes throughout the world," which was noted in many respondents' stories of immune-compromised family members whose physical health they were concerned for, as well as their own health, and the health of their co-workers and clients. The impact on respondents' mental health was also demonstrated in survey responses such as one that depicted "increased stress due to world stress, constantly changing guidelines, and not having separation between work and personal life."

Support from agency supervisors and management were named consistently by survey respondents as important factors for helping clinical staff adjust to the high degree of change and stress. One respondent stated that "the biggest support was having an effective and supportive supervisor who was able to accommodate people." However, one FSC in a follow-up interview stated that support was inconsistent and while mental health promotion messages were delivered by leadership, the increase in workload and accountability requirements added to stress levels. Similarly, another survey respondent stated that they felt an "increased pressure to work harder than we did before with less than ideal circumstances" which led to increased levels of stress.

In terms of clients' mental health, it was commonly described by clinical staff that clients expressed higher levels of distress during the pandemic. For example, one survey respondent stated that "there is higher rates of anxiety from clients regarding social distancing and understanding how to adapt to all the changes." However, workers had to balance their own increased mental health needs with the increased needs of their clients. As one clinician described it, it was essential to "manage personal anxieties while holding space for others' anxieties" but, as another respondent surmised, "it has been challenging trying to support clients when uncertainty has been felt by all, myself included, in terms of comprehending the pandemic."

DISCUSSION AND IMPLICATIONS FOR PRACTICE

It is extremely useful to hear clinical staff's stories, in their words, in order to best understand what the experience of working clinically through the COVID-19 pandemic has been like and to examine which processes and innovations have been successful. These responses and stories have provided valuable information and offer practical suggestions of areas to improve and which agency practices to maintain moving forward.

It is clear that there was, and continues to be, a strong need to support clinicians by providing effective leadership during a time marked by change and unknowns. These supports include helping to reduce mental health concerns and feelings of social isolation among the staff, as well as providing practical guidance around aspects such as remote work and ideal ways of utilizing new technologies in clinical work.

Additionally, perhaps if one common theme can be drawn across all clinical staff's responses, it would be the need to embrace change – not only in terms of changes in clinical practice methods but also in the ways of engaging with clients. Since traditional ways of engaging clients may not be possible, staff have had had to come up with creative solutions that are

Clinician, Family Support Counsellor, and Crisis Counsellor Perspectives | **Nicole Frenette, Elaheh Nosrat, Ashley Louise Jones, Justine Marengo, Angela Hick & Jenna Passi**

9

still effective for themselves and their clients. Embracing new technologies and ways of practice is difficult and an ongoing learning process, and workers themselves are also under high levels of stress, both personally and professionally, which needs to be taken into account.

CONCLUSION

This article seeks to highlight and summarize the responses given by Wood's Homes clinicians, crisis counsellors and FSCs about their experience working during the COVID-19 pandemic. The results contained in this article provide a snapshot of these lived experiences by this group of Wood's Homes employees while recognizing that these stories are all unique, nuanced, and worthy of even further exploration. However, by identifying and examining some common themes, one can get a sense of the clinical staff's own experiences and point to areas where things worked or did not, thereby opening the potential to incorporate this knowledge into future agency practice. Working, and especially providing clinical mental health services, during the COVID-19 pandemic has undoubtedly been a challenge. However, Wood's Homes and its clinical staff responded swiftly and adapted quickly to the myriad of changes that were thrust upon them. Given that the effects of COVID-19 will continue to be felt, this topic is essential to explore in order to inform practice in ways that are effective for both clinicians and the clients they work with.

Overall, the responses from the clinical staff survey responses and follow-up interviews reflect on the stressful nature of the COVID-19 pandemic as a rapidly changing time marked by uncertainty. However, they also attest to the resilience and creativity of Wood's Homes staff to successfully respond to such complex situations and still provide a high level of clinical care to clients, even if the way services are provided may look different. Even once the COVID-19 situation 'normalizes', it may be prudent to incorporate some of these innovative techniques to providing mental health care into future practice, where possible, as many of them have had great success. As has been described in this article, such innovations not only have had success with many clients, but also for the clinical staff personally, as well as the Wood's Homes agency as a whole.

Overall, the responses from the clinical staff survey responses and follow-up interviews reflect on the stressful nature of the COVID-19 pandemic as a rapidly changing time marked by uncertainty. However, they also attest to the resilience and creativity of Wood's Homes staff to successfully respond to such complex situations and still provide a high level of clinical care to clients, even if the way services are provided may look different.

REFERENCES

Alonzi, S., La Torre, A., Silverstein, M. W. (2020). The psychological impact of preexisting mental and physical health conditions during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1). http://dx.doi.org/10.1037/tra0000840

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 and Neglect.* https://doi.org/10.1016/j.chiabu.2020.104699

Casey Family Programs (2020). *How can child protection agencies use telehealth to increase service access for children and families?* https://www.casey.org/telehealth-strategy-brief/

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavi-

rus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(20). https://doi.org/10.1186/s13034-020-00329-3

Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hoffman, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E., … Weinstock, L. M. (2020). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. *American Psychologist*. Advance online publication. https://doi.org/10.1037/amp0000707

Guo, J., Fu, M., Liu, D., Zhang, B., Wang, X., & van IJzendoorn, M. H. (2020). Is the psychological impact of exposure to COVID-19 stronger in adolescents with pre-pandemic maltreatment experiences? A survey of rural Chinese adolescents. *Child Abuse and Neglect*, 104667. https://doi.org/10.1016/j.chiabu.2020.104667

Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119*. https://doi.org/10.1016/j.childyouth.2020.105508

Perrin, P. B., Pierce, B. S., & Elliott, T. R. (2020). COVID-19 and telemedicine: A revolution in healthcare delivery is at hand. *Health Science Reports, 3(2)*. https://doi.org/10.1002/hsr2.166

Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2020). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologist*. Advance online publication. http://dx.doi.org/10.1037/amp0000722

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry, 33*(e100213). https://doi.org/10.1136/gpsych-2020-100213

Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse and Neglect,*

July 2020, 1–6. https://doi.org/10.1016/j.chiabu.2020.104698

Siliman-Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics*, *146*(1). https://doi.org/10.1542/peds.2020-1306

University of Regina: Faculty of Social Work - Child Trauma Research Centre (2020. *Translating knowledge for child welfare organizations across the prairies: Managing the impacts of COVID-19 on the mental health of children, families, and workers*. https://cihr-irsc.gc.ca/e/documents/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf

University of Toronto, Fraser Mustard Institute for Human Development (2020). *Child welfare and pandemics literature scan*. https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020%20ENGLISH.pdf

Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics*, 146(1). https://doi.org/10.1542/peds.2020-0973

Clinician, Family Support Counsellor, and Crisis Counsellor Perspectives | **Nicole Frenette, Elaheh Nosrat, Ashley Louise Jones, Justine Marengo, Angela Hick & Jenna Passi**

11

Understanding the Impact of COVID-19 on Frontline Staff

BRUCE MACLAURIN, JACKY LIU & NICOLE FRENETTE

INTRODUCTION

The COVID-19 pandemic has made an indelible mark on the mental health system in Canada and across the world. Mental health services have had to change to keep pace with the new reality and frontline staff are frequently the individuals designated as the first responders. With little warning, organizations and professionals had to pivot and respond in a nimble fashion to keep pace with the evolving public health policy and protocols, while maintaining a clear eye on the effective delivery of mental health services to children and families in need. At Wood's Homes, a large children's mental health centre in Calgary, Alberta, the COVID-19 pandemic prompted a meaningful change as frontline work adopted alternative approaches to service delivery while maintaining safety and social distancing for clients and staff.

In order to best understand the experiences of frontline staff working during the COVID-19 pandemic, Wood's Homes staff were asked to share their stories. For this article, "frontline staff" are defined as youth and family counsellors, working in out-of-home care contexts, school support counsellors or foster care support counsellors at Wood's Homes. A review of their responses highlight key themes that can assist in understanding the impact of COVID-19 on this staff group, document new and emerging frontline practice and inform future practice for children's mental health organizations.

BACKGROUND AND OVERVIEW OF THE RESEARCH LITERATURE

Much of the research reviewed on the experiences of frontline workers with COVID-19 focused on healthcare workers, physicians and nurses. There was, however, some literature that addressed the impact of COVID-19 on frontline workers employed at non-profit agencies, child welfare and children's mental health organizations. Most of this literature examined the psychological impact on employees working in frontline roles during a pandemic

(Miller et al., 2020). Frontline workers, as always, are the employees that deal first-hand with clients and during COVID-19 this was no different, even if service provision did shift to different contexts (University of Regina, 2020). In fact, the clients serviced by frontline workers, such as youth and children in care, those experiencing mental health or behavioral issues or addiction, children and youth at risk of maltreatment or abuse, or from situations of family conflict, have been found to be especially vulnerable to the effects of COVID-19 in terms of compromised physical and mental health, social isolation, and increased abuse (University of Regina, 2020; University of Toronto, 2020; Wong et al., 2020). This makes the jobs of frontline staff even more complex during such a pandemic situation as not only do they need to be aware of the increased risk and vulnerability of their clients (Siliman-Cohen & Bosk, 2020; Giroux et al., 2020; Guo et al., 2020; Brown et al., 2020), but they must also know how to successfully mitigate these risks and provide adequate care, often from a distance or through alternative delivery methods (Casey Family Programs, 2020; Racine et al., 2020). Thus, it is not surprising that frontline non-profit, child welfare, and/or children's mental health workers during COVID-19 report high levels of stress, including peritraumatic stress, potentially leading to professional burnout and negative impacts on quality of work (Miller et al., 2020). This underlines the fact that significant supports are needed for this population of workers, especially as they are often being asked to do more, with less resources during a situation like COVID-19 (Miller at al., 2020).

METHODOLOGY

Data on the perspectives of Wood's Homes frontline staff were collected using a 12-question online survey that was emailed to all Wood's Homes employees in September of 2020. A total of 30 frontline staff across all programs in Wood's Homes responded to this survey. For this analysis, frontline staff included: youth

and family counsellors in out-of-home care treatment programs, school support counsellors and foster care support counsellors at Wood's Homes.

FINDINGS

How COVID-19 Impacted Personal Life.

A key theme identified by frontline staff was the change in family relationships and dynamics that began following the public health restrictions initiated in March of 2020. Respondents noted that they valued their family members more but were not able to visit with them. Comments include "not able to go home and my mother had to cancel her visit with me" and "I had to cancel plans to see my 93 year-old grandfather." Frontline staff frequently worried about extended family, especially those individuals at higher risk for contracting COVID-19. Respondents reported losing family members to COVID-19 as well as for natural causes, however they were not able to engage in

> *A key theme identified by frontline staff was the change in family relationships and dynamics .*

a supportive grieving ritual. One staff reported that "my Dad died during this and I could not go to his funeral (in another province), which was heartbreaking," while another identified "four of my family members passed and we couldn't gather as a family or attend funerals."

The pandemic impacted personal well-being and friendships as well. Limiting contact with others came at a cost for frontline staff, as well as their own family members, as it "reduced social activities and reduced social interactions for my child" and "personally it has restricted my contact with close friends and family which has had an impact on my mental health." Frontline staff reported that they were more isolated and house-bound during the months of the first wave of the pandemic. One respondent identified that "I stay home and am very limited in what I do in my free time," while another reported "feelings of isolation from family and community." Holiday plans and travel abroad were forced to be cancelled or deferred as a result of the pandemic. Frontline respondents re-

ported how travel is important to them as individuals reporting that "a huge part of my self-care is travelling and I've cancelled two major trips this year," and "cancelled vacations and cancelled a family wedding" and "all my summer plans were cancelled."

Shifting the Ways of Working

Frontline staff working at Wood's Homes reported a number of examples of how their work changed following the start of the COVID-19 pandemic. An increased focus on ensuring safety precautions for clients and staff was noted. Staff reported that this was "a chance to teach our clients about safe hands/physical contact with staff and others. Staff paid attention to keeping the work place safe and clean with "a lot more sanitizing, cleaning procedures," and it "increased the frequency and intensity of cleaning practices." Staff reported "taking temperatures twice a day in order to ensure that youth and staff felt safe."

Frontline staff were challenged to use other approaches and ways to communicate and connect with clients and their families. Many proved to be very successful, however some innovations came at a cost. For example, frontline staff reported that "it limits the amount of physical contact I have with clients in providing caring gestures." Frontline staff in many programs shifted to alternatives to face-to-face meetings when possible. Workers reported that meetings with families or other professionals moved to safer locations. One staff reported "I have tried to see parents and children from sidewalks but have not been in their house for meetings," while another stated that they moved to "meetings in parents' or caseworkers' backyards, meetings in bleachers at baseball fields and eventually face-to-face meetings with masks and social distancing." Support groups for children and caregivers had to change as workers reported that "we had to move all our groups to an online platform to continue supporting families – we had to be creative."

Workers found other means of engaging with youth following the onset of COVID-19. Workers in campus-based out-of-home programs reported that non-verbal communication was not easily recognized when wearing a mask as "I feel it more important to vocalize caring gestures as smiles and facial expressions cannot be read as easily behind a mask." As well, some community and recreational outings had to be adapted in response to restrictions on indoor sports, movie theatres or shopping. Workers found that they

had to find other ways to engage with new admissions as "not being allowed to meet new intakes in person is hard when you want to get to know kids." Frontline workers in school programs identified that their ways of working changed in response to the need for safety and social distancing as "...we have had to modify almost everything we do in the building. Our classes are very different, we had to remove most of our games, books or fidgets and separate the desks."

Supports and Challenges to Frontline Work

Frontline staff identified the contributions that directors, managers, supervisors and team leaders made that supported their work. Frontline staff noticed an even higher level of support from their managers during the pandemic. This included support for their well-being "supervisors were supportive for our decisions to take time off for health reasons during this time" as well as support offered to them at work. One participant noted "lots of support from team leads such as increased supervision and heightened communication via group chat with the whole team." Communication was essential given the rapid changes in protocols and services. One staff reported that "keeping up to date on protocols has been exhausting but our manager and team leader are very good at keeping us updated. We review at every team meeting," while another identified that the support was essential and "every question answered in a timely way" and "my team lead has been great and transparent about decisions made by management and found answers for any questions we were having."

The communication by the Nursing Department also received acknowledgement from frontline staff. Nurses were seen to be excellent communicators and kept everyone up to date on COVID-19 action plans and upcoming changes. One participant noted that the "great nursing team kept us informed every week about new and coming changes" while another said the internal protocols were an asset as "I could rely on them for focus and to keep my inner calm during this adventure." Availability of Personal Protective Equipment (PPE) was identified as essential to support the work of frontline staff. The ongoing supply of masks, gloves and hand sanitizer supported staff in all work locations to see clients in a manner that kept staff and clients safe.

Some frontline staff were able to shift to working at home during the pandemic and this relied heavily on the use of technology and the efforts of the Wood's Homes Information Technology (IT) Department. The benefits of online work were identified by many staff who noted "online meetings through Webex have been great and allowed for more time to complete administrative tasks. Less time driving." This technology also supported online training sessions and learning to occur for frontline staff and this was appreciated. The benefits of virtual work are balanced with potential technological challenges, however the IT staff were seen to support the process and remedy all problems as they came up. One respondent identified that "having support from IT to work from home has been incredible. They are quick to respond and help out with the challenges."

Innovations in Working with Clients

During the pandemic, frontline staff identified a number of innovations in their work with clients. This included engaging with families in the community in a manner that provided a meaningful connection at a time when families felt less connected. Workers noted that "at the beginning of the pandemic, we went grocery shopping for our folks who were in isolation or who couldn't get to the grocery store to make sure their basic needs were met." Ensuring safety for families continued to be a priority and staff collaborated with parents and families to achieve this. A worker said that they did "careful planning around safety – collaboratively writing preparedness plans with families so response plans can be activated when necessary." As well, staff spend time explaining the new safety protocols, their rationale, and why the new policies were established.

Work with children and youth also required innovative thinking as workers found that "we are needing to be more creative to create meaningful therapeutic activities for our clients." Workers found ways to engage and motivate youth by "scavenger hunts and learning about our community" as well as "doing more on-campus activities like going to the gym and going for walks." During this time, frontline workers also focused on engaging youth in educational pursuits that paid dividends for all involved. They identified that "during the summer, we created specific structured learning blocks to engage the clients in more educational activities such as science experiments, documentaries and critical thinking activities." Workers supported children living in foster care by providing resources that would enhance the placement ex-

perience, for example "dropping off cultural and art activities at foster homes," as well as "providing opportunities for cultural connections offered virtually or outdoors with distancing measures in place."

During the COVID-19 pandemic, there was an increase in technological support to clients, their families or foster families. Staff reported that they kept up on regular communication with families by an array of virtual communication approaches including Webex, Skype, FaceTime, group calendars, telephone and text. During this shift, frontline staff supported youth and families in the learning curve of these online communications. One staff indicated that "one specific way which differs from normal conditions was in supporting the clients' learning online." Online meetings were seen to be effective and efficient due to reduction of travel time and communication increased in many circumstances as staff reported "video calls

Staff reported that they kept up on regular communication with families by an array of virtual communication approaches

allow parents to see more of their children, due to less resources being used for office visits." Online meetings were used for regular updates with clients, families or foster families as well as meetings to plan for a transition home, and cultural programing. One staff reported that they "facilitated online cultural activities for clients and parents to engage in."

What Have Frontline Workers Learned

The COVID-19 pandemic has had an ongoing impact upon the work of frontline staff. Communication has shifted and staff identified the loss of face-to-face contact with clients, families and other staff. Technology has played a significant role in addressing the gaps, and all staff have gone through a significant learning curve to become comfortable with this approach. Staff identify that "foster parents have been learning how to use technology in a way they haven't before. Same with the staff." Technology poses a challenge to some elements of the work, however, and one

staff noted that "it is challenging when we can't physically see the children – it's difficult to make sure they are doing well and completing the screening tools when we cannot see them in person" while another highlighted that "it is challenging when you want to do an assessment with a youth and they don't always engage virtually."

There is an ongoing need to educate clients on the importance of hygiene and safety. This can include handwashing and use of hand sanitizers, consistent social distancing and remembering to not share belongings. As well, some younger youth are not always clear about how COVID-19 began and the immediate risk that it poses to an individual and a household. Staff reported that "...the youth didn't appear to believe that they were posing a risk by not social distancing, self-isolating or wearing a mask when needed." Navigating public spaces during the pandemic poses a new set of challenges for staff. Outings are contingent upon the number of people who are there, and staff spend time educating youth that if the numbers are too high, then they may have to leave. Despite these challenges, staff have been diligent in supporting clients to adhere to safety protocols, maintain a safe living environment and use social distancing.

What Innovations May Continue or Become Part of Future Practice

A key theme identified was that staff would continue to place a priority on health and safety in the workplace. This included proactive self-care as staff identified that it was important to "take time off when not feeling well – this should continue to be our practice" as well as "maintaining a healthy practice and self-care. Protecting self and clients by following protocols." Staff reported an enhanced awareness of the benefits of maintaining a healthy workplace and suggested that increased hand and surface cleaning hygiene is a practice to maintain in the future. Staff identified that "I will continue to be diligent in sanitizing certain things from the outside" and "the extra cleaning and making sure hand hygiene is followed will continue. Being aware of other people around us will continue."

Staff identified the need for ongoing accessible health and safety materials in future practice. They supported the need for information about safety protocols to be available in all locations and for this information to be updated regularly. Staff also identified that age-

appropriate education be provided for clients, specifically to "advocate for the Nursing Department to offer age-appropriate educational presentations in order to help youth better understand what is happening and how they can best respond."

The shift to new technologies was a key theme identified by frontline workers. They identified the relative merits of virtual meetings and suggested that "a blend of online and in-person meetings would be beneficial for saving transportation time and money for our program" as well as "online town halls and training have been an excellent option. I feel this is better for both time, money and the environment." A practical benefit was that staff could more easily participate in virtual team meetings while on their days off or on overnight shifts.

Frontline staff with the option to work remotely from their homes found that this had many benefits related to their productivity, use of time and commuting. Staff felt that working from home should be considered as an option for the future and one staff summarized this by "I think that should continue to be an option in the future, at least 50-50, or 75-25 (office – home ratio). I think it's more economical, environmentally-friendly and a time saver when you don't have to contend with traffic, weather conditions, etc."

DISCUSSION AND IMPLICATIONS FOR PRACTICE

It is clear that the COVID-19 pandemic had a meaningful impact on the personal lives of all frontline staff. The loss of connection with friends and family occurred at a time when it was more important than ever and many important events were missed including weddings, funerals and family visits. Many activities that are important to the wellbeing of frontline staff had to be curtailed or ended during the pandemic and workers had to find new ways to establish a balance in their work and personal lives. Continued attention to supporting workers to achieve a balance in their work and personal well-being is critical.

Responses highlighted the value and importance of ongoing support within the work place. This included support from the organization as a whole, as well as support from their managers, nursing staff and members of the IT department. Support takes many forms and frontline staff highlighted the value of clear and consistent communication from their managers and

leaders as well as their availability for supervision and support. Nursing staff provided essential support about all things health related, while the IT Department played a critical role in negotiating and easing the transition to online and virtual platforms for meetings, communication and intervention.

Finally, frontline staff demonstrated a commitment to practice change. They maintained the focus upon mental health treatment and client experience while also balancing the demands for necessary hygiene and safety standards. Staff developed new ways of working with children, youth and families that built upon existing best practice and embraced new technologies. Many of these innovations may pass the test of time and be incorporated into future best practice. Frontline staff highlighted that many of the safety protocols should be continued following the pandemic as they meet valuable standards of care. As well, there were recommendations to consider continued use of virtual and online platforms for meetings, and the option of working from home when appropriate for some programs.

CONCLUSIONS

This work highlights the experiences of frontline staff as they worked with children and families at Wood's Homes during the the COVID-19 pandemic in 2020. A total of 30 individuals provided survey responses to a series of questions that included: a) how their personal lives have been impacted; b) how their work has changed; c) how their work was supported and challenged; d) new ways of engaging with clients; e) relative merits of these new approaches; and f) how their work may be informed or changed following the end of COVID-19. Their responses offer important context for understanding the frontline experience and highlight ideas that may have direct implications for future policy and practice.

As noted previously, many service innovations have been reported to be useful and successful in engaging and serving children, youth and families at Wood's Homes. There is a critical need to examine which service innovations have indeed been successful in achieving improved service outcomes over time. Future analyses could compare program outcomes for this period with previous reporting periods to determine the relative merits of new and recommended service innovation. Analyses of this type would highlight the meaningful interventions that could be

continued at Wood's Homes, or other non-for-profit mental health organizations, and develop further awareness of the larger scale impact of the worldwide pandemic upon client treatment outcome.

REFERENCES

Alonzi, S., La Torre, A., Silverstein, M. W. (2020). The psychological impact of preexisting mental and physical health conditions during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1). http://dx.doi.org/10.1037/tra0000840

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 and Neglect*. https://doi.org/10.1016/j.chiabu.2020.104699

Casey Family Programs (2020). *How can child protection agencies use telehealth to increase service access for children and families?* https://www.casey.org/telehealth-strategy-brief/

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health, 14*(20). https://doi.org/10.1186/s13034-020-00329-3

Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hoffman, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E., … Weinstock, L. M. (2020). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. *American Psychologist*. Advance online publication. https://doi.org/10.1037/amp0000707

Guo, J., Fu, M., Liu, D., Zhang, B., Wang, X., & van IJzendoorn, M. H. (2020). Is the psychological impact of exposure to COVID-19 stronger in adolescents with pre-pandemic maltreatment experiences? A survey of rural Chinese adolescents. *Child Abuse and Neglec*t, 104667. https://doi.org/10.1016/j.chiabu.2020.104667

Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119*. https://doi.org/10.1016/j.childyouth.2020.105508

Perrin, P. B., Pierce, B. S., & Elliott, T. R. (2020). COVID-19 and telemedicine: A revolution in healthcare delivery is at hand. *Health Science Reports, 3*(2). https://doi.org/10.1002/hsr2.166

Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2020). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologis*t. Advance online publication. http://dx.doi.org/10.1037/amp0000722

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry, 33*(e100213). https://doi.org/10.1136/gpsych-2020-100213

Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse and Neglect, July 2020*, 1–6. https://doi.org/10.1016/j.chiabu.2020.104698

Siliman-Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. P*ediatrics, 146*(1). https://doi.org/10.1542/peds.2020-1306

University of Regina: Faculty of Social Work - Child Trauma Research Centre (2020. *Translating knowledge for child welfare organizations across the prairies: Managing the impacts of COVID-19 on the mental health of children, families, and workers*. https://cihr-irsc.gc.ca/e/documents/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf

University of Toronto, Fraser Mustard Institute for Human Development (2020). *Child welfare and pandemics literature scan*. https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020%20ENGLISH.pdf

Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics*, 146(1). https://doi.org/10.1542/peds.2020-0973

Management Perspectives on the COVID-19 Pandemic

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INTRODUCTION

During the COVID-19 pandemic, non-profit organizations faced unprecedented and complex challenges in the way they operate, and thus had to work quickly to re-organize their work in new ways. This reality was palpable for all staff at Wood's Homes, a large multi-faceted children's mental health organization based in Alberta. As stated by Nembhard, Burns & Shortell (2020), "there is no...established playbook for how to manage a pandemic" (p. 1), and managers have been tasked with the difficult situation of providing effective leadership during a tumultuous time while also mitigating damages and promoting successful agency operations into the future. This article will review available literature on this topic and explore the perspectives provided by managers at Wood's Homes in order to better understand their experiences during COVID-19. Recommendations on future directions will be provided.

BACKGROUND AND OVERVIEW OF THE RESEARCH LITERATURE

Like all research on COVID-19, this area of inquiry is in its early stages and is beginning to develop over time. Nevertheless, there is emerging literature available examining how managers, particularly those of non-profit organizations, have responded to the challenging conditions created by the pandemic.

Evidence in the literature supports that demands for children's mental health services have increased during the COVID-19 pandemic, especially in response to people's high levels of stress, anxiety, and uncertainty (Brown et al., 2020; Guo et al., 2020; Siliman-Cohen & Bosk, 2020). At the same time, the managers of these organizations have had to oversee and implement significant changes and introduce novel service delivery options, such as online and telephone service delivery, that bring with them a host of new operational considerations and challenges (University of Regina, 2020). Adding to the complexity of this situation, managers have been expected to roll out these changes rapidly (Wong et al., 2020). These exceptional circumstances led to the necessity of leadership to be fluid, adaptable and willing to take on additional roles that may fall outside of their normal day-to-day responsibilities (Siliman-Cohen & Bosk, 2020).

Managers have also had to contend with issues associated with the pandemic, such as the need to accommodate social distancing policies, public health and safety regulations, staff absences and reductions, and financial constraints (Akingbola, 2020; McMullin & Raggo, 2020; Wilke et al., 2020). This is in conjunction to evidence that shows that COVID-19 has had largely negative impacts on the employees that managers oversee, including mitigating concerns such as staff burnout, employee retention issues, and service disruption (Miller et al., 2020). Research also found that managers were better equipped to handle the stresses associated with the COVID-19 pandemic than other categories of employees and thus were asked to offer adequate supports to all employees. Additional supports would include team check-ins, providing supportive resources, and embracing clear and humble leadership (Miller et al., 2020; Nembhard et al., 2020).

Some research has offered suggestions for management of non-profit and/or child welfare organizations in the era of COVID-19 (McMullin & Raggo, 2020; Siliman-Cohen & Bosk, 2020). For instance, McMullin & Raggo (2020) expanded on the writing of Bradshaw's (2009) contingency theory of management to suggest that managers of non-profit organizations will go through four phases: shock, adaptation and recovery followed by a 'new normal'. Above all, literature points to the fact that managers must be agile, flexible, and responsive to ever-changing conditions (McMullin & Raggo, 2020). For instance, research highlighted the necessity for management to embrace and even champion new ways of operations, such as online and telephone service provision (Casey Family Programs, 2020) and establish new standards of practice in

order to provide clear direction to staff (Accenture, 2020). Simultaneously, managers need to be able to acknowledge barriers to new types of service provision, and when possible, offer services and solutions that addressed those barriers (Racine et al., 2020). Managers will also need to remember that already marginalized groups being served by their agencies may need special considerations as organizations go through the change process (Giroux et al., 2020). Another practical consideration for management will be to ensure that employees receive adequate training and information as conditions evolve (Schwab-Reese et al., 2020).

The management of non-profit, child welfare, and/or children's mental health organizations have experienced, and will continue to experience, various stresses as a result of the COVID-19 pandemic. Addressing this stress while continuing to provide high quality services will continue to be a challenge (Maher et al., 2020; University of San Diego, 2020).

METHODOLOGY

The views of Wood's Homes management staff on the impact of the COVID-19 pandemic were gathered using a 12-question online survey that was emailed to all Wood's Homes employees in September, 2020. A total of 18 respondents to the Wood's Homes COVID-19 survey were individuals in management positions and included directors, managers, supervisors, and team leaders from programs across the agency. Unless specified, the following discussion refers to these respondents simply as managers. Of the 18 respondents, five identified that they could be contacted to provide additional context and detail to the researchers. The follow-up interview questions were developed by the research team and these informal interviews were conducted by the research team by telephone with selected staff members.

Their responses are grouped by the general themes of the open-ended questions. The questions included personal life and routines, work life and routines, innovations in service and their implementation moving forward.

FINDINGS

Personal Life & Routines

The impact of COVID-19 has been felt in people's lives and routines in countless ways. Managers noted the

numerous ways their personal lives have been disrupted and the specific effects these disruptions have had. One theme featured prominently was social isolation. The feeling of isolation and disconnection from others manifested in several different ways and contributed to an overall loss of normalcy.

The inability to consistently travel was noted by several managers as a primary cause of disconnection and social isolation. Managers described that no longer being able to travel to visit family or care "for sick loved ones" resulted in a "loss of connection." Others noted a limitation in their travel and engagement with their immediate community resulting in a "change in way of life" by

> *The impact of COVID-19 has been felt in people's lives and routines in countless ways.*

"staying home more" and "not going into the community as much." More specific impacts that limited travel and engagement in the community included things such as "training for an ultramarathon...had to come to a halt suddenly," "sports...not able to play for a time, and now limited in how often, or how many leagues," and "less activities in the mountains."

Interestingly, not all managerial respondents felt the impact of the pandemic in a completely negative manner. While some lamented the loss of "not being able to celebrate meaningful milestones, achievements and life changes as we once would," others noted a limited impact on their personal lives in general. Several managers highlighted an overall lack of change in their day-to-day routines, with one respondent stating they lacked a "direct personal impact beyond what everyone else has experienced." In another response, a manager highlighted a positive aspect of the pandemic being that they found a "new perspective around what's truly important in life."

Feelings of anxiety appeared throughout many of the themes observed in the responses of managers. A few managers made direct note of this anxiety, describing feelings of anxiousness surrounding COVID-19 in regard to travel bans, while one respondent noted that anxiety caused them to feel unsettled and un-

sure about their field of work. However, much of this anxiety was focused on the well-being of respondents' family members. Several managers noted they were worried about the risks that COVID-19 posed to their older family members, while others discussed their worries around child care with schools and day-cares centres being closed.

Respondents identified increased attention to maintaining health and safety in their personal lives by prioritizing cleanliness and sanitation in their homes. One respondent noted that it helped being "in control of sanitizing my home and making sure that I did not put myself in social situations that will increase chances of getting the virus." Others had an increased "management/awareness of the transmission of germs and illness." Interestingly, this specific theme was limited in the overall discussion of how managers have been personally affected by the pandemic. Respondents' prominent focus in regard to health and safety appeared to be on maintaining social distancing and limiting travel in their personal lives.

Work Life & Routine

Managers were asked to talk about ways that their work life had changed following the onset of COVID-19. They identified that there was an increased focus on augmenting service delivery approaches to ensure that services continued to be provided while new and changing health and safety policies were being established. Managers noted that this had occurred in several ways.

With the need to follow guidelines related to social distancing and quarantine procedures, managers paid considerable attention to the transition from working in-office/in-program to working remotely. Managers appeared to have mixed feelings regarding this switch. Some noted the strengths of work flexibility and increased productivity in certain tasks while others highlighted that they had to design new ways to connect and reach clients. Flexibility during the workday was highlighted by several managers as a notable strength of remote work as it allowed for increased efficiency in completing administrative tasks due to decreased distractions. Some comments included: "more flexibility for me and less distractions resulting [in] increased productivity," "the ability to focus on administrative tasks without distraction," and "majority of my time is now working from home – which I find more productive and there are less interruptions." One respondent also noted working remotely meant

"not having to drive back and forth between locations saves time/money." This was echoed by two managers in follow-up discussions, who also noted that not having to drive appeared to reduce stress in staff as they did not feel they were "all over the place."

Despite an appreciation of working remotely, some managers noted several challenges. Maintaining effective connections with clients, staff, and other professionals was one such challenge, with one manager noting "I felt the work was sufficient but not up to the quality we typically produce as a department," highlighting that they felt there was a decrease in "knowledge-sharing or communication" between colleagues that "kept things up to a certain standard." Others noted a lack of engagement and interaction with youth and professionals in a more natural environment: "limited access to professionals and teams supporting the young people in the community," and "less face time with the youth in their own environment." Being unable to assess risk and safety in households was also noted by one manager and that "part of the work we do is to ensure safety in the homes of parents, foster and Kinship families and we were unable to do that."

Several managers also described a need to change their program and service delivery for clients who switched to the challenges of working remotely. At one program, staff changed to providing consultation and sessions "virtually...[over] phone and video," while another program replaced traditional home visits with "video home visits to families as well as virtual visits over the phone." When weather warmed in the summer, such visits also shifted to "'backyard' visits" in order "to support families in need of a face-to-face visit allowing for safe physical distancing."

In another instance, a program re-evaluated its primary service after facing considerable staffing issues following the cancellation of school classes earlier in the year. As the manager describes, "when classes were cancelled, we quickly had to change our entire model...in reaching out to families, it quickly became apparent that many of them were struggling with basic needs." They connected with another school-based program, a family support counsellor, and a clinician to develop and run "a Learning Centres Food Bank. We did the planning, shopping, organizing and delivery of about 20 food hampers each week. This was completely new territory for me, but I value the experience."

Switching to primarily relying on virtual communication and meetings was consistently highlighted by managers as one of the most significant changes not only to service style but also to the day-to-day work experiences and routines of staff. Augmented and virtual communication had the effect of maintaining connection with clients, but in some cases this change was seen to actually increase communication and connection with clients. One manager noted an "observable increase in communication" after transitioning from in-person contact with clients and families to relying on phone and virtual meetings. Others

> *Switching to primarily relying on virtual communication and meetings was consistently highlighted as one of the most significant changes*

noted that phone and face-to-face contact via applications such as Zoom or Webex meetings encouraged contact with rural clients as staff were able to "be in [their] homes." Rural clients appeared to adapt quickly to virtual face-to-face meetings, not only because it allowed them to maintain services with staff, but it allowed and increased long-distance connection between families and children.

The potential of virtual communication to ensure contact is maintained with families is indeed open to all clients in out-of-home care. In one follow up-interview, a director noted that maintaining a meaningful long-distance connection between children in out-of-home care and their families was once seen to be "insurmountable" with previous means and strategies of contact. The use of virtual technology during the COVID-19 pandemic however has levelled the "connection playing field" and youth with families living out of province are now just "as connected as kids with families down the street."

Another noted benefit of remote technology was the increased communication and collaboration between staff. Team meetings was one area that managers consistently noted as benefiting from a virtual format. With travel times reduced due to the online format,

one manager noted that there has been "increased participation [of] team members at team meetings and other group activities." This was also echoed in more routine communication and connection between staff and teams, with many managers noting that they observed an increased reliance on emails, as well as an "increased presence on the Intranet."

However, increased reliance on virtual communication did have a number of challenges. Several managers highlighted that certain aspects of connection are lost when using virtual communication. One manager noted that by using Zoom and Webex "an element of communication and connection is missed" and that while they were happy that communication and connection was occurring, "it is not the same as face-to-face sessions." Others noted that less obvious forms of communication can also be lost or forgotten about. "From a manager's perspective, and on a personal note, it was challenging to have team meetings virtually as it was difficult to assess the body language of team members." Body language was also identified by another manager as a particular challenge, noting in a follow-up interview that "it felt like you could not properly read facial cues and body language – it seemed like it took a lot of energy and attention as the mind is constantly seeking those things."

In some cases, managers worried about the impact that virtual communication had upon programs and staff. "Zoom fatigue" was mentioned by one respondent as a specific challenge, and in a follow-up interview they expanded their response by describing that "there were so many meetings at the beginning – four to six hours a day on the video calls. I felt fatigued and staff reported feeling drained as well. I was reading online about Zoom fatigue and I could relate." Another manager summarized such impacts in a follow-up interview:

> The worry is that the value of face to face contact is lessening the further we are finding ourselves managing this pandemic. It is important to watch and pay attention to not allow for technology to be the only main source of contact. Non-verbal and verbal cues can be missed with each other and clients – this is something that can have a major impact on the work we are doing. It is easy to adjust to the online world and it is important to look at whether this is for the sake of convenience.

Innovations and Implementation Moving Forward

Managers discussed at length the innovative and creative ways that their programs and staff have responded to the impacts of the pandemic. As already mentioned, the use of virtual technology to maintain contact between staff, clients, and other professionals was the most consistent theme highlighted. Tools such as text messaging, e-mail, phone calls, and web conferencing/video-conferencing were also used by managers and their staff throughout the agency with varying degrees of success. The convenience offered by virtual communication was highlighted as a particular reason why several programs experienced increased engagement by clients. As one manager noted "for some families, virtual sessions have created more engagement due to its convenience," with another manager stating that it allowed them "to maintain positive connection with clients." As one manager described:

> We began doing virtual visits for families and their children - we were able to connect with them online and keep that connection going, which the families were very thankful for. We also were able to do virtual meetings which has saved so much time, especially as a TL (team leader) where time is stretched so thin.

Interestingly, several managers also noted clients and families showed adaptation and understanding in response to innovations in communication and connection. Empathy was one such way that clients and families demonstrated this understanding, as one manager summarized:

> In our line of work, we talk about having empathy for our clients. However, in a way, roles were reversed. I found that our clients were very understanding about how we had to change our service delivery to meet their needs. Examples of this is how parents were understanding that they were unable to have in-person visits with their children...What really stands out to me is hearing of a three-year-old having his first in-person visit with his mother (after not seeing her for three months). All he wanted from her was a hug and a kiss and watching how she navigated still showing him affection with minimal risk, must have been very difficult for her.

Managers also noted other unique and interesting ways that staff have responded to the pandemic. Educating clients and families on COVID-19 and related safety procedures is one such area. Several managers highlighted that their staff worked to change the perspective and negative connotation of COVID-19 into something more productive. In one program "clients were also told about COVID from a developmental perspective" which the manager noted had the effect of lessening feelings of anxiety. Another program approached this in a similar way by having "discussions around the pandemic and fact-sharing so [clients] have the knowledge and understanding which lessens fear." Staff in that program also worked to make "restrictions appear to be fun challenges to overcome and empowering the youth to problem solve alongside staff." Another program embraced "creativity when discussing the COVID-19 virus and the impact" in several ways, including "decorating PPE materials to make them less intimidating and more kid-friendly."

Staff also embraced alternative methods of meeting with clients and families in order to maintain social distancing. As already mentioned, several programs adopted "yard meetings" whereby staff and programs "provided options to clients to meet...in parks, front yards" or other outdoor locations. Many programs also began focusing more on outdoor physical activities to provide services while also maintaining social distancing. In one program "physical activity for kids in care increased" with the manager noting that "bike riding has become popular for staff and kids, going for walks improved and just being with each other playing games outside." Another program saw staff organize "the fire department to celebrate birthdays by driving by family homes, participating in virtual smudging (Indigenous cultural healing practice) as a team, we were also able to participate in sage picking at Nose Hill Park."

Though these unique and innovative approaches to service delivery had many successes, managers noted several challenges. Not all managers found that the reliance on technology and virtual communication resulted in consistent engagement by both staff and clients. In fact, several managers found that the "lack of face-to-face contact has led to some disengagement from families." It was noted that clients and families did not feel "comfortable with technology" and meetings were often "hindered with technological difficulties." This, at times, resulted in clients using virtual communication and COVID-19 "as an excuse to not meet and continue to work on...goals."

Several managers also noted that while technology and virtual communication have offered a number of benefits to work, they have not always been conducive to maintaining a healthy work/life balance. Some suggested that it is much more challenging to instill effective structure into a day when relying on virtual communication and working remotely. One manager stated:

> Working from home has been challenging as I have not managed putting in a structure or building in breaks into my day. I find that I work throughout, barely stopping to take lunch. This made me realize that when staff stopped by my office to ask a question, or have a chat, [resulted in me having] a break, as well as just having a social interaction.

Similarly, another manager found that they were "not getting out of the chair for five hours." They also mentioned one unexpected impact was losing "down time in the car" following the drive home after a long workday. This manager noted that this view was shared by several of the staff despite their appreciation of not needing to commute.

Despite these challenges, managers recommended a number of ways that innovations could be implemented and normalized moving forward. Most managers described the important role that virtual communication will have in the post COVID-19 world. Many discussed the importance of balancing work between in-person and virtual service delivery. One manager called this a "hybrid service," while another defined it as the ability to "build a community at a distance." Several managers also discussed relying on virtual communication and technology to complete trainings moving forward. One also commented that "having virtual trainings with foster parents will not only support with time management but will also be cost effective."

Other managers explored the possibilities of actually expanding the use of virtual communication and technology moving forward. For instance, one stated that "we will definitely continue using our digital options after COVID-19 becomes less of a factor. If anything, we are looking at more ways to continue to digitize our programming." Another described in a follow-up interview, the importance of "ending the debate over using technology to support clients," as well as investing in technology to help streamline and increase efficiency in supporting clients.

Managers also discussed the importance of encouraging and integrating remote work moving forward. While several acknowledged the challenge of maintaining a proper work/life balance when working remotely, a common theme in responses was that work was not compromised by this model of work. One manager noted that "I believe that we have found that a large portion of our role can be done remotely, without sacrificing quality." In a follow-up interview, a manager described that remote work "can meet other people's way of working if we are flexible and accept that some people work even better at home. If someone is more efficient at home, allow that." Others described that implementing remote work could achieve positive culture shifts within work in general. Several managers highlighted this as an opportunity to reduce stress among staff in the agency, as the "value of letting a person work from home" can range from not coming into work sick, or even staying home and taking care of children and other loved ones.

CONCLUSION

Being a manager in a children's mental health centre is certainly not an easy role during the COVID-19 pandemic. As demonstrated by the responses from the Wood's Homes survey, follow-up interviews, and available literature, managers are still determining how best to deal with the effects of COVID-19 given that the pandemic is ongoing. What is known however, is that managers have been highly responsive to the uncertainty, upheaval, and change within the organization, while at the same time providing decisive leadership and maintaining a high standard of service delivery.

An event like a pandemic can have the effect of amplifying things. For example, aspects that were difficult before were further intensified, while agency strengths were also magnified. As one manager pointed out in a follow-up interview, the values that Wood's Homes has in terms of collectivism and community have truly shone through this turbulent time and are noticeable in the actions and responses of managers. To be able to successfully lead during such an experience makes managers as well as the entire organization stronger, more resilient, and able to effectively tackle future challenges.

REFERENCES

Accenture (2020, April 7). *Child welfare services and COVID-19: Four urgent actions*. https://www.accenture.com/us-en/insights/public-service/coronavirus-child-welfare-our-key-actions

Akingbola, K. (2020). COVID-19: The Prospects for Nonprofit Human Resource Management. *Canadian Journal of Nonprofit and Social Economy Research, 11*(1), 5–5. https://doi.org/10.29173/cjnser.2020v11n1a372

Bradshaw, P. (2009). A contingency approach to nonprofit governance. *Nonprofit Management and Leadership, 20*(1), 61-81. https://doi.org/10.1002/nml.241

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 and Neglect.* https://doi.org/10.1016/j.chiabu.2020.104699

Casey Family Programs (2020). *How can child protection agencies use telehealth to increase service access for children and families?* https://www.casey.org/telehealth-strategy-brief/

Giroux, R., Blackstock, C., Jetty, R., Bennett, S., & Gander, S. (2020, May 27). *COVID-19 and Indigenous children in Canada: What can paediatricians do?* Canadian Pediatric Society. https://www.cps.ca/en/blog-blogue/covid-19-indigenous-children-in-canada-what-can-paediatricans-do

Guo, J., Fu, M., Liu, D., Zhang, B., Wang, X., & van IJzendoorn, M. H. (2020). Is the psychological impact of exposure to COVID-19 stronger in adolescents with pre-pandemic maltreatment experiences? A survey of rural Chinese adolescents. *Child Abuse and Neglect*, 104667. https://doi.org/10.1016/j.chiabu.2020.104667

Maher, C. S., Hoang, T., & Hindery, A. (2020). Fiscal responses to COVID-19: Evidence from local governments and nonprofits. *Public Administration Review, 80*(4), 644–650. https://doi.org/10.1111/puar.13238

McMullin, C., & Raggo, P. (2020). Leadership and governance in times of crisis: A balancing act for nonprofit boards. *Nonprofit and Voluntary Sector Quarterly, Symposium Issue.* https://doi.org/10.1177/0899764020964582

Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119.* https://doi.org/10.1016/j.childyouth.2020.105508

Nembhard, I. M., Burns, L. R., & Shortell, S. M. (2020). Responding to COVID-19: Lessons from management research. *Innovations in Care Delivery.* https://doi.org/10.1056/CAT.20.0111

Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse and Neglect, July 2020*, 1–6. https://doi.org/10.1016/j.chiabu.2020.104698

Schwab-Reese, L. M., Drury, I., Allan, H., & Matz, K. (2020). "Oh, this is actually okay": Understanding how one state child welfare training system adapted to the COVID-19 pandemic. *Child Abuse and Neglect,* July, 104697. https://doi.org/10.1016/j.chiabu.2020.104697

Siliman-Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-1306

University of Regina: Faculty of Social Work - Child Trauma Research Centre (2020. *Translating knowledge for child welfare organizations across the prairies: Managing the impacts of COVID-19 on the mental health of children, families, and workers.* https://cihr-irsc.gc.ca/e/documents/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf

University of San Diego: Caster Family Center for Nonprofit and Philanthropic Research (2020). *Nonprofit response to COVID-19: The immediate impacts of the COVID-19 pandemic on San Diego County nonprofits.* https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1003&context=npi-npissues

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 and Neglect, July,* 104642. https://doi.org/10.1016/j.chiabu.2020.104642

Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-0973

Support Services Perspectives

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INTRODUCTION

In March 2020, COVID-19 posed a critical risk to the citizens of Alberta leading to provincial restrictions and public health measures. At Wood's Homes, a large children's mental health organization based in Alberta, the COVID-19 pandemic led to significant change in all programs designed to serve children and families but also for support services – those programs providing support and assistance to these clinical programs. At Wood's Homes, support services include; Information Technology (IT); Finance; Communications; Wood's Homes Foundation; Facilities; Administrative Services; Human Resources; Payroll; and the Research Department. During these turbulent times, it was clear that support services staff were impacted in their personal and work lives, and that the process of how work was completed, or communicated, needed to shift. Throughout this stage of the pandemic, support services staff embraced change in the ways they interacted with others, both internal and external to the agency, while continuing to ensure they were providing the supports and services needed by programs across the agency.

LITERATURE REVIEW

Available literature that is relevant and appropriate to the support services perspective of COVID-19 is very limited. This is due, in part, to the relatively brief publishing window for topics related to COVID-19, as well as the reality that the experiences of support service staff, who indirectly serve children and families, have been largely unexplored in the literature to date. More of this emerging research is focused upon the perspectives of either frontline or management staff. The support services group is a work cohort that merits further study.

Available research does describe how organizations have had to shift to remote and/or online work for all types of employees, which includes support staff (University of Regina, 2020). In addition, the literature consistently points out the crucial role of Information Technology (IT) departments in streamlining such transitions and troubleshooting issues (Wong et

al., 2020). Support services' work demands have also been noted to have increased in the face of amplified client service demands amidst the pandemic (Beaton, 2020; Casey Family Programs, 2020).

It is noted in the literature that non-profit agencies operating during COVID-19 identified key concerns surrounding financial challenges, technological issues, health and safety procedures, and the shift to working remotely, all of which directly applies to the work of support services (Deitrick et al., 2020). During COVID-19, support services have also been tasked with priorities including clear communications, technology-based creative solutions, and wraparound support to the 'new normal' of agency operations (Overton et al., 2020). Specifically, this includes increased support staff workloads, a need to conceptualize and also adapt to new technologies and ways of working, and being called upon to expand existing job descriptions (Casey Family Programs, 2020; Schwab-Reese et al., 2020; Siliman-Cohen & Bosk, 2020).

METHODOLOGY

Support service perspectives on working through the COVID-19 pandemic were gathered with an online survey emailed to all Wood's Homes staff. A total of 13 respondents across support programs (Information Technology (IT), Finance, Communications, Foundation, Facilities, Administrative Services, Human Resources, Payroll and the Research Department) within Wood's Homes responded to this survey.

In addition to this survey, brief follow-up interviews were conducted with four Wood's Homes support services staff members to get further context on some responses and to get a richer understanding of the study findings. All individuals who were interviewed had previously completed the online survey and indicated a willingness to be contacted for follow-up.

FINDINGS

The findings are organized by each of the survey questions. Key themes are identified in each section with supporting quotations from respondents to emphasize specific points.

The Personal Impact of the COVID-19 Pandemic

Support services staff reported experiencing stressors on a personal level following the onset of the pandemic. Some respondents were impacted by having limited social interactions, with one respondent noting that while they are "a very social person, I do not go out often anymore," and another noting that the pandemic has "prevented [them] from seeing friends and family." Focusing more specifically on family, one respondent stated they were "deterred...from seeing our parents and extended family, some for almost 9 months now, missing celebrations and milestone achievements." While some respondents emphasized a lack of time with family, another respondent identified that "we were all at home...during the initial stages - that was an interesting time."

While many respondents identified a lack of social interaction in their responses, disruptions to their personal routines emerged as another theme. Respondents identified having to change routines related to gathering groceries, cleaning items coming into the home, reducing time spent going out to shops or restaurants, and changing transportation choices.

Psychological stressors were also noted. One respondent noted that COVID-19 "has also caused tension, because of conflicting view points on how COVID started, and who is to blame. And sadly, put racism in some conversations in the forefront." Another respondent stated they had experienced "discrimination because of my race" in public settings. Several other respondents noted that they made changes to their routine based on fear of contracting the virus.

Despite these stressors and changes, respondents found positive insights from the lockdown. One respondent reflected that the changes "forced my household to slow down and appreciate all we have," while another noted that "it's given me the opportunity to reflect on and connect with what I truly value."

How Work has Changed or Been Adapted During COVID-19 Pandemic

Many of the respondents shifted to working remotely from home. Some respondents emphasized that they enjoyed this change, as reported by one respondent "I enjoy [working from home] and feel very focused and productive when I work at home. I don't feel as exhausted throughout the day since I no longer commute to the office." However, not all respondents noted that working from home was easy, with one stating that "productivity with working from home depended on what home is like for the person. Having kids and other family members made work from home difficult for some." In shifting to working from home, most of the virtual work seemed to reflect meetings and increasing online communication.

Despite working from home, support services staff reflected their commitment to continue to support frontline staff. One respondent said that "we wanted staff to know that we are here to support them even if we are not present in the building." Another noted that they had to adapt "our Intranet to share important information."

In relation to health and safety practices, it seems as though respondents had an increased awareness about their responsibilities. One respondent stated that "I'm more mindful now, of the building's cleanliness and try to encourage everyone to have a "pitch in attitude" to clean up after themselves or meetings." Sometimes, this meant having a focus on additional responsibilities related to COVID safety measures such as sourcing supplies and cleaning workspaces.

How Work Has Been Supported and/or Challenged

Support services respondents reported that their ability to adapt was supported by other departments. Of note was the Wood's Homes COVID-19 Task Force, a committee consisting of managers and frontline personnel from all departments on the service spectrum. At the beginning of the pandemic., one respondent noted that they were "impressed with the committee's work in regularly communicating with staff and keeping them informed of policy changes." Additionally, another respondent reflected that they "felt that Wood's Homes leadership were very sensitive and understanding to everyone's unique circumstances." Multiple respondents noted that they appreciated receiving updates and up-to-date information, especially from Senior Leadership, the Nursing Department, and the Communications Department. Finally, with the shift to remote work, the IT Department was identified as playing a critical role in supporting remote support services work. One respondent stated that "IT helped enormously on setting us up to work from home and the multiple issues this brought."

Ways to Engage and Work With Staff and Programs

Many support services staff indicated that they want-

ed to continue providing quality support to programs throughout the agency. When defining the clients of support services, one respondent explained:

> I consider my 'clients' to be the staff at Wood's Homes whom I regularly work with and do projects for. My work has largely moved to email communication whereas before I could just have a mini-meeting at my desk, or travel to another campus to meet with those who need my assistance.

One respondent stated they assisted programs by "organizing and ensuring that standards are maintained," and another noted that "we are here to support them through all aspects of their work." In one instance, it was noted that this support meant working with programs "to put together a survey to ask families for feedback on phone/Webex (secure virtual tele-health software platform) sessions."

A key theme in the discussion about the success of service innovation was the increased communication efforts.

Some service innovation occurred by providing training sessions in a blended format, that included being partially or completely virtual in nature. When reflecting on this, one respondent felt that "a blend of in-person and virtual training is good. Some trainings are easily done through Zoom or Webex, but the challenges lie in internet connection. In-person training also gives new staff the opportunity to connect with the Human Resource (HR) team." One innovation that seemed to be quite successful was moving to virtual and paperless systems. One respondent stated that "in my opinion, there are only strengths in virtual and paperless onboarding from an HR standpoint" and identified increased organization, accessibility and time savings.

Other support services staff noticed a clear increase in health and hygiene measures that were important for them to complete their job, or to ensure others could do their job. One such measure, deemed to be a large undertaking, was the installation of "plexi/acryl-ic glass, stickers, signs, and make sure that people felt safe and comfortable about where they worked."

How Approaches Have Been Successful or Challenging to Work

A key theme in the discussion about the success of service innovation was the increased communication efforts. At times, respondents identified increased accessibility, with one respondent noting "we have had more turn out of staff attending" and another acknowledging that "video conferencing for meetings, and especially Town Halls, as a new approach have been very successful." Another benefit of online communication was identified through time savings and reduced commuting. However, one respondent noted that "the lack of person-to-person interaction has been a challenge," and another stated that "it can be easier to train face-to-face rather than over the phone."

How Work May Change in the Future

Staff were asked to think about how work in the future may change as a result of the COVID-19 work experience. One approach that support services personnel anticipated would be continued after COVID-19 was the use of virtual platforms for communication purposes. One respondent stated that they "think that platforms such as Webex and online documents will continue to be used," and another noted that we should "continue to offer town halls virtually." Some programs also had data collection techniques to gather this information from clients, and "these results will help inform if virtual meetings are beneficial in the future, but I know from conversations that these virtual meetings have been helpful for families that live further away or have transportation issues."

Other respondents appreciated the additional focus on health and safety, and noted that similar measures could still continue to be used to reduce transmission of other seasonal illnesses, not just COVID-19.

Some respondents reported an appreciation for the connections that were built by people reaching out to one another. As one respondent stated, "it builds trust with employees. I liked that we reached out to each other to let each other know that if anyone needs help, we are here. We should always maintain connection and develop rapport."

DISCUSSION AND IMPLICATIONS FOR PRACTICE

Quick adaptation often requires strong mobilization and effective communication. Many of the support staff at Wood's Homes indicated that certain departments, such as the IT, Communications, Nursing and those in leadership roles played a pivotal role in helping them throughout the challenges of COVID-19. Furthermore, many support services staff indicated the importance of their own work as they reached out to other areas to provide assistance, and reminded others that they were there to provide whatever support they could. With support from these departments, many support services were able to work from home, or have additional health and safety measures in place in order to work safely from their office space. A number of respondents acknowledged and appreciated the focus on safety during this time.

A few participants shared the challenges they encountered, many of which seemed to stem from personal circumstances. In some instances, technological issues or distractions from a home environment were obstacles that needed to be addressed. A number of respondents also identified feeling socially isolated from friends and family, as well as experiencing the impact of racism in the public that was perceived to stem from beliefs and anger related to the pandemic. Several respondents also noted that changes to their routine were made. These changes were due to, or the result of, fear regarding COVID-19 and anxiety about the health and safety of themselves and their loved ones.

Keeping apprised of important information and changing policies during the COVID-19 pandemic was identified as a critical element. Some respondents acknowledged the efforts of the internal Wood's Homes COVID-19 Task Force, the Nursing Department and the Communications Department of Wood's Homes to ensure updates and information were sent out to agency staff in a timely manner.

While facing multiple layers of challenges personally and at work, support services staff demonstrated resilience and the ability to adapt to the changing environment, while maintaining their focus on supporting other program areas. Most meetings and processes that incorporated technological methods seemed to be a success and even showed increased accessibility to staff across the agency and reduced time spent commuting. However, some respondents did still acknowledge that having an in-person connection is an important part of rapport building or being able to connect with one's team.

CONCLUSION

This paper highlights the experiences of work that Wood's Homes support services staff members had while working through the COVID-19 pandemic. As noted previously, Wood's Homes support services include; Information Technology (IT); Finance; Communications; Wood's Homes Foundation; Facilities; Administrative Services; Human Resources; Payroll; and the Research Department. A total of 13 individuals provided survey responses to a series of questions that included: a) how their personal lives have been impacted; b) how their work has changed; c) how their work was supported and challenged; d) new ways of engaging with staff and programs; e) relative merits of these new approaches; and f) how their work may be informed or changed following the end of COVID-19.

Many of the support staff at Wood's Homes indicated that certain departments, such as the IT, Communications, Nursing and those in leadership roles played a pivotal role in helping them throughout the challenges of COVID-19

The key themes identified in the responses of support service staff highlight the experiences of support services staff as they worked through the COVID-19 pandemic and identify areas of potential change for future agency policy and practice. As noted in the previous section, support service workers reported their efforts to ensure that their connections to other programs were maintained, and in some examples, were enhanced when working from home. This was seen to be supported by other departments and groups including Communications, Information Technolo-

gy (IT), Nursing, leadership and the Wood's Homes COVID-19 Task Force Committee. Respondents were able to find new solutions and alternative ways to conduct their work in a manner that supported agency programs. Training sessions, onboarding, meetings and town halls were conducted on virtual platforms with an increased emphasis on paperless systems. Even after the COVID-19 pandemic has ended, respondents identified that incorporating virtual innovations related to processes, meetings and trainings should be considered and evaluated. Finally, support service staff identified that the increased focus on hand and surface sanitizing were essential to ensure a safe workplace. Evaluating the relative merit of these program innovations will be important to understand the immediate and longer-term benefits over time.

REFERENCES

Beaton, E. E. (2020, May 4). *Ohio nonprofit COVID-19 survey: A report of the results.* https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3658394

Casey Family Programs (2020). *How can child protection agencies use telehealth to increase service access for children and families?* https://www.casey.org/telehealth-strategy-brief/

Deitrick, L., Tinkler, T., Young, E., Strawser, C. C., & Meschen, C. (2020, March). N*onprofit sector response to COVID-19.* The Nonprofit Institute, The University of San Diego. https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1003&context=npi-npissues

Overton, J., Denton, K., Frumovitz, M., Lewis, C., Christensen, S., Bezerra, J., Hernandez, C., Walker, M.S., Finder, J. P., Proske, A. A., Jain, S., Whipple, J., Martinez, W. L., Eska, J. S., Sutherland, E. W., Triche, L. L., Garcia, E. A., & Weber, R. S. (2020). Coronavirus (COVID-19): Patient experience – Administrative services on the frontline during crisis. *Journal of the Sciences and Specialties of the Head and Neck, 42*(7). https://doi.org/10.1002/hed.26259

Schwab-Reese, L. M., Drury, I., Allan, H., & Matz, K. (2020). "Oh, this is actually okay": Understanding how one state child welfare training system adapted to the COVID-19 pandemic. *Child Abuse and Neglect, July,* 104697. https://doi.org/10.1016/j.chiabu.2020.104697

Siliman-Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-1306

University of Regina: Faculty of Social Work - Child Trauma Research Centre (2020. *Translating knowledge for child welfare organizations across the prairies: Managing the impacts of COVID-19 on the mental health of children, families, and workers.* https://cihr-irsc.gc.ca/e/documents/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf

Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-0973

Marking the Winter Solstice, 2020

TYRONE RHYNO & BRUCE MACLAURIN

INTRODUCTION

The COVID-19 pandemic has had a significant impact on all programs and services offered at Wood's Homes. The organization and staff responded to new public health protocols and embraced new ways of working while maintaining safety and social distancing for clients and staff. This special issue of the Wood's Homes Journal – Evidence to Practice is dedicated to documenting the numerous stories of service innovation over the past ten months of this pandemic. One such example is the meaningful way in which the ceremony for winter solstice was safely celebrated with a range of youth, staff and allies at Wood's Homes in December, 2020. This ceremony was led by Elder John Crier, a member of the Samson Cree Nation, Elder Marcia Crier of the Nishga'a Nation in Northern British Columbia, and Tyrone Rhyno, as an oskapeyo and the Indigenous Liaison at Wood's Homes.

This article is a narrative essay written using the first-person voice of Tyrone Rhyno. In this article he will: a) provide an introduction for himself; b) set the background context to the winter solstice; c) highlight the key innovations that occurred in observing the ceremony in 2020; d) provide feedback on the solstice ceremony, and e) offer concluding remarks. Bruce MacLaurin, Senior Researcher within the Wood's Homes Research Department facilitated this narrative essay with an interview, and had an editorial and consulting role.

INTRODUCTION TO THE LEAD AUTHOR

I am the Indigenous Liaison for Wood's Homes and have been in this role for just over three years. As a child, I was closely connected to my culture in Northern Alberta, but this connection waned during my adolescence and early adulthood. Following the completion of my service in the military, I began to recognize how the loss of my culture had an impact upon my life. At that time, I started to reconnect with culture and ceremony and to explore my place in it. This was supported by a very memorable experience I had on the leadership team responsible for developing the healing retreat for men with the Maskwacis community. During the five years that this program operated, I learned valuable lessons about the impact of inter-generational trauma, and the role that I could play in serving others. Later, I recall having a conversation with my children when I began to identify things about which I felt passionate. My work serving others was one of those passions. It was at that moment that I decided to focus my work with my Calgary community and, shortly after, applied for the Indigenous Liaison position at Wood's Homes.

The Indigenous Liaison supports Wood's Homes in their efforts to serve Indigenous children and families in a culturally informed manner. The children and families have an opportunity to experience culture in valuable ways as they navigate the road leading to healing and reclamation. There was much to learn when I took on the Indigenous Liaison position. I learned about the children and families who access services within Wood's Homes and the many nations from which they came. I learned more about the existing culture at Wood's Homes and explored ways to bring further Indigenous culture into the organization.

A critical step occurred when an Elder was first invited to come and lift a pipe. This is important because of the connection to Creator and our natural laws. On that day, we set our intentions to create a safe cultural space for the Indigenous people that we serve. Since that time, we have been honoured to host Sweat Lodge Ceremonies, Pipe Ceremonies, Tipi teachings, land-based teachings, singing and drumming at Wood's Homes. Participants at these ceremonies and events include friends and guests from many nations, both within and outside the province.

A lifetime of experience serves as the foundation on which I base my support for our children and families. I am grateful to the many Elders and knowledge keepers who support this important work in our community. We have expanded our cultural resources to support the work being done in the Wood's community. I continue to learn about the many nations that access our services, as well as the variety of ways that people define wellness as it is connected to culture.

BACKGROUND TO THE WINTER SOLSTICE

It is important for us to acknowledge the many nations of the youth and families who come to Wood's Homes, and to state that we are on Treaty 7 Territory. We acknowledge those who took care of the land and who are the keepers of the knowledge. This includes the Blackfoot Confederacy, Siksika, Kainai, Piikani, Tsuut'ina, Stoney Nakoda, and the Métis peoples who make this place home, as well as all of the Treaty 7 people. This is important because we have been changing our culture here at Wood's Homes. This culture change is noted as we invite friends and guests to our community to acknowledge the winter solstice.

I am grateful to the many Elders and knowledge keepers who support this important work in our community.

The winter solstice is important to many people because it is a ceremony leading to reclamation. We are reclaiming ways of being that have been lost for some people. I have heard of a teaching that says we stand on the shoulders of seven generations of our ancestors, and similarly it is going to take another seven generations to heal our families. Some families are well along that healing journey and might be at the third or fourth generation of healing, while others are just beginning this journey. Much reclamation needs to happen. We need to acknowledge that there was a time in Canadian history where ceremonies were outlawed. On the Bowness Campus of Wood's Homes, there is a welcoming of ceremony into the lives of children and staff, and that includes teachings for people of all nations. When we offer ceremony, all of our children and families are welcome to learn and absorb this knowledge in a way that supports them to be good with who they are. Healing is a journey and everyone has their path to wellness.

For the winter solstice, there is an evolution of learning for cultural teachings. It is like a spiral as we go clockwise around the sun. We are going around, always moving, evolving and growing, in the same way as our teachings. This is based upon my own perspective and reflects where I am at in my life as I work with Elders and with people in the community. The winter solstice has given us the opportunity to reclaim our culture and our ways of being that acknowledges the sun. Winter solstice is the shortest day of the year. We try to do the ceremony following the sun going down after the Solstice - so we are in this place with the darkness. This darkness is where we ask for help, set intentions, ask for forgiveness and take responsibility. The element of responsibility for the solstice ceremony is that if I hurt someone, then that is my responsibility. If I offended others, then I want to take that back because I am taking responsibility for my actions. When I do that, others no longer need to carry that and we can be in a good relationship. We make the extension of this offer by saying I am responsible for my word and my actions, and I own them. How did people learn to take responsibility during the time that ceremonies were outlawed for generations? How did they learn to acknowledge where they were, as a people, with the sun? That is the loss. The reclamation is being able to find your way to do that.

Here we are in the new sun, and regardless of whether it is your 15th sun or your 50th sun, you can start at any time. It doesn't really matter where you are in your life, if this makes sense to you, if you understand the connection, and you want to be responsible and have good relations, then you are ready. When you do that, you will then get feedback from those you have reached out to. When you reach out in this moment of the Solstice, take responsibility and connect to those people in your life – this creates an opportunity for growth, connection and understanding. For others, there was an offense and hurt. I create the intention to walk in a good way, and I will state that "I will leave this in the light of the old sun. In the new sun I will walk in a good way." In the morning after the solstice, there is a new sun because it is the way that we are in relation to going around the sun. The new sun has opportunities and ways of being. This includes being accountable and respectful, having dignity and a good relationship with those around you. You no longer need to carry this burden.

This applies to intergenerational trauma as well. If you can take responsibility for your actions and words, then you don't need to take on those things which do not belong to you. You cannot be responsible for your parent's actions or behaviours, nor can you be

responsible for those of your grandparents or your great grandparents. That is not your job nor your responsibility.

With the winter solstice teachings and ceremonies, we are looking for that connection to healing. We ask the Creator for guidance and knowledge to continue in a good way.

OBSERVING THE WINTER SOLSTICE DURING COVID-19

This year, every Elder and Knowledge Keeper who consults to all Wood's Homes programs and departments have been praying to see a way in which the winter solstice ceremony could be safely observed in the midst of the COVID-19 pandemic. The ceremony is important as there are so many people in need of connection and healing in the work that we do. They need their culture and the people who have the knowledge. They need guidance and connection.

In the months leading up to the winter solstice, I explored all possible options about who could do this and how we could proceed. It was important to get this knowledge to our young people, staff, families, friends and allies so they can learn the connection to the winter solstice. In consultation with our Elders, I asked what might be possible and how it could be done in a good way. Drive-through connections, virtual sessions and community wakes are being attempted in ways that minimize risk to our Elders. It is critical to respect, protect and take care of the health and safety of our Elders and to be stewards of their knowledge. Following the consultation with our Elders, we agreed to celebrate the winter solstice by doing a virtual session. This was very significant because traditionally, these ceremonies would never be recorded and participants would never be on video. This has not been known to happen before, and I'm grateful that we were able to do this at this unique time.

The traditional components of the solstice ceremony include a pipe ceremony with everyone gathered together to share the pipe. The Elder would receive the protocols for prayers and blessings and then the community would make a feast and prepare food to acknowledge feeding our ancestors. This helps us to acknowledge our ceremony and the sun in the way that has been done for generations. We knew that it would not be possible to observe all of these traditional steps but we wanted to build knowledge and capacity through the tradition.

We decided to have two feast dishes. We did one video on preparing a rice soup, and another one for preparing oven-baked bannock. These are just two of a variety of dishes that can be served at a feast. We invited our Elders to make these videos the weekend before the Solstice. The videos and recipes were sent out to our communities and people were invited to make these dishes in honour of the solstice. It felt good that we were having people expand their knowledge and learn about the Cree teachings of the solstice from our Elder in Maskwacis.

People were invited to come and to share the link to the event. It was important to our Elder that the virtual session not be recorded, but the video link and the virtual link could be sent to our full community. These limitations were good. A total of 40 participants were involved and represented a range of programs across the agency including therapeutic campus-based care, foster care, community programs and street services. This was a good cross-section of staff and youth from Wood's Homes. We received a number of emails from Indigenous people about the feast. One was from a Wood's staff, who was a Cree person, who acknowledged that this was helpful and that it brought her back to her community and to the importance of having a feast. This was an acknowledgement of connection.

The winter solstice ceremony occurred on Wednesday, the 23rd of December to accommodate pre-existing commitments on the 21st of December. Our ceremony acknowledged that we had a new way of being. We passed along to the participants in our community that we were now walking in our new way and our new sun. We had our food and acknowledged all our blessings, the gifts that we receive in the new sun, and let go of the things that hold us back. Let go of our fear, our doubt and our hurt. We can show up in the new sun in our best way that we can. We need to remember that the "best way that we can" is on a spectrum of the healing journey. Everyone has their own journey through healing and it is important to just acknowledge where one is at on that spectrum.

Part of this teaching is that the events relate to specific points in time. For example, as Bruce and I sit here and talk and prepare for this article, we know it would not be exactly the same if we chose to do

it next year. We would not be in the same place or have the same understanding. We would do things differently as we keep going around the sun and going through the seasons and changing. That is one of the hardest messages to relay to some of our youth and children. They can get stuck in their trauma, loss and grief, but as they heal, they will truly see themselves achieve wellness and growth.

The feedback from our Elders, John and Marcia Crier, was very positive and that was really important to me in my multiple roles as a representative of Wood's Homes, a knowledge keeper, and a helper. I wanted to ensure that our Elders enjoyed that session of engagement and ceremony. When we look back at the engagement, the pipe was prepared and smoked sole-

> *Everyone has their own journey through healing and it is important to just acknowledge where one is at on that spectrum.*

ly by the Elder before the virtual session started. The pipe stays together for the duration of the ceremony and the Elder dismantles the pipe to mark the completion of the ceremony - to take care of himself and to take care of us. The focus was on the spiritual context, the connection and the safety, and the hope for us to hear the teachings and to receive them in the best way we could. The Elder created part of that container of safety for all of us. When we began, it was important for the Elders to get a sense of all of the participants. We did introductions and the people attending stated who they were, where they came from, and who their people were. They said as much or as little as they wanted and it provided a good connection.

As we proceeded and shared the teachings, there was a moment where we learned about the different moons. That is part of our cycle. As we go through each month, there is a moon that guides us and our way of being. Participants learned about the different moons and the knowledge of what the moons mean to us. That was a very important teaching that was shared with all participants.

We took breaks frequently, given the wide range of children and youth that were present. The ceremony lasted for three hours in total, so every 30 minutes we would take a bio-break and have the children get their "wiggles" out. We would say it was time to do some jumping jacks, time for push-ups or time to shake it out because there was still so much to learn. Traditionally these ceremonies can last for hours and will continue without a break. In this virtual setting however, it was important for the youth to listen to the Elder speak about the cultural teaching and important ways of being, and to be taken care of. The participants could stay as long as they wanted, but I saw that most stayed for the entire ceremony. They were able to come and go and take care of themselves. This provided some safety for children and helped them to remain engaged as a part of the community. This was very important for a virtual session as I know some children who choose not to attend traditional settings because it is such a long session. I've heard from youth who reported that "that is so long, I'm not going to go". Within this context, they were able to experience it in a different way that was positive and provided different types of breaks than what can be facilitated in an in-person ceremony.

FEEDBACK ON THE WINTER SOLSTICE CEREMONY

In looking back at the ceremony, there was a sense that anything was possible. Participants could ask for knowledge, and present the protocol to receive this knowledge. When this was done from a place of good intention in one's heart, a place of service and a place of learning and humility, then anything could happen. That happened for us on December 23rd as we learned about the teachings of the winter solstice. We listened to winter solstice songs that John, our Elder, shared with us. It was good to have the healing sound of the drums and his singing as part of that knowledge. The feedback from the Elders and participants was that the ceremony went very well, and the Elders were open to doing other virtual events in the future.

Later emails indicated that participants enjoyed the ceremony and that there were things that were unknown that become known during the ceremony. Staff from Wood's Homes acknowledged that they had not known the true significance of the winter solstice. They had not been aware that it stood for taking accountability to start a new way of being, or how

important this is for Indigenous people and cultural people. They also saw how important and detailed the culture is, and how significant meaning and connections are tied to each other. It is one of many steps of building a good identity that is enriched with culture. These are little seeds that are planted within the chil-

We are in this together with our allies and supporters in our multiple communities. We are always trying to build better relationships, better connections and to do the best we can.

dren, families and staff in our community and these seeds can flourish and grow as will the organization. These seeds need to be nurtured, watered and given care, and learning to take care of these seeds is a critical part of the blessing that we received. This event can be set in our calendars for future generations and different staff and programs can adopt and acknowledge this over the years. It is important that the seeds will grow and bloom, in the end we'll be all the richer for it.

We learned many positive things from this experience. One thing that I would do differently, however, is to have the staff and youth prepare the meals ahead of time as a way of being familiar with the food in advance of the solstice and the ceremony. Similar to our smudge ceremony, it is important that the different smudges within our community bring familiarity to our children, youth and our families so it is not foreign when they return to their own communities. Further capacity for the meals and the ceremonies will build safety within their connection so they can cope within their own community. There is always the caveat that there are many ways. It is important that we acknowledge that there are many differences with many nations, territories, communities and families. We want to acknowledge all of our diversity and similarities as people. We are in this together with our allies and supporters in our multiple communities. We are always trying to build better relationships, better connections and to do the best we can.

CONCLUDING REMARKS

I would like to make one final acknowledgment of the oral tradition that is used in traditional teachings. In order to learn about ceremony and culture, there is no substitute for sitting with an Elder face-to-face. There are many physical details that create safety and connection, for all participants. I feel gratitude to all those who stretched themselves, and their practices, to bring traditional knowledge to Wood's Homes and the community during this COVID-19 pandemic.

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature

NICOLE FRENETTE & BRUCE MACLAURIN

KEY FINDINGS:

- COVID-19 has had drastic impacts on non-profit, child welfare, and/or children's mental health organizations' clients, employees, and overall service provision.

- Each type of employee of these organizations will have a different experience and story related to working during the COVID-19 pandemic depending on a variety of personal and professional factors.

- Research and literature on this topic are still developing and, as of now, are rather limited.

- Further exploration into this topic is needed and will help fill existing gaps in the literature and inform future practice.

INTRODUCTION

The World Health Organization (WHO) declared the novel coronavirus (COVID-19) a worldwide pandemic in March of 2020 due to the rapid spread and severity of the virus coupled with alarming levels of inaction by governments across the world (WHO, 2020). In the unprecedented times leading up to the emergence and the continued existence of this pandemic, individuals, groups, organizations, and nations worldwide have had to swiftly adapt and respond to vastly different and ever-changing conditions, policies, and realities. In addition to devastating physical health consequences, COVID-19 has seen drastic impacts on people's mental health and well-being, as well as social and economic ramifications. This may especially be the case for non-profit, child welfare, and/or children's mental health organizations like Wood's

Homes, given that the greatest impacts of COVID-19 have likely been experienced by vulnerable and marginalized populations, such as the children and families that organizations like Wood's Homes serve. Additionally, these impacts extend to the employees that work at these organizations and serve these populations. As stated in a letter released by the Administration for Children and Families in the United States, but also very applicable to the Canadian context, "the COVID-19 pandemic has created unprecedented challenges for our health and human services systems in serving our most vulnerable families, children and youth" (Milner, 2020, p. 1).

Given the severity and continued prevalence of the COVID-19 pandemic, there is a critical need to examine what impacts it has had on non-profit, child welfare, and/or children's mental health organizations, determine what interventions have been successful, and determine how to best continue to effectively respond to this exceptional situation.

BACKGROUND

The COVID-19 pandemic has compounded the already complex challenges that non-profit, child welfare, and/or children's mental health organizations like Wood's Homes face. Not only are the children and families that these agencies serve at heightened risk for issues exacerbated by pandemics like COVID-19 (University of Regina, 2020; University of Toronto, 2020), but so too are the employees of such organizations (Miller et al., 2020). As stated by Miller et al. (2020), "even in the best of times, child welfare practice can be challenging" (para. 4) but COVID-19 has undoubtedly exacerbated these challenges.

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and
their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

35

As a first step to analyzing the impact that COVID-19 has had on organizations like Wood's Homes and their employees, this review aims to explore the following questions:

1. How have individuals' work and practice at non-profit, child welfare and/or mental health organizations changed as a response to the COVID-19 pandemic?

2. What are examples of innovations or new approaches that individual workers and/or organizations have implemented as a response to the challenges created by the COVID-19 pandemic?

3 How may future worker practices be informed or altered by the COVID-19 pandemic along with related innovations and new practices?

To help answer these questions, a scoping review of the literature has been conducted, which will be used to explore the experience of employees working during the COVID-19 pandemic, i.e. specifically from the perspectives of frontline workers, clinicians, support staff, and management of Wood's Homes.

METHODS
During August and September, 2020, one researcher conducted an initial literature search across several online databases for English language articles related to non-profit, child welfare, and children's mental health practice in the context of the COVID-19 pandemic. After applying inclusion/exclusion criteria, articles from this search were reviewed. A single reviewer screened abstracts and full-text articles to review for inclusion and extracted relevant data. Additional literature included in this review was subsequently located from reference searching and additional literature searches by two researchers. From these searches, a total of 24 articles were included in this review. Limited grey literature, i.e. practice guideline documents, were also included in this review if they were deemed to be relevant, and especially given the lack of peer-reviewed academic literature published on this topic at this point in time.

SEARCH STRATEGY
A search strategy was developed by the research team who were part of the Wood's Homes Research Department. From this collaboration, key search terms and words were developed related to the practices of

non-profit, child welfare, and/or children's mental health organizations during the COVID-19 pandemic. The search was limited to English language articles published within the last twenty years, with no geographical restrictions, although most relevant articles were published very recently, i.e. in 2020, given the date of the COVID-19 pandemic. However, this search criteria was developed in order to not exclude potentially relevant articles published during previous pandemics and/or crises, such as the SARS-CoV outbreak in 2003.

The search terms used for this search were:

> COVID-19 OR coronavirus AND child welfare OR child* mental health OR non-profit OR non-profit management OR child welfare worker OR child* mental health worker OR non-profit support OR child welfare support

This search was conducted using the University of Calgary and Google Scholar databases for social sciences and health, which connected to a variety of journals and journal databases. Additional searches were conducted on the Canadian Child Welfare Research Portal, the U.S. Department of Health and Human Services' Child Welfare Information Gateway, and the Casey Family Programs publications database. Additional articles were also selected for inclusion through reference searches.

ARTICLE SELECTION
A single reviewer used a two-step screening process to identify relevant articles pertaining to the inclusion/exclusion criteria. Primary screening included review of article titles and abstracts. Secondary screening involved full-text reviews of articles that passed the primary screening stage. Screening was based on inclusion/exclusion criteria developed by the researchers involved in this project. See Table 1 for these criteria.

Table 1. Inclusion and exclusion criteria for article selection

Characteristic	Inclusion	Exclusion
Study design	Primary research studies, systematic reviews, literature reviews, select editorials	Comments, letters to editor
Other	English, full publication available	Abstract only, protocol only

Note: select grey literature that did not meet these criteria but was relevant was included in this review.

SEARCH OUTCOMES

Searching yielded 468 unique articles once duplicates were removed. Following initial title and abstract screening, 397 articles were excluded. Another 47 articles were excluded during secondary full-text screening. A total of 24 academic articles and grey literature met the established parameters and were included in this review. See Figure 1 for the PRISMA article selection process and results for this review.
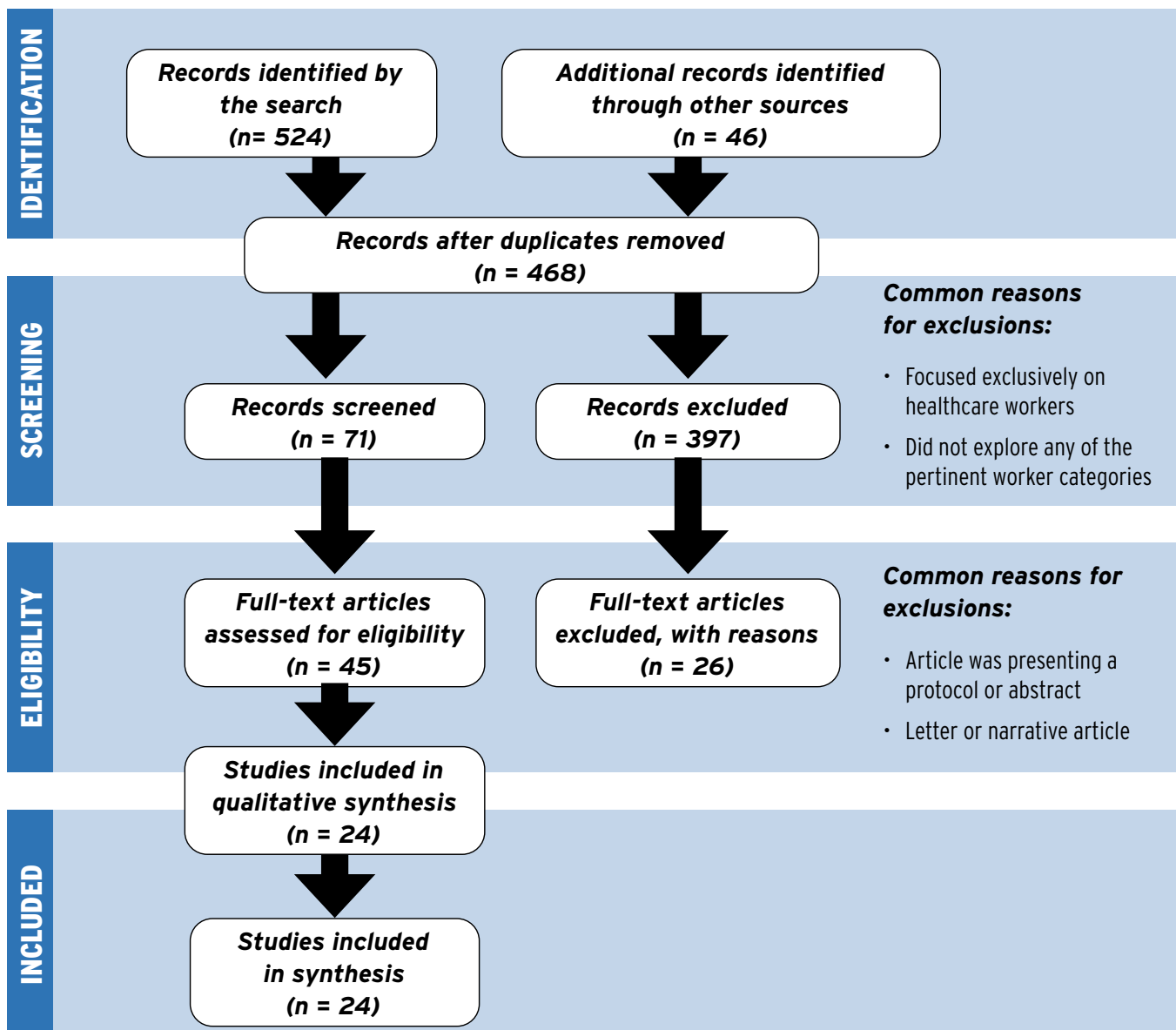
The reviewed articles and documents (n=24) included knowledge syntheses (n=1), literature reviews or syntheses (n=2), perspective articles (n=2), calls for submissions (n=1), correspondence (n=1), mixed methods studies (n=1), narrative reviews (n=3), research briefs (n=1), practice guidelines or recommendation reports (n=5), technical notes (n=1), cross-sectional studies (n=3), exploratory studies (n=1), viewpoints (n=1), and summary reports (n=1).

DATA EXTRACTION

A single reviewer extracted data from the included articles into a Microsoft Word table. The information extracted from each article was the following: source (i.e. author, year, journal), sample and methods used, key findings, limitations, and applicability to journal article and further questions, if any. See Appendix 1 for full data abstraction results.

Figure 1. Literature Review PRISMA

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and
their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

37

RESULTS

Overall, the amount of published literature, academic or otherwise, specifically exploring the topic of the impact of COVID-19 on non-profit, child welfare, and/or children's mental health workers and organizations, especially in terms of frontline workers, clinicians, support staff, and/or management, is very limited at this time. The dearth of literature published on this particular topic and populations certainly underscores the need for additional research and also reflects the novelty and recent emergence of this topic. However, the presently available evidence does provide some insight into the previously discussed research questions.

Overall, there was a pronounced lack of available, and relevant, literature published to date regarding COVID-19's impact on the not-for-profit children's mental health sector. However, the following pertinent findings were drawn to compliment the views and perspectives of the frontline, clinical, leadership and support service perspectives included in the current journal. Findings in this section have been divided based on the four groups of employees under study, that is, frontline workers, clinicians, support staff, and management of non-profit, child welfare, and/or children's mental health organizations.

FRONTLINE WORKERS

Upon the theme of frontline work and COVID-19 impact, the search retrieved articles that primarily spoke of the experience of health care workers (i.e. physicians and nurses). There was, however, some literature available looking at the impact of COVID-19 on frontline workers employed at non-profit, child welfare, children's mental health or similar organizations. Most of the literature found centered on the psychological impact on employees working in frontline roles during a pandemic (Miller at al., 2020). Frontline workers, as always, are the employees that deal first-hand with clients and during COVID-19 this was no different, even if service provision did shift to different contexts (University of Regina, 2020). In fact, the clients serviced by frontline workers, such as youth and children in care, those experiencing mental health or behavioral issues or addiction, children and youth at risk of maltreatment or abuse, or from situations of family conflict, have been found to be especially vulnerable to the effects of COVID-19 in terms of poor physical and mental health, social isolation, and increased abuse (University of Regina, 2020; University of Toronto, 2020; Wong et al., 2020). This makes the jobs of frontline staff even more complex during such a pandemic situation as not only do they need to be aware of the increased risk and vulnerability of their clients (Siliman-Cohen & Bosk, 2020; Giroux et al., 2020; Guo et al., 2020; Brown et al., 2020), but they must also know how to successfully mitigate these risks and provide adequate care, often from a distance or through alternative delivery methods (Casey Family Programs, 2020a; Racine et al., 2020). Thus, it is not surprising that frontline non-profit, child welfare, and/or children's mental health workers during COVID-19 report high levels of stress, including peritraumatic stress, potentially leading to professional burnout and negative impacts on quality of work (Miller et al., 2020). This underlines the fact that significant supports are needed for this population of workers, especially as they are often being asked to do more, with less resources (Miller at al., 2020).

CLINICIANS

Similar to frontline workers, clinicians at non-profit, child welfare and/or children's mental health agencies are experiencing major changes in their service delivery models, including a rapid shift to online and/or remote clinical work (University of Regina, 2020; Casey Family Programs, 2020a; Racine et al., 2020). They are also, like frontline workers, working with children, youth, and families who are likely the most vulnerable to the effects of COVID-19, thus increasing the complexity of their caseloads (University of Regina, 2020; University of Toronto, 2020; Wong et al., 2020; Siliman-Cohen & Bosk, 2020; Guo et al., 2020; Brown et al., 2020). This must be balanced with the fact that clinicians are also tasked with ensuring continuity of care, even during such a crisis situation (Fegert et al., 2020). Like frontline workers, clinicians have also been shown to be experiencing high levels of stress while working during COVID-19 which can have personal ramifications as well as professional ones (Miller et al., 2020). However, the amount of literature specifically looking at children and youth mental health clinicians in the context of COVID-19 is still developing, and will likely grow later on, so there is not a wide range of usable literature at this point.

SUPPORT STAFF

The available literature was the most lacking in this category of workers. Pertinent literature did, how-

ever, point out that as agencies shift to remote and/or online work it will impact most, if not all, types of employees (University of Regina, 2020), including support staff. It was also seen in the literature that technological assistance may be needed to help roles like support staff transition to remote work and that a high degree of flexibility and adaptability will be required from those in such roles (Wong et al., 2020). This is especially the case given the likely rise in demand for services of non-profit, child welfare, and/or children's mental health services during a crisis like COVID-19, which will increase the need for the assistance of support staff to aid in agency operations (Casey Family Programs, 2020b). However, because there was a great gap in appropriate literature exploring this population, further research into this group's needs and experiences during the COVID-19 pandemic is needed.

MANAGEMENT

The category of worker that had the greatest amount of applicable literature was management. Unsurprisingly, COVID-19 has caused unparalleled challenges for the management of non-profit, child welfare, and/or children's mental health organizations. On one hand, such organizations are seeing increases in service de-

Unsurprisingly, COVID-19 has caused unparalleled challenges for the management of non-profit, child welfare, and/or children's mental health organizations.

mands and needs amidst the stressors of COVID-19, but management is also forced to implement and shift to novel service delivery options for their agencies, such as online service provision, that bring up a host of new operational considerations (University of Regina, 2020). Other literature (University of Toronto, 2020) found that the resources and abilities of agency management are under remarkable stress and in need of policies that allow management to in-

crease coordination across all sectors of operations. However, as additional literature (Wong et al., 2020) points out, management will be tasked to make new implementations rapidly, such as quickly rolling out virtual services and cross-sector collaborations and providing support across all levels of operations. This relates to the need, as discussed in the literature (Siliman-Cohen & Bosk, 2020), for organizations and managers to commit to outreach work and venture out into responsibilities that typically lie elsewhere and seek new agency partnerships when needed. This is due to the overall point made in the literature that management will need to recognize that the nature of mental health service provision has changed profoundly, and perhaps permanently, as a result of COVID-19 (Witt et al., 2020). Management will also need to engage with stakeholders to ensure continuity of care and adequate service provision (Better Care Network et al., 2020).

However, the literature points out that management of non-profit, child welfare, and/or child mental health organizations will simultaneously find themselves in a position of restrictions in terms of decreased financial support and challenges in providing adequate levels of services to clients (Wilke et al., 2020). Such conditions will necessitate that management implement adaptive approaches, mitigate restrictive measures, and coordinate with key stakeholders among other priorities with limited fiscal resources.

This leads to, as discussed in the literature, the need for management to embrace and champion new ways of operations, such as online and telehealth service provision (Casey Family Programs, 2020a) and establish standards of such practices in order to provide clear direction (Accenture, 2020) to staff. At the same time, management will also need to acknowledge barriers to new types of services and, when possible, offer services and solutions that address such barriers (Racine et al., 2020). Management will also have to keep in mind that already marginalized groups that their agencies serve may need special considerations as they work to redesign and adapt service provisions (Giroux et al., 2020). A large consideration for management will also be ensuring that employees receive adequate training (Schwab-Reese et al., 2020) for new ways of practice.

Other issues that organization management will have to contend with that were discussed in the literature

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and
their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

39

include organizational issues like necessary layoffs and staff reduction due to budget constraints, challenges related to staff remote work, and health and safety considerations (Akingbola, 2020). This is in conjunction with knowledge that COVID-19 is having largely negative impacts on the employees this group manages (Miller, et al., 2020), as managers are having to mitigate concerns like staff burnout, employee retention, and service disruption. Interestingly, literature showed that managers were better equipped to handle the stresses associated with the COVID-19 pandemic than other types of employees and thus need to ensure to offer adequate supports to all employees. For example, team check-ins, providing supportive resources, and embracing clear and humble leadership (Nembhard et al., 2020).

Certainly, as the literature shows, management of non-profit, child welfare, and/or children's mental health organizations have, and will continue to, experience stressors as a result of the COVID-19 pandemic and addressing them while also under financial and operational stress has, and will continue to, prove to be challenging (Maher et al., 2020; University of San Diego, 2020).

OTHER FINDINGS AND PRACTICE CONSIDERATIONS

Much of the available literature found searching on this topic centered on the impact of COVID-19 on the populations served by non-profit, child welfare, and/or children's mental health organization – namely, children, youth, and their families. This included the vulnerabilities of this population to the physical and mental health effects of COVID-19, and the impact of service changes or discontinuation of services upon this population, as touched upon above. This presents an overarching consideration that should be taken into account by all categories of workers at non-profit, child welfare, and/or children's mental health organizations to better understand and serve their vulnerable clients in the context of COVID-19.

A number of practice considerations were identified that are related to children and families served by children's mental health organizations. This can be summarized under four key themes of 1) mental health strategies, 2) maltreatment and child welfare concerns, 3) virtual forms of intervention, and 4) organizational and staffing factors.

Mental Health Strategies

The University of Regina (2020) reported that mental health concerns and substance abuse concerns are often exacerbated during COVID-19 due to the social isolation, grief and loss and change in educational and employment status. Children being served by mental health services must be assured of continuity of care to reduce risk of increased mental health concerns associated with the pandemic (Fegert et al., 2020). Wilke et al, (2020) supported this positon and highlighted the risks for vulnerable children and families being served. They recommended that service providers 1) revise strategy, 2) adapt approaches, 3) facilitate connection, 4) empower communities, 5) develop an action plan for children in adversity, 6) mitigate restrictive measures, 7) coordinate with key stakeholders, and 8) end rapid return of children to biological families (Wilke, 2020). As well, children with pre-pandemic maltreatment concerns are recommended to be prioritized to access family support and mental health counselling (Guo et al., 2020).

Maltreatment and Child Welfare Concerns

Children in care, and in the general public, were at increased risk for abuse and neglect due to the increased isolation (University of Regina, 2020; University of Toronto, 2020; Siliman-Cohen, 2020). Children in care are also at higher risk of being prematurely discharged from residential programs without sufficient consideration of their future placement and transition needs and the authors report that deinstitutionalization should only occur if they can be discharged safely and provided with ongoing follow-up services (Goldman et al, 2020). Several jurisdictions are reporting a decrease in reported child maltreatment to child welfare, while there is an increase in calls to distress and hot-lines (Casey Family Programs, 2020b). Child welfare agencies have been called to examine recommendations for reorganization in order to better serve children and families and this includes 1) establish a standard platform/tool for virtual communication, 2) be clear about changes to foster parent roles and responsibilities, 3) keep older youth in foster care until after the emergency ends, and 4) focus resources on highest-priority court proceedings (Giroux et al., 2020). This and other recommendations were supported by the Better Care Network (2020).

Virtual Forms of Intervention

The rapid shift to digital and virtual forms of communication also raises concerns of issues of confidentiality and access for service providers (University of

Regina, 2020; Siliman-Cohen, 2020). Telehealth and similar initiatives have potential to provide access to services they might not be able to reach if not for the pandemic (Casey Family Programs, 2020a) however, service providers must consider a number of factors before development of these services including if there is an evidence-base to intervention, and client safety and confidentiality.

Organizational and Staff Factors

Organizations which are already working at capacity require revised policies supporting increased cross-sector service coordination across sectors (University of Toronto, 2020; Wong et al., 2020). It is recommended that organizations such as child welfare join with new partners to assist with new forms of service delivery (Oliver, 2020). Non-profit organizations experience several challenges for working with children and families during the pandemic including layoffs and a reduction of the hiring pool, working remotely, health and safety, HR scenario planning and hazard pay for work hours (Akingbola, 2020). Workers are experiencing distress levels above the normal range. As a result, this is leading to burnout, retention concerns, decision making challenges and caseload management issues (Miller et al., 2020). Organizations are recommended to implement initiatives supporting workers including virtual accountability, check-ins, and support groups and offer remote work when possible as well as develop interventions with input from workers themselves. Nenbhard et al., (2020) builds on this to recommend that managers should 1) put the well-being of workers first, 2) manage operations creatively, 3) attend to teamwork and communications, 4) create external partnerships and 5) embrace clear and humble leadership. Non-profit organizations are not able to generate sufficient income at this time, while simultaneously dealing with an increase in demand for these services. This has had an impact upon staff retention (University of San Diego (2020).

LIMITATIONS

The most obvious limitation uncovered in this review was a lack of literature on this topic, especially for mental health clinicians and support staff workers. Limitations identified in the literature also included a lack of usable peer-reviewed research due to the developing nature of the COVID-19 pandemic, which led to the need to include some grey literature in this review. This topic is ever evolving and expanding at the present time, so such limitations are to be expected but are nonetheless a major limitation.

Author-identified limitations in the literature were often related to study design, such as small sample sizes, lack of random sampling, and use of relatively homogenous populations, all of which could limit studies' generalizability to other populations. The contexts of some literature may also be less than ideal, as studies and findings may be location specific. However, despite this limitation, the findings of such literature are likely still sufficiently generalizable to larger populations.

In addition, there is also a marked need for more literature that takes into account the specific experiences of marginalized populations, such as Indigenous peoples, and that view experiences of living through COVID-19 through the lenses of gender, age, culture, etc.

RECOMMENDATIONS

The lack of literature on this topic has identified a need for additional studies and articles exploring how COVID-19 has impacted the practices of non-profit, child welfare, and/or children's mental health organizations. Emerging research, such as the Wood's Homes Journal - Evidence to Practice: COVID-19 Special Issue, is beginning to examine these topics through the lens of employee feedback. This will provide a timely and much-needed contribution to this body of research and will add to the available resources centering on this important topic. It will also be essential that employee voices are captured in any additional study into this topic, in order to accurately understand and portray the experience of working amidst COVID-19. Further examination into these topics is certainly warranted and will be of interest and usefulness not only for organizations like Wood's Homes but other related agencies, as well as researchers.

CONCLUSIONS

While limited, the evidence available on the topic of the experiences of non-profit, child welfare, and/or children's mental health organizations in the context of COVID-19 provides some insight into the aforementioned research questions. However, perhaps most importantly, the available literature, or lack thereof, has underscored the need for additional research and exploration into this topic.

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and
their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

41

REFERENCES

Accenture (2020, April 7). *Child welfare services and COVID-19: Four urgent actions*. https://www.accenture.com/us-en/insights/public-service/coronavirus-child-welfare-our-key-actions

Akingbola, K. (2020). COVID-19: The Prospects for Nonprofit Human Resource Management. *Canadian Journal of Nonprofit and Social Economy Research, 11*(1), 5–5. https://doi.org/10.29173/cjnser.2020v11n1a372

Better Care Network, The Alliance for Child Protection, & UNICEF. (2020). *Protection of children during the COVID-19 pandemic: Children and alternative care - Immediate response measures*. https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605

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 and Neglect*. https://doi.org/10.1016/j.chiabu.2020.104699

Casey Family Programs (2020a). *How can child protection agencies use telehealth to increase service access for children and families?* https://www.casey.org/telehealth-strategy-brief/

Casey Family Programs (2020b). *How can helplines serve as a better pathway for families to access support?* https://www.casey.org/helplines-vs-hotlines/

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health, 14*(1), 1–11. https://doi.org/10.1186/s13034-020-00329-3

Giroux, R., Blackstock, C., Jetty, R., Bennett, S., & Gander, S. (2020, May 27). *COVID-19 and Indigenous children in Canada: What can paediatricians do?* Canadian Pediatric Society. https://www.cps.ca/en/blog-blogue/covid-19-indigenous-children-in-canada-what-can-paediatricans-do

Goldman, P. S., Van Ijzendoorn, M. H., Sonuga-Barke, E. J. S., Bakermans-Kranenburg, M. J., Bradford, B., Christopoulos, A., Cuthbert, C., Duchinsky, R., Fox, N. A., Grigoras, S., Gunnar, M. R., Ibrahim, R. W., Johnson, D., Kusumaningrum, S., Ken, P. L. A., Mwangangi, F. M., Nelson, C. A., Ott, E. M., Reijman, S., & Zeanah, C. H. (2020). The implications of COVID-19 for the care of children living in residential institutions. T*he Lancet Child and Adolescent Health, 4*(6), e12. https://doi.org/10.1016/S2352-4642(20)30130-9

Guo, J., Fu, M., Liu, D., Zhang, B., Wang, X., & van IJzendoorn, M. H. (2020). Is the psychological impact of exposure to COVID-19 stronger in adolescents with pre-pandemic maltreatment experiences? A survey of rural Chinese adolescents. *Child Abuse and Neglect*, 104667. https://doi.org/10.1016/j.chiabu.2020.104667

Maher, C. S., Hoang, T., & Hindery, A. (2020). Fiscal responses to COVID-19: Evidence from local governments and nonprofits. *Public Administration Review, 80*(4), 644–650. https://doi.org/10.1111/puar.13238

Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119*. https://doi.org/10.1016/j.childyouth.2020.105508

Milner, J. (2020, April 17). Letter on child welfare leaders as level 1 emergency responders. Children's Bureau, Administration for Children and Families. Washington, DC. https://www.acf.hhs.gov/sites/default/files/cb/letter_on_child_welfare_ emergency_responders.pdf.

Nembhard, I. M., Burns, L. R., & Shortell, S. M. (2020). Responding to COVID-19: Lessons from management research. *Innovations in Care Delivery*. https://doi.org/10.1056/CAT.20.0111

Oliver, C. (2020). Expanding role and reach: A community-centered child welfare response to COVID-19. *SSRN Electronic Journal, 2*–5. https://doi.org/10.2139/ssrn.3618161

Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse and Neglect, July 2020*, 1–6. https://doi.org/10.1016/j.chiabu.2020.104698

Saint-Girons, M., Joh-Carnella, N., Lefebvre, R., Blackstock, C., & Fallon, B. (2020). E*quity concerns in the context of COVID-19: A focus on First Nations, Inuit, and Metis communities in Canada.* https://cwrp.ca/sites/default/files/publications/COVID-19%20Equity%20Research%20Brief.pdf

Schwab-Reese, L. M., Drury, I., Allan, H., & Matz, K. (2020). "Oh, this is actually okay": Understanding how one state child welfare training system adapted to the COVID-19 pandemic. *Child Abuse and Neglect, July*, 104697. https://doi.org/10.1016/j.chiabu.2020.104697

Siliman-Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-1306

University of Regina: Faculty of Social Work - Child Trauma Research Centre (2020. T*ranslating knowledge for child welfare organizations across the prairies: Managing the impacts of COVID-19 on the mental health of children, families, and workers.* https://cihr-irsc.gc.ca/e/documents/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf

University of San Diego: Caster Family Center for Nonprofit and Philanthropic Research (2020). *Nonprofit response to COVID-19: The immediate impacts of the COVID-19 pandemic on San Diego County nonprofits.* https://digital.sandiego.edu/cgi/viewcontent.cgi?   article=1003&context=npi-npissues

University of Toronto, Fraser Mustard Institute for Human Development (2020). *Child welfare and pandemics literature scan.* https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020%20E   GLISH.pdf

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. C*hild Abuse and Neglect, July,* 104642. https://doi.org/10.1016/j.chiabu.2020.104642

Witt, A., Ordóñez, A., Martin, A., Vitiello, B., & Fegert, J. M. (2020). Child and adolescent mental health service provision and research during the COVID-19 pandemic: Challenges, opportunities, and a call for submissions. *Child and Adolescent Psychiatry and Mental Health, 14*(1), 8–11. https://doi.org/10.1186/s13034-020-00324-8

Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics, 146*(1). https://doi.org/10.1542/peds.2020-0973

World Health Organization (2020). *Timeline: WHO's COVID-19 response.* https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline/#!

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
1	University of Regina Faculty of Social Work Child Trauma Research Centre (2020). *2020 Canadian Institutes of Health Research rapid response knowledge synthesis*. https://covid19mental-healthresearch.ca/wp-content/uploads/2020/06/MILNE-Initial-Knowledge-Synthesis-DRAFT-2020-06-22.pdf	A month-long knowledge scan of literature relevant to COVID-19 and child welfare across the Canadian prairies. Guided by the Socio-Ecological framework, a search strategy was used that combined stakeholder outreach, journal database searches, and broad online searches, with the results then being reviewed and synthesized.	Findings centered around 3 major themes: 1) Mental health and substance use during COVID-19 for youth and caregivers: often exacerbated during the pandemic due to isolation, fear, grief, loss of jobs, etc. and decreased access to mental health services; may be considered a "shadow" or "second wave" of the pandemic 2) Caring for children and youth in and out of care during COVID-19 pertaining to risk and protective measures on various socio-ecological levels: this pandemic has created conditions 'ideal' for abuse to occur undetected behind closed doors due to the isolation involved; while official reports have decreased, crisis lines are seeing an increase in calls/texts 3) Communication during COVID-19, i.e. novel strategies employed including digital strategies: there has been a rapid shift to digital/online communication, bringing up issues of confidentiality, reliability, access, etc. Other key findings to highlight include: The geographic isolation and remoteness of some areas in prairie provinces has further exacerbated already challenging conditions during COVID-19	Limitations in the availability of usable peer-reviewed research due to the recent onset of the pandemic and lengthy publication processes; there was also some lack of Prairie-specific information. Both factors led to a frequent reliance on grey literature as opposed to peer-reviewed publications.	Relevant to all 4 articles. If there is a "second wave" of COVID-19, is an agency like Wood's Homes prepared for this? What might be different than before?
2	University of Toronto: Policy Bench, Fraser Mustard Institute for Human Development (2020). *Child welfare and pandemics literature scan*. https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020%20ENGLISH.pdf Note: Companion fact sheet available at https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Information%20Sheet_ENGLISH.pdf	Literature scan to identify and synthesize literature focused on the effects of pandemics and policy solutions to mitigate effects on children in the care of Canada's welfare system, using a Socio-Ecological framework	Children in care, who are already disadvantaged relative to their peers, are at an increased risk of harm during pandemics such as COVID-19, not only from the pandemic itself but also governmental policies implemented to contain it. This includes greater risk of maltreatment, mental health distress, engagement in exploitative work, separation from caregivers, and social isolation. Child welfare agencies, whose resources and abilities to provide necessary supports are under stress, require policies that allow for increased coordination across all sectors involving children in care, build on strengths and coping strategies of children, caregivers and communities, address the challenges of highly vulnerable populations such as youth in care, and provide required resources and supports, including in post-pandemic environments.	No author-identified limitations. However, this reviewer would note that the available literature on this topic is evolving and expanding, and therefore what was available for this report may be somewhat limited.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. How is an agency like Wood's Homes balancing the fact that at-risk children's mental health is increasingly vulnerable right now with the fact that service provision is not in its usual form?
3	Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2020). Mitigating the impacts of the COVID-19 pandemic response on at-risk children. *Pediatrics, 146*(1), doi:10.1542/peds.2020-0973	Review health risks of COVID-19 pandemic response measures to vulnerable children and propose risk-mitigation strategies for policymakers, healthcare providers, and communities based on the advice of clinicians, frontline service providers, etc.	Necessary pandemic public health measures will have unintended consequences for at-risk children's well-being. At-risk subpopulations identified are children with behavioral health needs, children in foster care or at risk of maltreatment, and children with medical complexity. Children of low socioeconomic status are likely at the highest risk of new or worsening issues. Beyond the risk of illness that COVID-19 presents, recommended risk mitigation for social and medical consequences include the need for rapid implementation and reimbursement for virtual services, cross-sector collaboration to maintain continuity of supports, technical assistance to community-based and/or smaller agencies, flexibility of roles across sectors, and provision of supports at the family-level.	No author-identified limitations. This reviewer noted that this article focuses on the American context, for example making recommendations relevant to the US federal Medicaid program. As well, this article was published in April 2020, and may not reflect everything in this rapidly changing topic.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. What unintended consequences, if any, have been observed from changes in practice/protocol in service provision during the pandemic?

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
4	Siliman-Cohen, R. I., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics, 146*(1). doi:10.1542/peds.2020-1306	A perspective piece to discuss vulnerable youth (identified in this article as youth who are LGBTQ+, homeless, maltreated, in foster care, or struggling with substance use) and their warranting of special consideration in the context of COVID-19.	There is an immediate need to mitigate the risks that COVID-19 presents to vulnerable youth. It is especially important for pediatric health providers to collaborate with child welfare agencies to arrange for alternate care such as employing technology to establish telemedicine appointments but be aware of the drawbacks of such tools. Providers also need to be aware of the increased risk of maltreatment in the context of the pandemic.	No author-identified limitations. Again, this reviewer noted that this article focuses on the American context, for example making recommendations relevant to the US federal Medicaid program. As well, this article was published in April 2020, and may not reflect everything in this rapidly changing topic.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians.
5	Oliver, C. (2020). Expanding role and reach: A community-centered child welfare response to COVID-19. *Social Science Research Network* [SSRN]. doi:10.2139/ssrn.3618161	Rapid research reviews conducted with child welfare and family-serving agencies in British Columbia between April – May, 2020 with the goal of identifying the primary impacts of COVID-19 on child welfare service delivery and report on recommended strategies to support children and families at this time. To perform this review, 2 databases were searched with key words, with 107 articles included for review.	In general, there is a need to broaden the view of child welfare and its allies, i.e. having child welfare agencies commit to outreach work and venture into responsibilities that typically lie elsewhere. It is important to join with new partners who can support with new forms of service delivery. This is especially important as increased lack of social support, abuse and neglect, and other factors impacting children's safety and mental health are at higher risk during COVID-19.	The specific needs and resources of Indigenous communities in Canada are not currently captured in the available research on this topic. There is also a need for more research viewing this topic through the lens of gender, age, ethnicity, and culture.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. How can safety be maintained and supported for all clients during a time like this?
6	Witt, A., Ordonez, A., Martin, A., Vitiello, B., & Fegert, J.M. (2020). Child and adolescent mental health service provision and research during the Covid-19 pandemic: Challenges, opportunities, and a call for submissions. *Child and Adolescent Psychiatry and Mental Health, 14*(19). doi:10.1186/s13034-020-00324-8	Editorial and call for submissions on this topic, i.e. how COVID-19 and practices like physical distancing impact child and youth mental health service provision and connections.	The nature of mental health service provision has changed profoundly with COVID-19. Children and young adults are also experiencing restrictions in social contacts, family reorganization, and stress. Children and youth may be at higher risk than normal for abuse or neglect and care agencies, working under strained conditions, may be delayed or limited in their interventions.	As this editorial piece is a call for submissions, the authors obviously recognize a need for more research in the area of child and adolescent mental health as it relates to COVID-19.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. As the healthcare system prioritizes COVID-19 as its prime health issue, is the mental health sector, particularly for children and youth, receiving sufficient attention?
7	Goldman, P.S., van Ijzendoorn, M.H., & Sonuga-Burke, E.J.S. (2020). The implications of COVID-19 for the care of children living in residential institutions. *The Lancet Child & Adolescent Health, 4*(6). doi:10.1016/S2352-4642(20)30130-9	Editorial piece from international subject experts (members of the Lancet Institutional Care Reform Commission Group)	Given the COVID-19 pandemic, large numbers of children are being sent from residential programs back to live in their communities without consideration of where they will live, how to support this transition and whether safety will be monitored. While such transitions may be necessary, they need to be carefully planned and managed with family preparation and provision of supports. The authors urge that residential institutions should focus on following public health precautions. When deinstitutionalization is necessary, records should be maintained for continuity of care, and only those children who can be released safely and monitored regularly should be released home. Planning should also begin now regarding the care and protection of these children once public health measures are lifted, i.e. if they are to remain at home permanently.	This is a short, editorial piece highlighting the need to consider this topic (i.e. children living in residential institutions during pandemic). Not many solutions are provided but this article does raise the need to further consider this issue.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. How can agencies best support children in their care or support their transition to community-based outreach programs? What is the protocol for ensuring children are safe to return home/to community, and is it different due to COVID-19 or not?

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

45

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
8	Wilke, N.G., Howard, A.H., & Pop, D. (2020). Data-informed recommendations for service providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104642	In order to better understand the impact of COVID-19 on vulnerable children and families and provide recommendations for service providers, representatives from 87 NGOs providing a variety of direct services (residential care, family preservation, foster care, etc.) to 454,637 vulnerable children and families in 43 countries were sent an online survey. Using mixed methods, results examined: 1) Ways in which children and families have been directly impacted by COVID-19 2) The impact of COVID-19 on services provided by NGOs 3) Government responses and gaps in services for this population during the pandemic 4) Strategies that have been effective in filling gaps.	Data found that the pandemic and restrictive measures were associated with increased risk factors for vulnerable children and families, including lack of access to vital services. NGOs reported experiencing governmental restrictions, decreased financial support, and an inability to adequately provide services. Increased communication and supportive activities were found to have a positive impact on staff and families served. Recommendations for service providers made in this article are: 1) Revise strategy 2) Adapt approaches 3) Facilitate connection 4) Empower communities 5) Develop an action plan for children in adversity 6) Mitigate restrictive measures 7) Coordinate with key stakeholders 8) End rapid return of children to biological families	COVID-19 is a continuing event and while it unfolds, further research will be needed to better understand the impact on vulnerable children and families and how service providers can better support this population. The data for this study was collected early in the COVID-19 pandemic so follow-up data collection would be helpful to capture the impact of rapid policy changes, response measures, and economic recovery. Future work should also survey impacted children and parents, not just service providers, to better inform practice. The sample size was also relatively small and may not be completely representative. Further work should also look at the efficacy of interventions and policy measures being implemented and the costs and benefits of such.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. What ways are the recommendations to service providers made in this article seen in Wood's Homes' responses to COVID-19?
9	Fegert, J.M., Vitiello, B., Plener, P.L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(20). doi:10.1186/s13034-020-00329-3	Narrative review of selected scientific literature based on the course of pandemics, current experiences with child and adolescent psychiatry, and personal communication with professionals.	There are many mental health threats associated with COVID-19 and subsequent restrictions. Child and adolescent psychiatrists must ensure continuity of care during such a situation. Mental health risk associated with the pandemic will disproportionately hit children and adolescents who are already disadvantaged and marginalized (i.e. reorganization of family life, stress, fear, economic crisis, loss of support systems, limited access to health services, lack of social stability, etc.).	More research is needed to assess the implications of policies enacted to contain the pandemic on mental health of children and adolescents and estimate the risk/benefit ratio of measures (ex. home schooling) to prepare for future developments. COVID-19, however, has imposed numerous restrictions on research	Mostly relevant for Frontline and Clinicians. Can there be beneficial consequences for children and youth mental health from the current crisis? What is the effect of social distancing on children, adolescents, and their families? Gender issues - essential employees mostly female? Outcomes of tele-psychiatry compared to regular face-to-face therapy? Dealing w/ residual issues after pandemic

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
10	Saint-Girons, M., Joh-Carnella, N, Lefebvre, R., Blackstock, C., & Fallon, B. (2020). Equity concerns in the context of COVID-19: A focus on First Nations, Inuit, and Metis communities in Canada. Available from the Canadian Child Welfare Research Portal: https://cwrp.ca/sites/default/files/publications/COVID-19%20Equity%20Research%20Brief.pdf	A research brief to review the broad inequities exacerbated by COVID-19 in Indigenous communities in Canada and call for further research/action.	The effects of COVID-19 have disproportionately impacted disadvantaged groups such as Indigenous peoples, visible minorities, and people of lower socioeconomic status. As COVID-19 is also a human rights crisis, pre-existing societal inequities are being exacerbated. In order to best respond to this pandemic, we need to rethink how to also address underlying issues of economic inequality, racism, and patriarchy.	No author-identified limitations. This author selected this article for inclusion due to its look at COVID-19 through an Indigenous lens, even though it does not specifically focus on child or youth mental health.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. How can we incorporate Indigenous ways of knowing and health into agency responses to COVID-19?
11	Casey Family Programs. (2020a). How can child protection agencies use telehealth to increase service access for children and families? https://www.casey.org/telehealth-strategy-brief/	Strategy brief/practice guidelines for child protection agencies.	Telehealth has the potential to offer children and families the ability to access services that they wouldn't otherwise be able to during COVID-19. This includes using telehealth for remote medical exams for suspected child abuse or neglect, behavioral health assessments and remote counselling, virtual home visits, completion of service plans, and mental health support to youth in foster care. Key questions for service providers to consider when implementing telehealth services at this time include: 1) Does the selected technology effectively address therapeutic goals? 2) How can client safety and confidentiality be protected? 3) How prepared are providers to offer telehealth? 4) How will clients be prepared for telehealth? 5) How will agencies adhere to evidence-based practice? 6) How will services be billed?	This is a strategy brief document, therefore is not peer-reviewed. It is also written from the American context, i.e. giving examples that involve Medicaid and jurisdictional examples from the US. The author(s) also state that more child welfare-specific research into the utilization of telehealth in child welfare services is needed.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. Should something like telehealth, which has had its usage surge during this pandemic, continue to be incorporated more even when restrictions lower (especially considering benefits like cost savings, increased access)?
12	Casey Family Programs. (2020b). How can helplines serve as a better pathway for families to access telehealth support? https://www.casey.org/helplines-vs-hotlines/	Resource document for child welfare agencies to reference.	In the context of COVID-19, many jurisdictions are seeing a reduction in calls to child protective services hotlines while helplines are experiencing surges in calls. This pandemic may present an opportunity to change the culture around asking for help. There are several implementation considerations to this. It may mean new training could be offered to staff at child welfare agencies and updated models of care. New partnerships may also be needed to be formed and new communications with stakeholders and new marketing efforts. This is with the goal of building capacity of community-based service providers in contexts where services might not be readily available.	The recommendations in this document may not be fully applicable to Wood's Homes but does offer some potential suggestions. It is also written for the American context.	Relevant to all 4 articles, but likely more so for Management and Support Staff. How have new innovations and approaches to work that have developed from this pandemic changed the culture around help seeking?
13	Accenture. (2020, April 7). Child welfare services and COVID-19: Four urgent actions. https://www.accenture.com/us-en/insights/public-service/coronavirus-child-welfare-our-key-actions	COVID-19 has compounded the challenges faced by child welfare agencies. These recommendations, based on current research, have been provided to give steps for agencies to take to best serve children and families.	1) Four recommendations for child welfare services to undertake are: 2) Establish a standard platform/tool for virtual communication 3) Be clear about changes to foster parent roles and responsibilities 4) Keep older youth in foster care until after the emergency tends 5) Focus resources on highest-priority court proceedings	These recommendations are not provided by a child welfare-related agency but rather a large consulting and analytics firm. It was also published earlier on this year (April) so may not reflect current challenges and research.	Relevant to all 4 articles, but likely more so for Management. How many of these recommendations have been implemented into practice by Wood's Homes?

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | Nicole Frenette & Bruce MacLaurin

47

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
14	Giroux, R., Blackstock, C., Jetty, R., Bennett, S., & Gander, S. (2020, May 27). COVID-19 and Indigenous children in Canada: What can paediatricians do? Canadian Paediatric Society. https://www.cps.ca/en/blog-blogue/covid-19-in-digenous-children-in-cana-da-what-can-paediatricans-do	A blog post/resource by the Canadian Paediatric Society to offer practice guidelines for pediatricians.	Indigenous children are at higher risk for poor outcomes from COVID-19. At the same time, many of their communities are lacking resources to adequately respond to the virus and the disruptions caused by public health measures. Cultural practices of this group have also been disrupted by the pandemic. Service providers, such as pediatricians, need to be aware of these specific challenges and how they can contribute to helping this population's well-being. Practice recommendations for service providers during COVID-19 include: • Promote culturally safe and trauma-informed environments • Learn about and address structural inequities and colonialism • Learn about children's and their family's background • Screen children and families for social determinants of health • Partner with Indigenous community organizations that support high-risk families	No author-identified limitations. However, this resource was specifically intended for pediatricians practicing with Indigenous populations during COVID-19 so not all points will be relevant. Some of the recommendations made also may be considered universal when working with Indigenous and not specific to COVID-19.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. Are there any specific considerations for service providers when working with Indigenous populations/communities during COVID-19?
15	Better Care Network, The Alliance for Child Protection in Humanitarian Action, & UNICEF. (2020). Protection of children during the COVID-19 pandemic: Children and alternative care immediate response measures. https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605	A technical note to support child protection practitioners and government officials in their immediate response to child protection concerns faced by children at risk of separation or in alternative care during the COVID-19 pandemic.	Engagement and participation of all stakeholders is essential to maintaining continuity of services for children. Children in alternative care face particular challenges in this pandemic. Service providers must adapt to the new context, including rethinking case management approaches, establishing procedures for online/phone screening, connecting parents/caregivers virtually, strengthening capabilities of hotlines/helplines, promoting new modes of engaging in education, and ensuring safeguard procedures are in place for this increases risk of technology. Efforts to pre-emptively scale up the capacity of family-based care and social protection systems are required to enhance family resilience and prevent unnecessary recourse to residential care. Families, caregivers, and children also need to be made knowledgeable about how to prevent the spread of COVID-19, PPE should be accessible, additional material support should be available if needed, etc.	No author-identified limitations. This document is written more from the perspective of international child welfare service providers but is still widely relevant.	Relevant to all 4 articles, but likely more so for Management, Frontline and Clinicians. This document recommends, several times, that additional flexible funding should, ideally, be made available for child welfare organizations during COVID-19 but how practical is this?
16	Guo, J., Fu, M., Liu, D., Zhan, B., Wang, X., & van Jzendoorn. (2020). Is the psychological impact of exposure to COVID-19 stronger in adolescents with pre-pandemic maltreatment experiences? A survey of rural Chinese adolescents. Child Abuse & Neglect (forthcoming). doi:10.1016/j.chiabu.2020.104667	An online survey was sent to 6196 participants, aged 11-18 years old.	The impact of exposure to COVID-19 to adolescents' mental health may be stronger if they have pre-pandemic maltreatment experiences. These adolescents should be prioritized to access professional family support and mental health counselling. This support, however, is more difficult to organize in rural areas.	There is the possibility of recall bias from survey respondents and all responses are self-reported. The survey used ACEs which may not be the most reliable tool, especially in the cross-cultural context it was used in. Based on cross-sectional data, this study also cannot infer causality. It was also found that a large number of the adolescents had absent parents, but this did not seem to be a crucial factor in their ability to cope. The sample was also focused on rural youth, so non-responses might be higher due to Internet access issues.	Relevant to all 4 articles, but likely more so for Management, Frontline and Clinicians. Does exposure to COVID-19 predict elevated levels of anxiety and PTSD symptoms? Do pre-pandemic maltreatment experiences exacerbate this impact? How should Wood's Homes incorporate this knowledge into their services?

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
17	Brown, S. M., Doom, J. R., Lechuga-Pena, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect* (forthcoming). doi:10.1016/j.chiabu.2020.104699	183 parents, with a child under 18 years old, living in the western US participated in a survey	Greater COVID-19 related stressors, high anxiety, and depressive symptoms were found to be associated with higher perceived parental stress and child abuse potential. On the other hand, greater parental support and perceived control during this pandemic may have a protective effect. Racial and ethnic differences in COVID-19 related stressors were also found. Although all families experience stressors differently, providing parental support and increasing perceived control may be promising interventions.	This study had a small sample size and was relatively homogenous. The survey used was also brief, including single item indicators to assess mental health risk. The study is also cross-sectional, thus causality cannot be determined.	More for Frontline and Clinicians. What supports were or can be provided by Wood's Homes to families to reduce the stress associated with this pandemic?
18	Schwab-Reese, L. M., Drury, I., Allan, H., & Matz, K. (2020). "Oh, this is actually okay": Understanding how one state child welfare training system adapted to the COVID-19 pandemic. *Child Abuse & Neglect* (forthcoming). doi:10.1016/j.chiabu.2020.104697	Caseworkers-in-training completed assessments as part of quality improvement efforts while training facilitators, course developers, and leadership participated in qualitative interviews. The quantitative differences in learner knowledge, satisfaction, and behaviors before and during the COVID-19 pandemic were assessed and a qualitative thematic analysis of interviews was done.	Limited differences in learner outcomes (knowledge or satisfaction) before and after the transition to virtual training delivery were found. From the qualitative interviews, 3 main themes were found: 1) Organizational culture facilitated the transition 2) External constraints caused challenges during the transition 3) There are opportunities to improve training practices.	Virtual learning may not be appropriate for all circumstances and topics. More research will be required to determine what types of training are suited for virtual settings. The sample size used for this study was also small and administrative data was used to assess learner experiences, which did not ask information specifically about the COVID-19 transition.	Relevant to all 4 articles, maybe more so for Management for program planning. Can such training methods be carried over post-pandemic?
19	Racine, N., Hartwick, C., Collin-Vezina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse & Neglect* (forthcoming). doi:10.1016/j.chiabu.2020.104698	Discuss benefits and barriers to telemental health for a child maltreatment population and offer considerations for child trauma service provision, program development, and policy during and post-COVID-19.	Benefits of delivering child trauma treatment via telemental health will not be equally experienced by all children. Not all clinicians, programs, or organizations have transitioned to telemental health. It is critical for program management to acknowledge existing barriers to using telemental services and, as possible, provide services that can address these barriers. Not all cases will be appropriate for telemental health either.	Pilot work evaluating the effectiveness of child trauma treatment via telemental health occurred under ideal conditions and clients already deemed appropriate for telemental health services. Additional research looking at the implementation of child trauma treatment using telemental health is needed to inform program development and practice.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians. How to overcome inequities to access to services like telehealth?
20	Akingbola, K. (2020). COVID-19: The prospects for nonprofit human resource management. *Canadian Journal of Nonprofit and Social Economy Research, 11*(1): 16-20.	Explore the impacts of COVID-19 on nonprofit employees and their human resources management. COVID-19 presents serious and potentially crippling strains to nonprofits, which can impact their effectiveness and outcomes.	Impacts of COVID-19 on nonprofit employees and human resources are at the individual, team, and organizational levels and include: • Organizational: Layoffs and reduction in the HR pool; remote work; health and safety; HR scenario planning • Individual: Employee voice; hazard pay • Team: Collaboration	It is acknowledged that many of these issues as a result of the pandemic are new and will require more research and consideration to properly address.	Most applicable for Management.

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

49

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21	Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19.	There is a broad consensus that COVID-19 has had a negative impact on child welfare services and child welfare workers so this exploratory study aimed to examine peritraumatic stress among 1,996 child welfare workers using the COVID-19 Peritraumatic Distress Index (CPDI) and cross-sectional surveys.	Findings showed that child welfare workers show distress levels above normal ranges. • 46.4% of participants were experiencing mild or severe distress levels Overall, it was found that COVID-19 is negatively impacting child welfare workers and there is a need to conceptualize, implement, and evaluate initiatives aimed at mitigating distress among this population. This is especially so because this distress can lead to professional burnout, agency retention issues, and impact practice decisions and ability to manage caseloads. Individual factors were also seen to impact distress levels (i.e. marital status, sexual orientation, mental/physical health status) as well as position. Notably, supervisors were found to experience less distress than non-supervisors. It is possible this is because supervisors may also have higher financial status and salaries and be better informed about agency dynamics and pandemic responses. Supervisors' work experience may also allow them to better cope with distress, such as that experienced in this pandemic. There is a need, from an organizational standpoint, to conceptualize and implement initiatives supporting child welfare workers in dealing with COVID-19 related distress. This could include virtual accountability, check-ins, and support groups and offer remote work when possible, PPE requirements, etc. All interventions should be developed with input from workers themselves.	The authors note that this topic has not yet been thoroughly examined in the literature. This study also had a relatively homogenous sample of white women and may not reflect the general population of child welfare workers. The instrument used in this study (CPDI) is also relatively new and may require further assessment. This study also did not take into account all job-specific factors, such as caseload, etc.	Relevant to all 4 articles, but likely more so for Frontline and Clinicians.
22	Nembhard, I. M., Burns, L. R., & Shortell, S. M. (2020). Responding to COVID-19: Lessons from management research. Innovations in Care Delivery. doi:10.1056/CAT.20.0111	Provide recommendations and outline actions that management can take to help employees amidst COVID-19.	The 5 actions recommended that managers take are: 1) Put people first (i.e. the physical and emotional well-being of workers, in the form of check-ins, support teams, and providing resources) 2) Manage operations creatively (i.e. recognize the importance of unheralded internal operations, surfacing problems, and creating teams that focus internally and externally to expand knowledge and solutions in the form of a learning rather than performance mindset) 3) Attend to teamwork and communication (i.e. relational coordination amidst uncertainty by teams across multiple functions and roles) 4) Create outside partnerships (i.e. forming and strengthening effective outside partnerships as no one organization can address COVID-19 by itself) 5) Embrace clear and humble leadership (i.e. strong leadership is essential in crisis and leaders need to provide clear communication and resources and collaborate with employees).	No author-identified limitations. However, this topic is very novel and has not been studied extensively yet, so more research is likely needed to expand on it. This article is also not specific to non-profit or mental health organizations, such as Wood's Homes.	More for Management, maybe Support Staff.

#	Source (Author, Year, Journal)	Sample & Methods Used	Key Findings	Limitations	Applicability to Journal Articles and Further Questions
23	Maher, C. S., Hoang, T., & Hindery, A. (2020). Fiscal responses to COVID-19: Evidence from local governments and nonprofits. *Public Administration Review, 80*(4): 644-650. doi:10.1111/puar.13238	A viewpoint essay discussing the fiscal impact of COVID-19 on public and nonprofit organizations and their current responses and strategies. This article also uses data collected from a recent (222 responses in April 2020) survey to propose a 4-stage model, based on stories and information from nonprofits, with the aim of informing nonprofit scholars and practitioners.	Public and nonprofit organizations exhibit different financial and managerial responses in coping with the financial impacts of COVID-19. The organizational actions have been categorized into a 4-stage RISE model (resilience, intention, sustain, endurance) with an organizational perspective from the open systems framework. • Resilience: financial capacity and organizational flexibility to react to the external shock while maintaining operations • Intention: Immediate actions to mitigate financial impacts and prevent decline in organizational resources • Sustain: Short-term actions and operational changes toward stabilization • Endurance: As organizations adjust and adapt, leaders will need to rethink and reform strategies to strengthen operations. • This approach should help nonprofit leaders by drawing their attention to increasing organizational capacity by hedging against external shock and enhancing their response practices navigating the COVID-19 pandemic while working on adapting their recovery strategies post-COVID.	The discussion and recommendations in this article are time-sensitive and may also be regionally concentrated (i.e. in several American states) but the findings likely still have wide implications. However, a great deal of uncertainty in regard to this topic remains.	Mostly applicable for Management, maybe Support Staff.
24	University of San Diego School of Leadership and Educational Sciences (2020). *Nonprofit sector response to COVID-19: The immediate impact of the COVID-19 pandemic on San Diego County nonprofits.* https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1003&context=npi-npissues	A report to provide real time data about the current economic conditions facing nonprofits and the need for immediate and long-term support in order to ensure the ongoing provision of critical services. Data is from a survey issued by the University of San Diego's Nonprofit Institute to 428 nonprofit leaders in March of 2020.	Key findings of this report include: • Many challenges faced by nonprofits in this time are interrelated and exacerbated by stay at home orders and school closures • Nonprofit services have been greatly disrupted • Volatile job and financial markets are threatening personal income, payroll, and reducing donations • Many nonprofits are not able to generate sufficient income in this time • At the same time, the need for nonprofit services continues to grow • Nonprofits will be challenged to retain staff under the circumstances	This report is regionally-specific (i.e. San Diego nonprofits) but its findings are likely applicable to other areas. It also relied on a convenience sample and was completed relatively early on in the COVID-19 pandemic so findings may look different now.	Mostly applicable for Management.

The Impact of COVID-19 on Non-Profit, Child Welfare and/or Children's Mental Health Organizations and their Frontline, Clinical, Support, and Management Staff: A Scoping Review of the Literature | **Nicole Frenette & Bruce MacLaurin**

51

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