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Rapid Response Knowledge Synthesis


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Executive Summary

Background: The current COVID-19 global pandemic has arguably led to some of the most severe impacts in the area of child welfare. A rapid proliferation of pandemic-related research and resources has emerged, but organizations responsible for meeting the urgent needs of vulnerable children and families typically have little time to find, evaluate, and translate knowledge to inform services. Children involved with child welfare are typically experiencing or have histories of abuse and neglect, which are linked to a multitude of behavioural and mental health problems. Their caregivers have themselves often experienced impacts of abuse and other marginalizing conditions, such as poverty, substance abuse, and mental health issues. Exacerbating the situation, conditions brought on by COVID-19 have increased the possibility of separation, isolation, and reduced social support, education, mental, and physical health services. Thus, children and families are at heightened risk for trauma reactivation and deteriorating family conditions. Child-serving organizations and staff also face many challenges ensuring the safety and well-being of families and continuity of care during COVID-19. They have been forced to rapidly change practices to respond to increasing demands and the growing complexity of cases, feeling both the professional and personal strains of the work.

The Canadian Prairies experience challenges within the child welfare system such as comparatively high rates of children in out-of-home care – with an extraordinarily high overrepresentation of Indigenous children, interpersonal violence, mental health and substance abuse. Moreover, the vast rural Prairie geographies contribute to a lack of services and isolation, especially during this period of limited mobility and resource reductions.

Objectives: In close consultation with our existing and new partners, the main objective of this Knowledge Synthesis was to undergo a rapid, month-long knowledge scan process of finding, vetting, and synthesizing extant literature and resources regarding COVID-19 as it relates to child welfare across the Canadian Prairies.

Methods: Guided by a Socio-Ecological framework, we used a three-pronged search strategy: Stakeholder outreach, database searches for peer-reviewed publications, and online searches for relevant reports, webinars, websites, and resources. The search was an iterative process, with accumulated literature and resources pointing to other sources of knowledge. The knowledge was then reviewed, vetted, and synthesized, reflecting emergent themes.

Findings: Our search revealed three major themes: (1) Mental Health and Substance Use during COVID-19, related to youth and caregivers; (2) Caring for Children and Youth In and Out of Care during COVID-19, related to risk factors and protective measures on multiple socio-ecological levels, and (3) Communication during COVID-19, focusing on communication strategies with children, youth, and professionals about COVID-19, including digital communication strategies that have come to the forefront of child welfare practice during this period. This Knowledge Synthesis report is the first in a series of bi-monthly updated reports for 2020. The Syntheses will inform our knowledge mobilization strategy, that includes a Digital Connections Hub website at the University of Regina Child Trauma Research Centre. The Hub will provide a single point of access to a variety of accessible, consumable knowledge translation products to support organizations serving vulnerable children and families in a child welfare context across the Prairies.
INTRODUCTION

Historically, pandemics have led to a wide range of health, social, and economic consequences, with the greatest impacts experienced by the most vulnerable and marginalized populations. The current COVID-19 global pandemic is no exception. Across Canada, conditions and health restrictions put in place to protect humans from the spread of COVID-19 have drastically altered the experiences and daily routines of individuals, severely limiting their ability to access resources, services, and support. To date, the vast arena of child welfare has arguably been one of the hardest hit by the pandemic.

This Knowledge Synthesis report is the outcome of a recent, rapid knowledge scan conducted on the impact of COVID-19 on child welfare in the Canadian Prairies. The project is supported through funding provided by the Canadian Institutes of Health Research and in-kind support by the University of Regina.

Background/Context

The shifting circumstances surrounding COVID-19 have led to a rapid proliferation of research and resources. However, organizations responsible for meeting the urgent needs of children and families within the child welfare system typically have little time to find, evaluate, and translate knowledge to inform services for vulnerable children and families. These children are currently experiencing or have histories of abuse and neglect, which are linked to a multitude of behavioural and mental health problems. Often, caregivers have themselves experienced impacts of childhood maltreatment and other marginalizing conditions, such as poverty, substance abuse, and mental health problems. Exacerbating the situation, the conditions brought on by COVID-19 have increased the possibility of separation, isolation, and reduced social support, education, mental, and physical health services. Thus, children and families are at heightened risk for trauma reactivation and deteriorating family conditions.

Child-serving organizations and their staff also face many challenges in ensuring the safety and well-being of families and assuring continuity of care during COVID-19. They have been forced to rapidly change practices to respond to increasing demands and the growing complexity of cases (O’Brien et al., 2007). The role of these individuals in supporting families during this health crisis is critical. Indeed, in April 2020 the President of the Canadian Association of Social Workers submitted a direct appeal to the Treasury Board of Canada, requesting that Registered Social Workers (RSW) be recognized permanently as mental health practitioners within the Public Service Health Care Plan. The letter of appeal argues that RSWs - particularly in the midst of COVID-19 - are “working across all sectors to safely address immediate public health concerns and protection....[and] addressing the compounding mental, psychological and emotional
consequences that our families, communities, and our nation are experiencing at this time of uncertainty.” (Christianson-Wood, 2020, para. 3).

The following chart, published by the Alliance for Child Protection and Humanitarian Action 2020d), points to the essential roles that the social service workforce holds in the midst of COVID-19. These demands are fluid as the knowledge of the virus and its social repercussions continue to shift.

Though it is difficult at this stage to fully assess the full impacts of COVID-19 on the functioning of various systems impacting child welfare, Kelly and Hansel (2020) reported findings from consultations with stakeholders in the United States including youth, parents, foster and adoptive parents, caseworkers, justice system staff and others. Some issues identified included:

- Difficulty finding childcare due to school closures, potentially resulting in an increase in child neglect reports for unsupervised/unattended children, or replacement of children where foster carers have to work;
- compromised nutrition, in light of the absence of school breakfast and lunch programs for low-income families;
- reduced in-home services to support families within child welfare; lack of treatment for substance use disorders; reduced or cancelled visitation for children in care; delays in child welfare court proceedings; potential outbreaks in residential settings.
To provide a Canadian perspective, in March 2020 the University of Toronto Policy Bench: Fraser Mustard Institute for Human Development produced a *Pandemics and Child Welfare Literature Scan* (Sistovaris et al., 2020). The rapid scan took place over a period of three days and highlighted the following:

- Children in care are at a heightened risk of harm from not only the current COVID-19 pandemic, but in many cases, from government policies being implemented to contain the pandemic.
- Pandemics can significantly limit the capacity of public agencies to operate and provide services and supports to populations during a period of heightened demand and uncertainty.
- Pandemics can significantly limit the capacity of public agencies to operate and provide services and supports to populations during a period of heightened demand and uncertainty.
- System resources and capacity are under considerable pressure as agencies and child welfare workers struggle to provide the necessary services and supports.
- Child welfare systems and agencies require policy makers to formulate, articulate and implement child protection strategies that: allow for and encourage increased coordination across all sectors that involve children in care; build on the strengths and positive coping mechanisms of communities, families, caregivers and children; address the challenges of highly vulnerable populations such as youth in residential care; and provide for the required resources and supports to function not only during a pandemic but also in pre-and post-pandemic environments.
- It is especially important for child welfare agencies responsible for vulnerable populations to ensure continuity of care during this period.

This Knowledge Synthesis builds off the impressive work of the *Pandemics and Child Welfare Literature Scan*. Our aim was to provide updated information regarding child welfare as it relates specifically to COVID-19, as well as to focus our attention primarily on the Canadian Prairie provinces of Manitoba, Saskatchewan and Alberta. The Prairies are a vibrant and important part of the Canadian landscape. Though they share many of the same challenges as other provinces in regards to ensuring the well-being of children, they experience some unique challenges. Compared to many provinces, the Prairies – in particular Manitoba and Saskatchewan – experience high rates of children in out-of-home care, domestic/interpersonal violence, mental health and substance abuse, as well as extraordinarily high overrepresentation of Indigenous children in care and in virtually all social service sectors. In addition, the vast rural Prairie geographies may contribute to a lack of available services and isolation, especially during this period of limited mobility and resource reductions.
Objectives

In close consultation with our existing and new partners, the main objective of this Knowledge Synthesis was to undergo a rapid, month-long knowledge scan process of finding, vetting, and synthesizing extant literature and resources regarding COVID-19 as it relates to child welfare across the Canadian Prairies.

In addition to focusing specifically on the Canadian Prairie context, we also noted gender- and sex-specific information where relevant, given significant differences in the way many issues are experienced. Though our aim is to include knowledge specific to Indigenous individuals and communities, given the rapid nature of this Knowledge Synthesis and our intention to walk in good ways (Young, 2003) with Indigenous communities, we are working towards a process of consulting with Elders, Knowledge Keepers, and Indigenous organizations to ensure that any information included is relevant, supportive, and reflective of Indigenous values and ways of being. Thus, future iterations of this report will include more Indigenous-focused content. Finally, to reflect the sizable, yet oft-underserved population of French-speaking individuals in the Prairies, we will be seeking French language content. We will also translate a significant portion of our English content as we continue our knowledge scan for future iterations of this Knowledge Synthesis, as well as for other knowledge mobilization products.

This Knowledge Synthesis is a first step towards ensuring that relevant information and resources are provided in an accessible manner to our partners (knowledge users), which include community, government and other child-serving organizations from across the Canadian Prairies. To further mobilize the knowledge located for this Knowledge Synthesis, the report will be sent to our partners, updated bi-monthly throughout 2020, and accessible via a Digital Connections Hub website hosted by the University of Regina Child Trauma Research Centre (CTRC) set to go live in August 2020. Knowledge products translated from our scan will also be available, including updatable information bulletins, infographics, toolkits, as well as links to webinars, resources, and published literature. Our overarching objective is to provide relevant, accurate, and timely information on policies and practices to better meet the mental, physical, and social health needs of children, families, caregivers, and workers during this critical period.
Methods

To ensure our Knowledge Synthesis met the requirements of a rapid response to the potential impacts of COVID-19 on child welfare organizations across the Prairies, the scan, translation, and synthesis was conducted over the period of May 23, 2020-June 19, 2020.

Guiding Framework: The Socio-Ecological Model

We drew on a socio-ecological framework to conduct the literature scan as well as to organize the Knowledge Synthesis. According to the Centers for Disease Control (2020) in order to effectively address, prevent, or mitigate risk factors and build upon protective factors, we should consider concurrently the multiple levels of the individual, relationships, community, and society, which are nested within each other (see Figure 1). Using this framework enabled us to engage with research and resources that reflect these multiple levels. It also enabled us to honour the complexity of child welfare and related issues, particularly in the context of a pandemic. Thus, attention was directed to the myriad potential impacts of COVID-19 on the social, emotional, behavioural, educational and physical health of children, as well as their families and workers. The framework permits the identification and clustering of intervention strategies based on the ecological level in which they are found (World Health Organization, 2020).

![Figure 1. The Socio-Ecological Model: A Framework for Prevention (CDC, 2020)](image)

The socio-ecological model is further elaborated for the potential impacts of COVID-19 in a child welfare context by the Alliance for Child Protection and Humanitarian Action (2020c). According to the Alliance, COVID-19 can impact the child, family, and society, along with socio-cultural norms (see Figure 2). These impacts are further elaborated within this Knowledge Synthesis.
Search Strategy

We used a three-pronged search strategy to locate the knowledge included within this synthesis: (1) Stakeholder Outreach; (2) Database Searches (searches for traditional, peer-reviewed publications); and (3) Online/Website Searches for knowledge in the form of relevant reports, webinars, websites, and resources. The latter stage revealed significantly more relevant information, given the relative recency of the declared pandemic. This search was an iterative process, with accumulated knowledge and resources pointing to other sources of knowledge. Each of the stages is described in detail below.

Figure 2. Socio-ecological impacts of COVID-19. (The Alliance for Child Protection in Humanitarian, 2020c).
Stage 1 – Stakeholder Outreach: First, to inform our overall search, we reached out to our existing, new and potential stakeholder partners to capture the immediate, short- and long-term needs for knowledge, as well as preferred dissemination methods. The project team identified child welfare organizations in the government sector, as well as service provider organizations in the non-profit sector that work with children, youth, families, and caregivers who are involved with the child welfare system in the Prairie provinces. Some were based on previously developed relationships. Other stakeholders were identified via online searches of child welfare-related organizations across the provinces and contacted via email or telephone.

An email campaign via MailChimp platform involved 73 potential stakeholders. Recipients were provided information on the project and asked the following two questions: (1) What are you seeing in terms of urgent needs and populations accessing your services during COVID-19? (2) What research resources do you need to help support your work? (see Appendix 2). Two subsequent email reminders were sent, the most recent as a “Last Chance” reminder on June 12, 2020. We received responses from 11 organizations that aligned very closely with the themes that had emerged from our concurrent database and other online searches, as well as additional themes to further inform our search.

Stakeholders’ Perceptions of Emergent/Evolving Concerns in the Midst of COVID-19

(1) Access to Mental Health Support - Across sectors there is a call for attention to the mental health impacts of COVID-19, both in the short- and long-terms. Systems are struggling to recognize and mediate the difficulties in accessing mental health services. Here, there is a call for training in tele-mental health (see below).

(2) Varying Financial Support - The fluctuation and unpredictability of funding support has been identified as a tension during this period of uncertainty, which prevents the planning and execution of some initiatives. Waiting lists in some sectors - which were already quite long - have become even longer. Mental health agencies supporting children and families are worried about being able to adequately meet their needs.

(3) Best Practices Identification - As this situation is unprecedented, there are less evidence-based, vetted, and tested best practices to draw upon for service providers. While they recognize some of the gaps in knowledge, they lack the time to sort through the rapidly emerging resources.

(4) Translation of Resources for Specific Audiences/ Users - On a related note, while a plethora of research and resources are emerging in the midst of the pandemic, service providers are finding it challenging to locate those specific to their populations of need (e.g., dealing with youth in residential care settings who are struggling with social distancing; individuals in rural/remote communities).
(5) **Maltreatment Investigations** - As of June in Regina, the number of child welfare calls is reported to be slightly down, which may be indicative of less surveillance and fewer traditional reporting opportunities (e.g., schools, daycares).

(6) **Moving into the Summer** - Service providers are concerned about a reduction in service personnel due to staff holidays, as well as funding restrictions and delays that may inhibit service provision. They are also struggling to find ways to develop, assess, and implement necessary programming. They are concerned about the lack of visibility of children and youth over the summer, along with an increased lack of supervision, increased access to and use of substances, and the possibility of heightened isolation.

(7) **School Reopening and the Impacts of Learning Gaps and Loss** - Our stakeholders are concerned about the potential for reduced learning, in light of research confirming a direct correlation between school closures and learning loss, particularly in relation to families with low socio-economic status, or families struggling with substance abuse, violence, and a host of other intersectional variables. This will be a particular challenge for children in care.

(8) **Safe Use of Virtual Technologies for Service Provision, Virtual Visits, Services, and Tele-forensic Interviewing** - As the months of isolation continue, the turn toward virtual technologies has been foregrounded for child welfare stakeholders as a possible way to reduce isolation. However, the use of virtual technologies requires access to technology, reliable internet and video chat capabilities, as well as engagement and focus. During this period, our partners require faster and more comprehensive ways to provide services to children living in rural and remote areas in the Prairies. Additionally, the impact(s) of the cessation of training service personnel, particularly the police service for tele-forensic interviewing, requires attention. There are increased calls for virtual support groups and for training of service providers, foster parents, and group home staff in tele-mental health, and ways to stay engaged in a digital space.

**Stage 2 – Database Search:** We searched for published, peer-reviewed literature from various journal search engines relevant to our topic, including but not limited to ProQuest Social Sciences, PsycInfo, Social Services Abstracts, EBSCO, JSTOR, the University of Regina library, as well as Google Scholar. We also searched abstracts of highly relevant journals, including *Child Abuse and Neglect*, *Children and Youth Services Review*, *International Journal of Mental Health and Addictions*, and *International Journal of Child and Adolescent Resilience*).

To remain focused on COVID-19-specific publications, and in order to locate more recent literature than that found in the March 2020 *Pandemics and Child Welfare Literature Scan* (Sistovaris et al., 2020), search filters were then applied to include journal articles published only in 2020. Unsurprisingly – given COVID-19 was not declared a global pandemic until March 11, 2020 - we located very little relevant published research using this strategy.

Search terms included “child welfare” or “youth in care” and “Canada*” or “Manitoba” or “Alberta” or “Saskatchewan” and “COVID-19” or “Coronavirus” or “pandemic” or “epidemic” or “SARS”. As
our themes emerged, we used different combinations of terms and others to search for specific information. We further refined our search by adding terms such as “child abuse” or “child protection”, “substance abuse”, “mental health”, “tele-mental health”, “tele-forensic interviewing”, “virtual communication”, “service providers”, “support”, “Prairies” or “Saskatchewan” or “Manitoba” or “Alberta” or “Canada”.

Stage 3 – Online websites/resources: We searched for other knowledge and resources through the following research centres and networks, all well-known and respected in the field of child welfare:

- Child Welfare League of Canada - COVID-19, Resource Page (Canadian perspective): How parents and caregivers can talk to children about COVID, resources to keep children busy with play and education, provincial navigation system (quick links to support and crisis helpline(s) and government websites for each province), physical and mental health for children.
- Canadian Association for Social Workers - COVID-19 Resources (Canadian social work perspective): Guidelines for health (physical and mental), support resources (counselling), educational links for continuing education (links to keeping your practice skills sharp).
- National Child Traumatic Stress Network - COVID-19 Resources (American perspective): Supporting the mental health of children who have been affected by trauma, tips for supporting youth and families in the time of crisis, parent/caregiver information for supporting children, trauma grief related to COVID-19.
- Better Care Network - Alternative Care During COVID-19 (American perspective): Toolkits in situations where children are separated from family during COVID, health procedures (where abuse is a concern, when foster carers are ill, if child is asymptomatic/symptomatic), and case management toolkit guidelines for service providers (virtual monitoring, staff requirements).
The Alliance for Child Protection and Humanitarian Action (International perspective):

Vetting and Translation Process

On an ongoing basis and subsequent to the general scan, we vetted the information for applicability to this Knowledge Synthesis and the needs of our stakeholders. Themes and sub-themes emerged that provide the sections of this report. Material was summarized, synthesized and translated to best reflect the content. An assessment was also made as to how best to mobilize these resources for stakeholder accessibility outside of this Knowledge Synthesis.

Organization of the Knowledge Synthesis

This Knowledge Synthesis begins with a general overview of Pandemics, and in particular COVID-19. We then describe the context of child welfare and potential impacts of COVID-19 on the Prairie provinces (Alberta, Saskatchewan, Manitoba). The remainder of the synthesis is separated into the three (3) emergent themes and research/resource clusters that reflected the extant literature as well as needs identified by stakeholders. These themes include (1) Mental Health and Substance Use During COVID-19; (2) Caring for Children and Youth In and Out of Care During COVID-19; and, (3) Communication During COVID-19. We fully anticipate that other themes will surface as we continue our knowledge scan regarding the impact of COVID-19 on those involved with child welfare.
Findings

What is a Pandemic?

According to the Association for Professionals in Infection Control and Epidemiology (n.d.), pandemics are a global disease outbreak that differs from an outbreak or epidemic in that it:

- affects a wider geographical area, often globally.
- infects more people than an epidemic.
- is often caused by a new virus or virus strain that has not circulated among people for long, and for which humans usually have little to no immunity against it. The virus is transmitted quickly from person-to-person worldwide.
- causes a higher rate of deaths than epidemics.
- often creates social disruption, economic loss, and general hardship.

What is COVID-19?

COVID-19 was first detected as a pneumonia of unknown cause in Wuhan, China and reported to the World Health Organization (WHO) on December 31, 2019. The outbreak was declared a Public Health Emergency of International Concern on January 30, 2020, named as a novel Coronavirus - COVID-19 - on February 11, 2020, and declared a global pandemic on March 11, 2020 (Government of Canada, 2020).

As of June 19, 2020, there were 8,525,042 confirmed cases of COVID-19 reported worldwide across 216 countries, with 456,973 deaths attributable to COVID-19 (WHO, 2020b). In Canada, there were 100,629 confirmed cases and 8,346 deaths. In the Canadian Prairies, there were 8,652 confirmed cases and 172 deaths (Alberta-7,625 cases/152 deaths; Saskatchewan-716 cases/13 deaths; Manitoba-311 cases/7 deaths) (Government of Canada, 2020).

Though COVID-19 is a risk to all, Canadians with specific health circumstances are at an increased risk of more severe outcomes, including individuals who are over age 65, have compromised immune systems, and/or who have underlying medical conditions. However, social and economic circumstances may also increase vulnerability, including those who experience:

- economic barriers
- difficulty accessing transportation
- difficulty accessing medical care or health advice
- unstable employment or inflexible working conditions
- insecure, inadequate, or nonexistent housing conditions
- ongoing specialized medical care or needs specific medical supplies
- social or geographic isolation, like in remote and isolated communities
- difficulty reading, speaking, understanding or communicating
- ongoing supervision needs or support for maintaining independence
- difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes (Government of Canada, 2020)

Thus, there is a strong likelihood that many individuals involved with the child welfare system, who face many of the above-mentioned barriers and challenges, are at risk of contraction.

**The Canadian Prairies in Relation to COVID-19**

Research and practice have confirmed that involvement in child welfare can have myriad negative effects on children and youth. Traumatic childhood events, including abuse, neglect and family dysfunction, are among the most influential predictive and contributing factors for mental health problems (Widom, 2000). In the Prairie Provinces, rates of families involved in the child welfare system and children in care are high, with a substantial over-representation of Indigenous children in care. The literature also overwhelmingly supports that children taken into care experience loss and trauma from being separated from their family, friends, and community members. Studies in Manitoba and elsewhere have found that children in care have poorer educational outcomes, more frequent contact with the justice system, experience markedly higher hospitalization rates, and are at greater risk of attempting or committing suicide than those not placed in care. A Manitoba-based study also shows that mothers of children who are taken into care also see a significant deterioration in their health and social situation after apprehension, such as increased rates of depression, anxiety and substance use (Michlefield et al. 2018).

All of these factors are compounded by the issue of isolation and remoteness. The lack of community services is most acutely felt in rural and northern communities where there are fewer specialists, service providers and programs. Child welfare practice in remote areas include potentially large travel distances to appointments that can aggravate service delivery, absorb time and funding, and in poor weather conditions threaten social worker’s safety (Child Welfare Information Gateway (2018). Services to Indigenous and First Nation families and children across Canada are especially impacted by the limited services, programs and resources in rural and remote communities.

Our rapid response scan reflects the fluid nature of the state of knowledge on COVID-19. Though the vast majority of knowledge accrued was not specific to the Prairies (nor for that matter to other geographic locations), we were able to locate some current information reported provincially through reports, websites, and media reports. However, many of the issues presented more broadly in relation to COVID-19 and child welfare are applicable to the Prairie context. We begin by describing the context for each Alberta, Saskatchewan and Manitoba.
**Alberta**

The State of Child Welfare in Alberta

**Child Welfare Organization:** The Ministry of Human Services oversees the delivery of child intervention services in Alberta. Eight regional Child and Family Service Authorities, one of which is a Métis Authority, are delegated to provide services. Seventeen Delegated First Nations Authorities also provide services through agreements between the First Nations, the Government of Canada and the Government of Alberta (Canadian Child Welfare Research Portal, 2020).

**Rates of Child Welfare Involvement and Children in Care:** In March 2020, there were 11,090 children receiving Child Intervention services, 62% of whom were Indigenous. Of those, 8,173 children and youth received services in care, 69% of whom were Indigenous. Just under 3,000 children and youth received services at home (not in care) (note that this is a point-in-time statistic which may vary across months) (Government of Alberta, 2020). As of 2019, 45% of Indigenous children in foster/kinship care are placed with Indigenous families (Alberta Children’s Services, 2019).

**Factors Impacting Child Welfare in Alberta due to COVID-19**

**Guidelines for Child and Family Service Providers:** Since the start of the pandemic, Children’s Services and Child Intervention offices have been closed to the public. Case workers continue to work regular hours to ensure the safety and well-being of children, families, caregivers, staff and others. They have been instructed by the Children’s Services Ministry to conduct family meetings by phone or video chat. As of March 29, the guidelines stated that in-person visits may still occur, but only in the most urgent of situations (Malone, 2020). As a preparation initiative, Alberta has been focusing their efforts on implementing strategies for caregivers and the children they care for to reduce stress factors that often lead to child and domestic abuse during times like these (St-Onge, 2020).

**Families and Caregivers:** According to the Child Intervention sector, parents and other caregivers struggling with stress associated with prolonged periods of isolation, or who have concerns about their health or finances should reach out for help from natural support systems, caseworkers, or support workers. A list of resources for mental health and family violence have also been provided on the COVID-19 info for Albertans page.

**Parents of Children in Care:** According to Children’s Services, they are in frequent contact with all caregivers, including kinship and foster caregivers and group care providers. They are responding to any concerns or reports of COVID-19 infection and will report to parents any suspected or confirmed case of COVID-19. As indicated earlier, visits may occur using video chat tools or phone calls. Access to group or residential facilities is restricted to essential visitors and staff only.
Child Abuse Rates: There is an expectation that incident reports of child abuse will abruptly rise after the summer is over and children are gradually exposed to more helping adults to notice signs of abuse (St-Onge, 2020). The following table describes average expectations for reports and changes since COVID-19.

<table>
<thead>
<tr>
<th>Average Expectation of Reports</th>
<th>Results Since COVID-19</th>
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<tbody>
<tr>
<td>Reports of child abuse usually decrease in the summer months, and abuse of children usually increases during times of economic stress (St-Onge, 2020).</td>
<td>Edmonton’s Zebra Child Protection Centre has seen a 31% decline in child abuse cases from mid-March to mid-April (St-Onge, 2020).</td>
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<tr>
<td>The average number of child internet exploitation reports has been 110 reports per month for the last two years (Rabson, 2020).</td>
<td>Alberta’s Internet Exploitation Unit received 243 reports in April, 2020, doubling their monthly average (Rabson, 2020).</td>
</tr>
</tbody>
</table>

Saskatchewan

The State of Child Welfare in Saskatchewan

Child Welfare Organization: The Ministry of Social Services in Saskatchewan is responsible for providing protection services for children under the age of 16 (and 18 years of age in exceptional circumstances). There are 19 Child Protection offices across the province within 3 service areas. There are 17 First Nations Child and Family Service Agencies across the province that provide mandated child protection services. Services include investigation, provision of family services (referrals to community-based services), and placement in out of home care (Canadian Child Welfare Research Portal, 2014; Canadian Child Welfare Research Portal, 2020b).

Rates of Child Welfare Involvement and Children in Care: As of March 2020, the total number of children and youth in care was 5,442, about 86% of whom were Indigenous. Just under 58% of children in care are placed with extended family (Ministry of Social Services Saskatchewan, 2019).
### Factors Impacting Child Welfare in Saskatchewan due to COVID-19

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Transitioning Out of Care</td>
<td>As of March 31, 2020, Saskatchewan has placed a moratorium on youth aging out of care. No youth will be transitioned out of their current housing situation during the pandemic (Government of Saskatchewan, 2020).</td>
</tr>
</tbody>
</table>
| Domestic Abuse                        | Saskatchewan had the highest rate per capita of domestic violence among all Canadian provinces as of 2018. The rate of domestic abuse in Saskatchewan is expected to rise even higher due to the stress and isolation brought by the pandemic (James, 2020).  
If shelters become full, Saskatchewan is prepared to adapt a “Cold Weather Strategy” and pay for emergency hotel stay or supply a vacant housing unit (Government of Saskatchewan, 2020). |
| Guidelines for Service Delivery       | Frontline child protection workers will have access to Personal Protective Equipment.  
Child and family services and supports should be provided via alternative methods (e.g. video chats and phone calls) whenever possible.  
If home visits are essential, staff must ask a provided series of screening questions before entering the home to determine potential risk (Government of Saskatchewan, 2020). |

### Manitoba

**The State of Child Welfare in Manitoba**

**Child Welfare Organization:** The child welfare system in Manitoba is made up of four authorities (First Nations Authority of Northern Manitoba, First Nations Authority of Southern Manitoba, Metis Authority and General Authority) that oversee services, disperse funds and ensure that culturally appropriate services are delivered by their respective agencies across the province (Canadian Child Welfare Research Portal, 2020c).
Rates of Children in Care: As of September, 2018, Manitoba had the highest rate of children in care out of all Canadian provinces, with a total of 10,258 children in care as of March 2019, with Indigenous children making up 88% of youth in care (Stefanson & Leggat, 2019). Just under 70% of these children are Permanent Wards of CFS. In March of 2019, home-like setting placements (foster homes, relatives, places of safety) made up 93.4% of total youth in care, with the remainder comprising group home or other residential-type placements (Stefanson & Leggat, 2019).

Factors Impacting Child Welfare in Manitoba due to COVID-19

Guidelines for Child and Family Services Workers: As of March 25, guidelines were put in place for Manitoba’s Child and Family Services (CFS) so they could continue to provide essential services while protecting themselves and those they serve from COVID-19 (Rosen, 2020):

1. Manitoba’s CFS workers remain essential and will continue to make home visits and interact with children and their families, but public health advice must always be followed during these times;
2. CFS workers are to ensure communication with family is still maintained through significant connection via alternative methods such as video chatting, phone calls, text messages, etc.;
3. Screening questions for COVID-19 should be asked and properly documented before entering a home;
4. If family visits are scheduled for children in foster care, the guardian agency will give direction on if protective measures should be taken or if the visit is happening at all;
5. All children staying at home due to school and childcare closures will need continuous care and support. Youth should be reassured, listened to, and have a regular schedule and regular activities to participate in;
6. Children’s exposure to media should be limited, and a ‘no sharing’ policy should be enforced in group care settings.

Birth Alerts: Earlier in the year, the government pledged to end the practice of birth alerts in Manitoba effective April 1, 2020. While initially intended to connect new mothers to supports, this controversial practice has resulted in the apprehension of roughly one baby every day from mothers who have just given birth. Due to COVID-19, the ban on birth alerts has been delayed until further notice (Ward, 2020).

Youth Aging out of Care: Manitoba, along with the majority of other Canadian provinces, has placed a moratorium on youth aging out of care. The age at which a youth transitions out of government care in Manitoba is 18, and pausing this will impact the lives of roughly 400 of their youth. The length of the moratorium in Manitoba is six months (Ward, 2020).

Our Knowledge Scan and Stakeholder Consultations revealed three (3) major themes in relation to COVID-19 and Child Welfare.

**Theme 1: Mental Health and Substance Use during COVID-19**

Various outlets such as open-access journals, online resources, and media outlets have identified mental health as a significant aspect of COVID-19. Some have gone so far as to name mental health the next health crisis associated with the pandemic (Canadian Mental Health Association, 2020). It is estimated that up to 25% of Canadian children and youth have a mental health disorder (Canadian Institute for Health Information; Mental Health Commission of Canada, 2019; Waddell et al., 2002).

Anxiety, depression, and other mental health problems can be exacerbated by isolation, fear, comorbidities, and grief, and can result in increased consumption of drugs and alcohol (Hossain et al., 2020; Huremovic, 2019; Oliver, 2020; Uguen-Csenge, 2020; Wang, 2020). Health protection measures requiring isolation implemented internationally have led to increases in loneliness and reduced access to services and social supports (Hossain et al., 2020), while simultaneously decreasing access to, or contact with, mental health professionals.

In Canada, a 2003 study of the Canadian SARS outbreak found that a third of participants reported Post-Traumatic Stress Disorder (PTSD) symptoms as well as symptoms of depression (Hawryluck, 2004). Mental health challenges have been correlated with isolation duration (Huremovic, 2019). Additionally, socio-economic consequences of a pandemic, such as loss of jobs, reduction in pay, and economic recession are all associated with increased mental health risk, self-harm, suicide, and substance use and abuse (Holmes, et al., 2020; Shrivastava, et al., 2019).

**Understanding Children and Youth’s Pandemic Grief**

Grief is a normal part of life, but grief during a pandemic has different, more complex effects, particularly in relation to the uncertainties surrounding this global health crisis. COVID-19 has led to suffering on many levels as well as large-scale loss in a variety of domains. In other words, people are experiencing many different kinds of loss simultaneously, some of which are linked to or altered by COVID-19. The following table provides three types of experiences - bookend, missed opportunities, and conflicting feelings, and compares the grief experience.
<table>
<thead>
<tr>
<th>Experience</th>
<th>Regular Grief</th>
<th>Pandemic Grief</th>
</tr>
</thead>
</table>
| Bookend    | Typical sequence  
            Certain level of predictability | Continual loss and decreased structure and predictability alter the typical sequence, and render responses less standard |
| Missed Opportunities | Children and youth will lament missed opportunities even in more typical times.  
Typically, however, a missed opportunity is an isolated event with a plausible explanation. | The continuous publicly available information on death tolls, changes, prolonged social isolation can increase children and youth’s stress and anxiety. The frustration and anger at missing opportunities to celebrate significant moments (birthdays, graduations, etc) may feel more acute as it is tied to a desire for a return to more normal times. As isolation continues the list of missed opportunities grows and grows. |
| Conflicting Feelings | Children and youth respond emotionally to circumstances beyond their control | In the midst of a pandemic, they might then feel guilt over the feelings they are having. For example, a cancelled graduation might lead to feelings of frustration and anger, and then guilt for having felt the anger in the midst of a greater global health crisis. Additionally, children and youth might also feel a sense of shame or guilt if they experienced a moment of joy while so many others are struggling |

(Table adapted from Maitland, 2020; Yorio, 2020).

**Mental Health at a Glance: Since the Outbreak of COVID-19**

The following table includes information collected from a number of sources reporting feedback elicited from children, youth and adults since the onset of COVID-19:
<table>
<thead>
<tr>
<th>Youth have noted:</th>
<th>Kids Help Phone has noted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or increased social anxiety</td>
<td>63% increase in support accessed by text.</td>
</tr>
<tr>
<td>General anxiety</td>
<td>55% increase in support accessed by phone call.</td>
</tr>
<tr>
<td>Fear</td>
<td>67% of conversations include eating and body image.</td>
</tr>
<tr>
<td>Loneliness</td>
<td>30% of conversations include anxieties over COVID-19.</td>
</tr>
<tr>
<td>Irritation with those with whom they live</td>
<td></td>
</tr>
<tr>
<td>Risk of prolonged abuse</td>
<td></td>
</tr>
<tr>
<td>Negative body image</td>
<td></td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth are sharing attention to mental health:</th>
<th>Adults are experiencing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>72% of girls and 55% of boys aged 12-17 reported feeling sad often or sometimes</td>
<td>Worsened pre-existing mental health conditions</td>
</tr>
<tr>
<td>18% of youth aged 14-27 reported suicidal thoughts</td>
<td>Anxiety</td>
</tr>
<tr>
<td>42% of youth aged 15-24 reported very good mental health in May 2020 (compared to 62% of youth aged 15-24 reporting very good mental health in 2018)</td>
<td>Depression</td>
</tr>
<tr>
<td>89% of youth aged 12-14 reported feelings of happiness “often or sometimes”</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>50% of youth that have experienced mental health challenges reported lifestyle benefits, including time to improve self-reflection and self-care</td>
<td>PTSD</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
</tr>
<tr>
<td></td>
<td>Increased alcohol use</td>
</tr>
<tr>
<td></td>
<td>Loneliness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mothers are experiencing:</th>
<th>Service providers are experiencing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>34-43% of mothers with children under 8 years of age reported depression since the outbreak, whereas 9% of mothers with children under 8 years of age reported depression before the outbreak</td>
<td>Gaps in trauma-informed practices</td>
</tr>
<tr>
<td></td>
<td>A rapid pivot to virtual delivery</td>
</tr>
<tr>
<td></td>
<td>Less access</td>
</tr>
</tbody>
</table>
30-43% of mothers with children under 8 years of age reported anxiety since the outbreak, whereas 18% of mothers with children under 8 years of age reported anxiety before the outbreak

<table>
<thead>
<tr>
<th>Exhaustion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longer days</td>
</tr>
<tr>
<td>Compassion fatigue</td>
</tr>
<tr>
<td>Stresses of shifting personal and professional contexts</td>
</tr>
</tbody>
</table>

Information adapted from: BMO News Releases (2020); Cameron, et al., 2020; Cribbs (2020); Oliver, 2020; Saskatchewan Advocate for Children, 2019.

Child and Youth Mental Health

In Saskatchewan in 2019, the Office of the Advocate for Children supported a youth-led conference dedicated to mental health. Many youth-shaped calls to action emerged, some of which are crucial to consider during the pandemic, especially across the Prairies:

**General Strategies for Supporting Child and Youth Mental Health - What Kids are Saying:**

- increasing access to Indigenous culture and ceremony,
- providing long-term support through grief and loss
- having those working closely with youth (e.g., coaches, teachers, etc.) be aware of signs of emotional struggle and substance abuse, as well as knowing when and how to reach out
- providing safe places for youth to talk
- creating access to youth support groups and peer support (for mental health and physical conditions)
- having adults model appropriate behaviour (i.e. related to language, showing respect, responsible use of devices and social media, building relationships with youth)
- increasing mental health education in schools (for students and teachers)
- providing education for youth on unhealthy thinking patterns and how to break them, as well as education on healthy coping strategies
- providing more interaction and therapy for youth within in-patient psychiatric centres
- ensuring timely, accessible services to youth across the entire spectrum of mental health challenges (i.e. have options for youth other than sending them home or admitting them for significant suicidal behaviour)
- reducing wait lists for child/youth psychiatry
- providing mental health/social support/ services to children/youth being treated for significant physical conditions
- creating opportunities for youth to hear from others who have had similar experiences about how they learned to cope and get through
- developing a detox centre for youth in northern Saskatchewan
ensuring safe and appropriate out-of-home placements for children in care
- having the youth justice system recognize that youth behaviour within correctional facilities may be related to mental health struggles and respond appropriately
- including youth in mental health service planning for communities and the province

(Saskatchewan Advocate for Children and Youth, 2019, pp. 14-15).

**COVID-19-Specific Strategies for Youth in Care - What Youth in Care are Saying**

A podcast recently initiated by Saskatchewan’s First Nations University student Mercedes Redman (2020) examines the impact of COVID-19 specifically for youth in care - *Youth Voices Today*. Youth reported that lack of a regular schedule and self-isolation could be better managed through fostering connections online and in person where possible (with physical distancing measures in place), and providing a routine that includes planned activities to look forward to. They added that they should be empowered to take the lead in planning, to ensure they are doing things they would like to do to combat boredom and increase confidence. To foster positive growth and self-image and combat stress and anxiety, youth should be encouraged to challenge negative thoughts and use this time as an opportunity to become the ‘best version of themselves’. Youth should also be encouraged to stick to goals, have access to resources such as a new book or television series, and practice methods of self-care that work for them. Care providers are encouraged to direct youth in care to the podcast to hear the stories shared by other youth in care:

- [https://www.dropbox.com/s/uus48x5nea2rxd9/EPISODE%201%20FINISHED.1.mp3?dl=0](https://www.dropbox.com/s/uus48x5nea2rxd9/EPISODE%201%20FINISHED.1.mp3?dl=0)
- [https://www.dropbox.com/s/trla7zzbv3kqdpq/Episode%202%20FINISHED.1.mp3?dl=0](https://www.dropbox.com/s/trla7zzbv3kqdpq/Episode%202%20FINISHED.1.mp3?dl=0)

**COVID-19 Specific Strategies for Sustaining Child and Youth Mental Health - What Professionals are Saying**

To improve and sustain positive mental health, several organizations (e.g. KidsHelp Phone, School of Mental Health Ontario, Parents.com, Red Cross) have published self-care guidelines for children and youth to support them in understanding the importance of self-care practice. Taken together, they highlight the following key elements of self care: attending to the mind, body, and spirit; connection with others; having choice, asking for help; seeking the positive; enjoying the little things; taking a break, pause, or downtime; and exercise, routine, sleep, and nutrition.

Maitland (2020) expands on some of these self-care elements in the context of supporting and sustaining the mental health of children and youth:

**Connection:** Social connectedness is a powerful buffer in times of stress, yet this is exactly what is impacted by the measures in place to prevent the spread of COVID-19 (Maitland, 2020). Thus, it is advisable to provide frequent opportunities for online connections and if possible - and while adhering to social distancing requirements - fact-to-face connections. Alongside creating
environments for better connection, encouraging permanent forms of care for children and youth are important wherever possible (e.g., guardianship, reunification, adoption) (Austin et al., 2020).

**Structure, schedule, routine:** To mitigate increased feelings of unpredictability, children and youth require structure. A set routine supports children to navigate regular and complex forms of grief. Routine sleep schedules, mealtimes, getting dressed in the mornings, and a regular amount of screen time are foundational to social, emotional, and mental wellbeing (Maitland, 2020).

**In-between moments:** Harnessing “in between moments” - moments of conversation while in the midst of another activity - may have a greater effect on children and youth than having a serious sit-down conversation would, as it takes the pressure off the conversation (Maitland, 2020).

**Social-emotional learning:** Adults can support children and youth by learning about the skills and finding/adapting lessons that are age-appropriate for the children within their care.

**Parent/Caregiver Mental Health**

Throughout the literature, and from the guidance obtained by key stakeholders, one theme that has surfaced repeatedly is the importance of parent and caregiver mental health. Not only is it important to maintain or improve positive mental health for parents/caregivers themselves, but children and youth will also be looking to their parents/caregivers for guidance on supporting, maintaining, sustaining, or improving their own mental health during COVID-19 (Arsenault, 2020a).

Jacqueline Green with *Great Parenting Simplified* in Calgary notes how parents in Alberta and elsewhere were already stressed before COVID-19. Adding the extra stressors associated with the pandemic, including parenting around the clock, may result in parents/caregivers feeling overwhelmed. She too stresses the importance of parents reducing the pressures they place on themselves by lowering expectations. Green also reminds parents/guardians that the behaviours and ways of being that parents/guardians are modelling for the children in their care will shape how the children process/experience the pandemic themselves. Green encourages parents to ask for help with things that can significantly reduce the pressure they are experiencing, such as reaching out for ideas for entertaining and educating their children (Nagai, 2020).

Alberta Health Services has compiled tips for parents and caregivers to ensure that they are taking care of themselves in addition to taking care of their families. Some of these tips include (Alberta Health Services, 2020):

- **Be kind to your mind:** talk regularly about your feelings with someone who will listen. Do little things that you enjoy to do, such as scrapbooking, journaling, reading, yoga, or having a bath. Ask for and accept any help that you may be needing right now.
- **Be kind to your body:** exercise often, stay hydrated, and eat regularly. If you are tired, have a
nap. Carve out times for you to relax.

**Balance:** create balance as you go. Stress, loss of routine, and uncertainty that COVID-19 brings creates challenges for all types of relationships. Be flexible and fix imbalances as they occur. Set a time for a conversation about feelings or for quality time such as watching a funny movie. Keep in mind the importance of give and take in all relationships.

Some of the stakeholders in Saskatchewan noted that the parents and caregivers with whom they are involved in child welfare are experiencing heightened levels of tension and stress due to the ever evolving situation, the closure of schools, the reduction in hours or loss of jobs, the closing of child care facilities, and the mandated health precautions. In addition to their own jobs, parents and caregivers are striving to meet their children's educational, social, physical, and mental needs, while rapidly pivoting to the online delivery of services (when possible). All of these intersecting factors can dramatically shape the mental healths of parents and caregivers.

In Manitoba, Michael Larson who is a certified parent coach has noticed the diminishing mental health of parents. Social isolation and physical distancing can have a large impact on mental health, which can be intensified when parents have to worry about being an employee, a provider, a chef, a caregiver, a teacher, and an entertainer. Larson encourages parents/caregivers to take a breath, lower their expectations, and put less pressure on themselves (Arsenault, 2020b).

While very preliminary, results reported in a webinar (Afifi et al., June 19, 2020) regarding the Ontario Parent Survey show that many parents are experiencing depression and anxiety; changes in substance use are mostly increases, almost half of the children are said to be faring ‘worse’; about a third indicated they have used ineffective discipline practices, although only 2% acknowledged practices such as saying ‘mean’ things or spanking; about one third of spouses are yelling or angry with one another a lot or some of the time. These indicators point to the foundational importance of parental/caregiver mental health in their interactions with the children and youth for whom they are responsible.

### Potential Mental and Physical Health Challenges Faced by Service Providers

As the knowledge about COVID-19 evolves, attention is beginning to be paid to the experiences of frontline health care providers, including child welfare service providers. As yet, very little exists in the form of peer reviewed academic literature. However resources are emerging to support the health (physical and mental) of frontline workers. These resources also directly connect with the experiences of service providers and thus are applicable here.

The Alliance for Child Protection and Humanitarian Action (2020d) foregrounded the following as potential challenges:
A key aspect identified by the Alliance for Child Protection and Humanitarian Action (2020d) is to develop and implement self-care plans for social service providers. They cite the following stressors as requiring attention and remediation:

- fear of infection
- financial insecurity
- job security
- a heightened concern for their own families and clients who are vulnerable to becoming ill
- increased child care responsibilities resulting from school closures
- fear of infecting family members
- inability to “do enough” for clients
- managing increased caseloads (p. 11)

The Alliance advocates self-care plans and professional counselling for service providers to mitigate these increased stressors in the midst of COVID-19. One such resource, entitled *Psychological First Aid for Frontline Health Care Providers During COVID-19: A Quick Guide to Wellness* was created by Dr. Melanie Joanisse who is a Clinical and Health Psychologist. It is shaped in the form of a workbook and its contents are applicable to any adult struggling in the midst of COVID-19. It includes helpful techniques from various therapies including Emotion-Focused, Cognitive-Behavioural (including third wave), Acceptance-Commitment, Internal Family Systems, Positive Psychology and other relevant approaches” (Joanisse, 2020).
Joanisse (2020) discusses ‘mental bandwidth’ and offers the following strategies for service providers:

- Wake-up with an old-fashioned alarm clock instead of your phone to avoid checking messages or seeing news alerts as soon as you wake-up.
- Try to do your morning routine (e.g., personal hygiene and breakfast) without consulting news feeds. When you take a shower in the morning, try to appreciate the sensations. You can’t solve a pandemic in your shower!
- When driving to work, consider putting on music that makes you feel good, empowered or allows you to positively reminisce.
- Protect some time at the beginning of a virtual social gathering (especially if your friends tend to be health care providers) to discuss anything but COVID-19. By protecting time at the beginning, it allows you to have the option of signing off once the conversation steers to the virus.
- If need be, make requests to loved ones to have some non-COVID-19-related conversations and explain why that would be helpful for you. Friends and family may appreciate the opportunity to be supportive in this way and are likely unaware of the impact that focusing only on COVID-19 may be having on you.

Each strategy points to supporting and sustaining the socio-emotional well-being of service providers who might be struggling with the dramatic shift in their practice and in their interactions with children and youth in care.

Joanisse (2020) also calls for health providers, (extended here to service providers), to attend to their bodies as a way of attending to their health.
Workers in the midst of COVID-19 are identified as experiencing a 'new normal', and that the body might start to live in a perpetual state of heightened arousal that requires attention and the taking of steps to calm the nervous system.

Also identified are the emotional complexities facing service providers and frontline workers. Supply and funding shortages, frustration with those not adhering to social distancing policies, fear of exposure or exposing someone to the virus, fear of losing loved ones or people within one's care, loneliness, feelings of being ineffective due to social distancing, pride and gratitude for public support, etc.

While the physical health dimensions of COVID-19 initially received greater attention, our literature scan revealed a rapidly growing interest in the dimensions of mental health. Because of the intersectional complexities of the experiences of children involved with child welfare, it is imperative that we attend to the mental health services, supports and interventions for children and youth as well as for caregivers and service providers.

**Substance Use**

Substance use is increasingly being recognized as directly associated with mental health. The Canadian Research Initiative in Substance Misuse (2020) investigates substance misuse interventions delivered in clinical, community, and academic research settings. They note some challenges that are shared across the Prairie provinces, including:

(1) the need for treatment and prevention services that serve a diverse mix of clients from both urban and rural populations, the latter who are often highly geographically dispersed; and,

(2) the high prevalence of substance misuse among Indigenous peoples, the fastest-growing segment of urban populations in this Canadian region.

According to Drug Free Kids Canada (2020), substance use can be used as a coping mechanism for many individuals (children, youth, parents/ caregivers) experiencing high levels of stress. During COVID-19, among adults and youth, the most commonly reported feelings perceived to lead to increased substance use or binge drinking have been stress, boredom, lack of regular schedule, social isolation, and anxiety. The most common drugs used by youth in Canada are opioid based drugs, alcohol, cannabis, smoking, and vaping (Drug Free Kids Canada, 2020).

**Reported feelings:** the most common feelings experienced leading to increased substance use during COVID-19 are stress, boredom, lack of regular schedule, social isolation, and anxiety.

However, two national Canadian studies also reveal the resiliency of youth and adults. Canadian studies conducted since the beginning of COVID-19 (Nanos Research, 2020; Toronto Star, 2020) have found:
75% of adults 18+ that responded to the survey in the Prairie regions reported that their alcohol consumption has stayed the same as it was pre-pandemic.

90% noted that their cannabis consumption has stayed the same.

Youth ages 14-27 revealed that for some substance use decreased. This may be due to the pandemic allowing youth to take a “deep breath” and put overwhelming thoughts and pressures of school, of social interactions, of the future, etc., aside, or it may be correlated to under-age youth spending more time surrounded by other people in their homes, and therefore having less access to substances.

28% of 1,005 English speaking adult Canadians with children between May 8-12 participated in binge drinking (Cribb 2020; Nanos Research, 2020).

Child and Youth Substance Use and COVID-19

Supporting Youth Around Substance Use

Drug Free Kids Canada (2020) examines ways to support youth during COVID-19 in regards to substance abuse and mental health. Three main areas include:

- **Education** - having age-appropriate conversations with youth around the harm substance use can cause to their bodies, especially if they were to fall ill during COVID-19;
- **Harm reduction** - introducing new options, such as gums, patches, regulated approaches, or other methods to help manage or quit substances they are currently using; and
- **Safety** - reminding youth that if they continue to smoke cannabis, cigarettes, or vape that they should not share these substances with anyone to reduce the risk of contracting any germs (Drug Free Kids Canada, 2020).

Substances Used by Youth

Advocates for youth are becoming increasingly concerned with the prevalence and type of substance use youth are engaging in during COVID-19. Vaping, smoking cigarettes, and smoking marijuana are among the most commonly used substances by youth and are easily obtainable. Research has shown that smoking substances like these increases the risk of complications due to COVID-19 if a youth were to ever get sick. Sharing these substances is also very common and acts as a gateway to spreading the virus.

Neil Johnston, head of the Manitoba Lung Association, asserts that ideally, COVID-19 would be used as a ‘teaching moment’ in which smokers may be uniquely receptive to ‘stop smoking’ advice and use and to seeing this as an opportune moment to quit. However, he also recognizes that while...
it may be the most ideal time to quit, smoking cigarettes, vaping, and smoking marijuana are all coping mechanisms for stress. Therefore, for many it may in fact seem impossible to quit (Pauls, 2020).

**Accessing Addiction Services**

Problems have arisen with youth being able to access addiction services. Due to social distancing guidelines, many services are being provided over the phone, and many treatment centres are not taking patients; including youth. Regina will be reopening Saskatchewan’s only secure youth detoxification program during the week of June 22, 2020. The program had only been accepting patients from Regina since March to prevent the spread of COVID-19.

Dr. Tamara Hinz, a psychiatrist in Saskatoon, foregrounded the tension she was feeling with the provincial plans to reopen, as she feels they are ‘out of step’ in that youth with serious substance use issues are not being given the same consideration as the rush to reopen retail stores and restaurants (Vescera, 2020).

In Calgary, the Alberta Adolescent Recovery Centre also recognizes the barriers posed to youth attempting to access addiction services. Funding is running low, and the Alberta Adolescent Recovery Centre is now operating as a residential treatment centre where clients can reside overnight. COVID-19 has exacerbated issues faced by youth who experience substance use disorders. Efforts are being taken to ensure that youth who are not receiving sufficient treatment plans do not overdose, engage in risky behaviour to obtain drugs, or go home to their caregivers who do not know how to handle the youth if they are high or get sick from drugs (Smith, 2020).

**What to Look for: Signs and Symptoms of Substance Abuse in Youth**

Drug Free Kids Canada (2020) also offers some guidelines for what parents/caregivers should look for to determine if youth might be using or misusing substances. Some of these are common amongst adolescents regardless of substance use, and so should be interpreted with that in mind:

- Changes in mood, unusual temper tantrums
- Signs of depression, anxiety, hostility, withdrawal, poor grooming
- Changes in sleeping habits, hobbies/interests
- Negative changes in school - homework, grades
- Increased secrecy about possessions, activities, communication with friends (e.g., ‘codes’)
- Increase in borrowing money
- Use of incense, perfumes, etc. to hide smells; eye drops to hide red eyes; mouthwash to hide alcohol smell
- Presence of drug paraphernalia such as rolling papers, pipes
- Presence of inhalants such as nail polish, hairspray, other aerosols, correction fluid, common household cleaning products (often accompanied by paper bags, rags)
- Missing prescription drugs - especially painkillers, narcotics, and mood stabilizers
Parents/Caregivers and Substance Use/Misuse during COVID-19

The Canadian Centre on Substance Use and Addiction (2020) created an infographic (https://www.ccsa.ca/covid-19-alcohol-and-cannabis-use-infographic) detailing the increased risks that are associated with substance use, and the potential for increased substance use, during COVID-19. They identify some of the risks of excessive or high-risk use as weakened immune systems and increased anxiety due to financial strain. Other sources (e.g. The Alliance for Child Protection and Humanitarian Action, 2020c) identify factors associated with elevated substance use in the midst of COVID-19 as increased violence and/or abuse, increased dependence, increased isolation, and unemployment.

Bruneau et al. (2020) and the Canadian Research Initiative in Substance Misuse (CRISM) identify the risks associated with misuse or overuse of drugs and pharmaceuticals such as severe infection resulting in increased morbidity, mortality and healthcare system utilization. They also identify safety procedures and protocols to enable prescribers to consider misuse and overuse, and recommend discussing harm reduction strategies with patients. As discussed further in the Digital Interactions section, they recommend telemedicine and increased digital/virtual supports during COVID-19.

The Manitoba Harm Reduction Network (2020) also acknowledges substance use and its challenges in the midst of COVID-19 and focuses on harm reduction rather than prevention or sobriety. The Network advocates for proper preparation, careful drug purchase - such as having clean and adequate supplies (e.g needles, pipes) to avoid panic purchases - but also cautions against over-purchasing due to the resulting risks (possible overdose, increased risk of criminal charges, theft). They also encourage practicing safer drug use, as well as self-isolation where needed and social distancing. Adhering to each of these measures supports consistency for those who use substances, and for those entrusted to their care.

Whether among children, youth, or families, using or misusing a variety of substances is identified across the literature as a significant risk in the midst of COVID-19. Careful attention to this risk factor is essential in the interactions with and between service providers, families, children and youth.

**Conclusion**

Mental health and substance use are both critical considerations for children, youth, families, communities, service providers, frontline workers, teachers, government, program developers, policy makers, etc. In general, the mental health impacts of COVID-19 cannot be underestimated, nor can the impacts on marginalized and vulnerable children and youth. Heightened awareness, attention, intervention and resources will continue to be needed as we move from response to recovery. This scan points to the centrality of mental health in the COVID-19 context.
Theme 2: Caring for Children and Youth In and Out of Care During COVID-19

Self-isolation and stay-at-home orders increase anxiety, economic hardship, and overall stress. These factors have historically been known to lead to increased violence within homes. Children's routines and social supports are disrupted, which places new stressors on families and caregivers. Children who already experience vulnerable conditions such as poverty, food insecurity, violence in the home, and lack of social support are likely to be even more deeply affected. They are more likely to lose contact with their school, fall deeper into poverty, and can experience prolonged toxic stress, among others. Alongside these factors, children are no longer being physically exposed to professionals and trusted adults like teachers, doctors, counsellors, neighbors, extended family, or their peers (Rabson, 2020).

Manitoba’s Advocate for children and youth notes how these factors make up a ‘perfect storm’ for child physical, emotional, sexual, and neglectful abuse to continue undetected behind closed doors. Reports from Alberta indicate child abuse reporting has decreased, but reports of online child exploitation have increased (Rabson, 2020). Many Saskatchewan stakeholders have shared with our team that reports of child abuse to their respective agencies and services accessed have decreased, and crisis lines have received an increase in calls relating to mental health. It has been noted that these findings in Saskatchewan have been small and come in waves, but the changes have made a large enough impact for service providers to take note of the difference.

Increased Risks for Children - General

The below table outlines some common risks that may increase for all children during COVID-19.

- Closure of schools, childcare centres, playgrounds, and cultural religious, and recreation centres limit the available supervision of key adults who support children and report suspected abuse.
- Agencies that offer support and services to families and communities may be closed or operating at limited capacity, limiting how support is sought.
- Increased stress of caregivers due to working from home or job loss, child-care and education responsibilities, working longer hours if a parent qualifies as an essential worker, and more may be especially felt by families that already face poverty and marginalization in their regular lives.
- Individuals like neighbours, friends, and family are not able to keep as close of watch over children.
- Increased risk of spending more time alone with harmful adults, as well as increased time spent online that may lead to negative outcomes (e.g. sexual exploitation of children).
This information is guided from The VAW Learning Network (2020), the Alliance for Child Protection and Humanitarian Action (2020a), and UNICEF (2020).

**Potential Impact on Maltreatment and Maltreatment Reporting**

Maltreatment reporting rates vary between agencies and provinces. Regardless, it would appear that there is a downward trend of child abuse reporting and children accessing social services since COVID-19 hit Canada. Children First Canada noted that within the first few days after many provinces began experiencing lockdowns, child abuse reports spiked across Canada, but then dropped remarkably by 30-40% from mid-March to mid-April. However, these reductions are not likely to equate with reductions in child maltreatment: In March alone, the Kids Help Phone reported a 350% increase in text messages asking for help from youth (Rabson, 2020). This has been called a ‘shadow pandemic’ of violence against children, where calls to child helplines and domestic violence hotlines point to a spike in levels of violence, trends that are consistent with data from past humanitarian and economic crises (UN Women, 2020). The lack of visibility of children within the daycare, school, medical and public spheres is likely contributing to this decline, which can have consequences ranging from missing essential physical and mental health services and supports, to serious harm (Hernandez, May 10).

Further, pandemic-driven closures of facilities such as the Little Warriors Be Brave Ranch in Edmonton may create situations where children are at increased risk of sexual abuse: As reported in a Global News story (March 24, 2020), with families experiencing toxic stress more than ever, COVID-19 is “tipping the scales toward increased vulnerable situations where children are more likely to be left unsupervised with other children or unsafe adults as a result of school closures.

Further, increased financial stressors due to parents/caregivers now being out of work, [along with] anxiety, create increased domestic violence and substance misuse with nowhere [for kids] to safely call home”. (Goh, 2020).

In a recent ISPCAN webinar by Desmond Runyan of the Kempe Center - “Assessing Changes in Child Abuse and Neglect as a Result of COVID” - 400 attendees from across 60 countries were invited to respond to a poll regarding their beliefs about changes in maltreatment during COVID-19. Results showed that:

- 89% believed that physical abuse has *increased*
- 59% believed that sexual abuse has *increased*
- 25% believed sexual abuse has *stayed the same* - hypothesized as potentially attributable to increased opportunity within the home, yet a lack of non-caregiver offender access
- 45% believed neglect has *increased*
- 31% believed neglect has *stayed the same* - hypothesized as potentially attributable to more supervision of children within the home (Runyan, 2020)
Our knowledge synthesis revealed that in order to inform prevention and response efforts now and post-pandemic, and faced with limited data, researchers and organizations can do one or more of the following to determine levels of family violence, including maltreatment:

- rely on pre-existing data to estimate levels of violence during COVID-19
- collect current data on violence levels, and/or
- compare pre- and post-COVID-19 data

Runyan (2020) encourages organizations to undertake the latter approach where pre-COVID-19 data exists and direct comparisons can be made; indeed, he and many researchers worldwide who have been using the ISPCAN Child Abuse Screening Tools (ICAST) will be making such comparisons to estimate current abuse rates as well as compare pre- and post-COVID rates. In addition, a very recently aired ISPCAN webinar presented three diverse approaches taken in Canada to collect data on family functioning during COVID-19. One study facilitates the collection of current, COVID-specific data regarding how Canadians are coping with COVID-19 - the COVID-19 Mental Health Survey 2020. Another facilitates comparisons from pre-COVID on child-, caregiver-, household- and community-level factors reflecting mental health, substance use, parenting practices, and other concerns - the Ontario Parent Survey. The other also facilitates comparisons from pre-COVID on how positive and adverse experiences impact physical health, mental health, and substance use, and how to foster resilience among adolescents and young adults - the Well-Being and Experiences Study-Manitoba (Afifi et al., June 19, 2020).

**Children in Out-of-Home Care**

The Alliance for Child Protection and Humanitarian Action (2020b) composed a technical note entitled: Protection of Children during the Coronavirus Pandemic- V2. The intent was to support child protection practitioners and government officials in their immediate response to the child protection concerns faced by children who are at risk of separation or in alternative care during COVID-19 pandemic.

**Increased Risks for Children in Care**

The following are the predominant child protection risks children in care face in the midst of COVID-19:
- The possibility of kinship carers, often grandparents, having to relinquish such duties due to their increased health risks
- The financial impact of the pandemic on foster families may result in the abandonment of children in foster care
- Closures and distancing regulations may result in children’s rapid return to families and communities without due preparation or supervision
- Risk in residential care for cluster infections
- Increased risk of abuse, neglect, and exploitation
- Children in independent living arrangements may be at heightened risk of isolation and separation from peers, lacking access to cash and other support for their daily needs
- Some children in alternative care, who are unhappy in their placement, will find an enforced lockdown to be intolerable
- Risk of extreme social isolation and no access to financial and practical support for those recently transitioned out of care at this particularly vulnerable time
- Increased gender-based violence (GBV)
- Risk of mental health and psychosocial distress
- Risk of separation due to increased work demands, quarantining of health workers, and/or death due to COVID-19
- Increased financial stress can lead to forced child labour

**Risks Resulting in Interim Care**

Service providers within the child welfare system must prevent family separation whenever possible, especially in times of hardship such as COVID-19. However, while placement in care may occur in contexts unrelated to COVID-19, in light of the increased risks described above some children may require apprehension or placement to ensure their safety and well-being. For example, interim care may occur if:

- The child is at immediate risk of harm due to a rapidly diminishing state of safety in their current care setting
- The child has been abandoned with no other adults able to care for them
- The child’s caregiver has been instructed to quarantine themselves, becomes hospitalized, or has died during COVID-19 (Save the Children, 2020).
To adhere to the best interests of the child, family-based care should be sought out before committing to residential interim care to avoid additional trauma. If residential interim care is necessary, there are special considerations that need to be made during this time to adhere to the ethics of "Do No Harm":

- Non-physical contact should be made between the separated child and their family members whenever possible (e.g., across the fence visits, phone calls, and video calls).
- Support children’s wish to bring a reminder from home with them to their new care setting. Consult with health teams to see if this item can be sanitized before arrival and kept with the child.
- Safeguarding protocols should be explained clearly to caregivers, children, and all staff.
- A referral system (parent/caregiver contact information) should be clearly identified should the child become sick and need to be treated/quarantined (Save the Children, 2020).

Protecting Youth Transitioning Out of Care

Moratorium on Youth Transitioning out of Care in Canada

The Ministry of Social Services in all three Prairie provinces and most of Canada have made the decision to stop any transition of youth out of government care during the pandemic (exceptions are Quebec, Nunavut, and the Northwest Territories). This action was possible due to a request via letter calling on all provincial and territorial governments to implement actions to support youth in care who recently have or are about to transition out of government care due to concerns for the well-being of these young adults during the pandemic and in general. This letter was created and advocated for by youth in care networks from across the country, the Child Welfare League of Canada and A Way Home Canada and the Children’s Aid Foundation of Canada and sent out to all corresponding governments on March 23, 2020 (Child Welfare League of Canada, 2020).

The Moratorium called for the following to continue to support transition-aged youth in care:

- Immediate and indefinite suspension of legislated age cut-offs for youth reaching the age of majority
- Immediate provision of free mental health supports and maintaining of familial and cultural connections
- Reach out to recently aged out youth and provide supports with no eligibility criteria
- No young person in and from care should be turned away from housing.

Across the Prairies, the Child Advocates acknowledge that youth who have aged out of care are more at risk for homelessness, mental health issues, lack of education, under/unemployment, among others. COVID has not changed the issues for young people in care and transitioning out of care; rather they have been amplified (Jones & Rinaldo, 2020).
Jones and Rinaldo (2020) argue:

- Youth aging out of care are 5 times more likely to die by suicide than their peers.
- The rate of PTSD in youth by the time they are ready to transition out of care is twice that of war veterans.
- During COVID-19, people may be in isolation for long periods of time. For youth in care and those who have recently transitioned out of care, they are left alone with their thoughts and experiences - which for some can be extremely traumatic - further contributing to or reactivating trauma symptoms.

How Service Providers Can Support Youth Transitioning Out of Care During and After the Pandemic

A former youth in care, Melanie Doucet, doctoral candidate at the McGill University School of Social Work, completed a study using photovoice and participatory research methods to highlight the pathways to supportive long-term relationships for youth aging out of care (Doucet, 2018). Participants were involved in the child welfare system and had to face the challenges of aging out of care. From their experiences, they developed the following relationship-related themes:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online forms of connection and community</strong>:</td>
<td>Internet access should be a right and not a privilege for youth in care and transitioning out of care. For many, it is a vital resource for mental health and well-being. You can build a sense of community through online connection with others, especially during COVID-19.</td>
</tr>
<tr>
<td><strong>Investing in interests, talents and strengths</strong>:</td>
<td>Home in on the interests and talents youth have and create opportunities to practice those to increase confidence in and out of care.</td>
</tr>
<tr>
<td><strong>Animal companions</strong>:</td>
<td>Step outside the traditional definition of family. For many, pets represent a type of unconditional love that may be foreign to them. Barriers to obtaining a therapy animal certification as well as to find housing that allows the youth aging out of care to keep the animal should be removed.</td>
</tr>
<tr>
<td><strong>Land, culture and spirituality</strong>:</td>
<td>There is a need for culturally appropriate workers, placements, and programs before youth age out of care, as well as opportunities like cultural programs and retreats to reconnect during the crisis of transitioning and after they transition out of care.</td>
</tr>
<tr>
<td><strong>Siblings, extended family and parent-like mentors</strong>:</td>
<td>Expand the definition of family to include people who are not blood-related, so youth may have visitor access to a long-term support system. If siblings must be separated, ensure there is a natural rather than clinical environment for them to spend time together to diminish feelings of resentment from the separation and to ensure they keep the long-term connection of kinship.</td>
</tr>
<tr>
<td><strong>Trauma-informed practices</strong>:</td>
<td>Reduce crisis-focused mentality and expand on genuine interest of the youth’s dreams, goals, and mental health status.</td>
</tr>
</tbody>
</table>
Youth-centered decision-making: Paternalistic interventions need to be replaced with youth-centred decision making where the needs of youth are listened to, believed in, and advocated for. Often, decisions about youth in care are made without the voices of the youth in care themselves.

Long-term unconditional support and nurturing: There is a need for long-term mentoring programs that start in care and last after the youth has aged out of care to be able to maintain a sense of permanency in relationships. This study requests the age of transition be moved to 25, as youth require more time to become adults, just like their other peers who on average live with family up until age 29. Additionally, support for youth should be provided unconditionally, as many youth from care fall through the cracks when unable to meet an extended array of criteria to be eligible for supports.

Protecting Youth in Residential Settings

Within the context of COVID-19, attention is being paid to individuals living in residential care settings, such as seniors. However, children and youth living in these communal home settings are also at risk. Living in a group home setting, or other communal housing settings, places a higher risk of infection on children and youth who might have pre-existing health conditions (Hyslop, 2020). Children and youth in institutional or communal living settings are also at high risk for trauma re-activation and are likely experiencing added layers of trauma and social isolation.

In this context of health emergencies, many institutions and services are closed or suspended, while children and youth residing in communal housing settings face difficulties in accessing support services. At the same time staff working in group homes continue to provide their essential services and support with increased service demand, limited staff able to work, and need for emergency planning.

Protecting Youth Living in Communal Housing Settings and Pandemic Risks

- Youth living in group homes are at a heightened risk for viruses that can be easily transmitted like COVID-19, due to their communal living situation.

- Youth living in institutional or group homes are at greater risk for additional psychological harm due to being much more socially isolated, having less access to technology, and having few, if any, alternative options in terms of housing and supports.

- Youth in residential facilities also experience depleted services and supports, due to staff resources being quickly exhausted while demand for services increases.
● Within the residential facilities that already operate on a limited budget, the loss of essential staff and the need to continue to pay personnel unable to work is unsustainable and puts youth at an even further risk for additional trauma.

● Agencies that operate communal living settings for children and youth such as group homes, are faced with the need to plan for: quarantine youth or staff, relocation of children, and medical services for take children and youth in an emergency situation.

(Sistovaris, et al., 2020)

The Alliance for Child Protection and Humanitarian Action (2020b) suggests the following policies to best protect youth in residential care:

● **Alternative care services** should be classified as ‘essential services’ within government emergency management frameworks.

● **Revised gatekeeping procedures** should include online and telephone screening of referrals, assessment of necessity and suitability of care placement and authorization of placement and monitoring by child welfare authorities.

● **Restrictions or prohibitions should be placed upon the irregular admission of children into residential care facilities** during the emergency. Service providers should be required to immediately notify authorities if a child is brought to their facility and not through formal gatekeeping mechanisms.

● Local authorities should make available **Standard Operating Procedures (SOP)** to address interim care needs of separated or unaccompanied children, including clear guidance on steps to be taken in the event such a child has been exposed or has symptoms of the virus and requires a period of isolation. Particular attention should be paid to **prevent unnecessary recourse to residential care in response to COVID-19**, including for children with disabilities.

● Child welfare authorities should issue a moratorium on the establishment of new residential care facilities which should be widely communicated along with directives and messages that reinforce existing or modified gatekeeping mechanisms for new referrals to existing facilities.

● **Each residential care facility should be classified as a single unit of residence** for the purpose of government regulations/directives for self-isolation and clear guidance should be distributed to all service providers on requirements for social distancing, isolation and quarantine measures within residential care settings.

● Residential care facilities should not be **closed rapidly and without effective care and support plans** in place for each child (p. 6).
Gender- and Sex-Based Risks during COVID-19

_Child Sexual Assault, Intimate Partner, and other Violence Risks for Females_

Gunraj and Howard (2020) of the Canadian Women’s Foundation link COVID-19 with increased gender-based violence. They argue that often gender-based violence can take place in the home, including intimate partner violence, sexual assault, emotional abuse, child abuse, and elder abuse (para 3). They note that women, girls, and trans and non-binary people are at highest risk of gender-based violence. They also state:

Rates of gender-based violence were high in Canada, even before the pandemic: on average, every six days, a woman is killed by her intimate partner. Thousands of women, girls, and trans and non-binary people now face a heightened risk of violence at home with COVID-19 isolation measures. One in 10 women is very or extremely concerned about the possibility of violence in the home, suggests a Statistics Canada survey about COVID-19. (para 4)

Dr. Wanda Polzin, Clinical Director of Little Warriors Be Brave Branch showed how prior to COVID-19 there was a gender imbalance and a heightened gender risk for females for sexual assault. She notes that even without the current COVID-related stressors, child sexual abuse continues to occur at rates of one in four girls and one in six boys under the age of 18 in Canada.

In all the Prairie provinces, significant increases in contacts with domestic and sexual violence centres have been noted. From February to March, 2020, Alberta saw a **57% increase in contacts** (Karstens-Smith, 2020). In 2018 Saskatchewan had had the highest per capita rate of intimate partner violence incidents among all Canadian provinces, and in March 2020 reported turning away an average of 600 women and children fleeing domestic abuse per month prior to COVID (Latimer & Allen, 2020). They have seen a **steady increase in domestic violence** calls since March (Eneas, 2020), further exacerbating an already dire situation. Manitoba, who in 2019, ranked as the province in Canada with the highest rate of femicide (Wilson, 2020), has to date experienced the murder of two Indigenous women in instances of domestic violence since the outbreak of the pandemic (Wilson, 2020). She notes numerous international organizations calling for a feminist response to, and a gender-based analysis of, COVID-19 decision-making.

**International Recommendations regarding Gender-Based Violence**

The need for gender-based analysis during COVID is also highlighted as crucial in an international context, and can inform local policies. For example, disease control measures that do not consider gender-specific needs may increase the vulnerabilities of women and girls. CARE International (2020) recommends the following:

All actors should commit to proactive, early information sharing and coordination to ensure a
robust global response that utilizes intersectional analyses to account for the needs of all individuals, irrespective of ethnicity, gender, nationality, or sexual orientation. These efforts should take place with the full participation of at-risk populations, particularly women and girls. (p. 2)

CARE International identified the significance of the lack of research on the implications of public health emergencies on different groups, especially women and girls during the Ebola crisis and the Zika Virus. Their consideration of the gendered implications of COVID-19 includes:

- The interruption/disruption of programs and services that support women and girls particularly when their needs are amplified
- The physical and mental health impacts of the heavier caregiving burden placed on women and girls, particularly women who work in the health professions
- The inability to access protective services including gender-based violence and intimate partner violence prevention and mitigation

In response, CARE International and the International Rescue Committee (2020) developed a Global Rapid Gender Analysis on COVID-19, which supported the key findings above, and added the additional implication that there is “neither gender balance nor a gender lens in global COVID-19 decision making” (p. 3). Among many other recommendations, the findings call for plans to address the increase in gender based violence cases, and the collection of sex- and age-disaggregated data on the direct and indirect impacts of COVID-19 (p. 3).

Plan International (2020) also highlighted the above risks for women and girls, adding that in the wake of the Ebola Crisis in Sierra Leone there was a 65% increase in teenage pregnancy, and an increase in sexual exploitation as a result of school closures. Food security is also tied to the experiences of women and girls who are more likely to go without, eat less, or undertake risk behaviours to feed their families. At the height of quarantine during COVID-19 in China, there was a threefold increase in calls to women’s shelters regarding violence at home. In a single day, Refuge UK reported a 700% increase in calls to its helpline.

In light of this, Plan International (2020) recommends working with cell phone companies to make tele-mental health and services accessible to support women. It would also make distance learning possible for marginalized and vulnerable children such as girls. They call for programs and services for women and girls to be supported and amplified.

**Schools and Education - Risks and Responses**

School is often the site of disclosure/identification, but also the site where many children and youth in care experience predictability, safety, and routine and receive multiple supports ranging from academic, to counselling, to social-emotional learning, to nutrition. COVID-19 has interrupted this source of support and reporting, and has hindered the access children and youth have to teachers, educational assistants, counsellors, and other support staff. Additionally, children and
youth’s trust in responsible adults and in school as a safe, healthy, and predictable place has been disrupted. As schools look to re-open in Fall 2020, they will need to consider the multiple and intersectional vulnerabilities - particularly among children in care - and how the experiences of isolation will affect their behaviours, physical and mental health, and learning capacities as they return to schools.

The Alliance for Child Protection in Humanitarian Action (2020a,b,c) discuss how quarantine measures such as school closures and restrictions on movements disrupt children’s routine and social support while also placing new stressors on parents and caregivers, and that the stigmas and discriminations already shaping many vulnerable children’s experiences may exacerbate children’s vulnerabilities making them more at risk for toxic stress, complex trauma, violence, and psychosocial distress.

Considerations that surfaced during this scan were learning gaps and learning losses, and applying psychological first aid for self and others. Furthermore, the model outlined in the Psychological First Aid subsection of this section could also be transferable/used on/used by anyone entrusted with the care of children.

**Learning Gaps and Learning Loss as Indicative of Heightened Inequity**

Learning gaps and learning loss have long been identified as connected with summer vacation, varying socio-economic status, access to travel, nutrition, access to technology and reliable WIFI, and many other variables. These conditions have been exacerbated by COVID-19 and the school closures. Access to nutritional and mental health supports, to educational assistants, to specialized learning plans and materials have all been reduced, if not eliminated, increasing the marginalization of vulnerable children.

The inability to adapt to remote instruction is being foregrounded as a cause of potential academic setbacks (Jarrett & Pomrenze, 2020). Many educators, researchers, and policy makers are identifying that COVID-19 is exacerbating the already existing inequities. This has been named the ‘COVID slide’ and has been highlighted as a significant issue with the potential to widen the inequity gap if appropriate and dedicated attention is not paid.

Rina Whitford, the Program Lead at the Indigenous Education Department of the Winnipeg School Division foregrounds not only the already known academic achievement gap between Indigenous and non-Indigenous students, but also the impact of the pandemic and forced remote learning is having on that gap. She asks: “What are we grading on right now? Are we grading on academics or by privilege of what students have access to right now?”

As Indigenous children are an over-represented population in the child welfare system in the Prairie provinces, educational stakeholders and policy makers will need to consider learning gaps and learning loss as a significant aspect of the experiences of children and youth in care in the midst of COVID-19. Whitford (2020) also calls attention to the impacts of the achievement gaps on
teachers’ perceptions of marginalized children, and the relationship of privilege to normative understandings of success.

The Centre for Global Development (2020) also identifies learning loss as a significant aspect of children and youth’s experiences in the midst of COVID-19. They call for attention to not only be paid to children and youth’s academic needs, but also on their social, emotional, and mental health upon re-entry into schools. Drawing from and across significant bodies of research they call for:

- Simplifying the curriculum to accelerate learning and support recovery when learning loss is likely to have occurred
- Targeted intensive programs that support accelerated learning
- Teacher-led learning camps and remedial tutoring programs
- Carefully orchestrated and delivered remote and technology-based learning strategies
- Increased support for teachers and parents, guardians, and caregivers
- Leveraging the entire education workforce - not just teachers
- Increased and creative communication with all those involved in a child/youth’s life (pp. 12-14)

Psychological First Aid (PFA) for Schools, Teachers, and Students: During the World-Wide Pandemic

What is PFA?
The World Health Organization (2016) defines Psychological First Aid (PFA) as psychosocial support for people affected by crisis events. They identify the key indicators of PFA as:

- Non-intrusive, practical care and support
- Assessing needs and concerns
- Helping people to address basic needs (food, water)
- Listening, but not pressuring people to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services and social supports
- Protecting people from further harm

The Canadian Red Cross (2019) identifies PFA as connected to care for the mind and for social networks, and positions that care as important in the same way medical first aid is for the body. With emotional and practical support, PFA supports individuals, families, and communities who are suffering and are having difficulties coping. It is centered on wellness and mental health stigma reduction.
When PFA Might be Useful

Children may exhibit a range of emotions and reactions due to the stress of the current global situation. The child's age and developmental level and environment are important factors to consider when assessing these reactions (Wong, 2020):

Emotional Reactions

- Increased worries or fears about the health and safety of self or others
- Worries or fears about separation and/or loss
- Worries or fears about reoccurrence of event
- Feelings of guilt and helplessness

Behavioral Reactions

- Changes in school performance
- Decreased attention and concentration
- Changes in sleep
- Changes in appetite
- Increase in anger outbursts, irritability, and mood swings
- Increased withdrawal and behavioural regression

Cognitive Reactions

- Repetitive questions, discussions, or story-telling about the event
- Willful misinterpretations about the event
- Excessive interest in media coverage
- Keeping trauma and loss reminders from the disaster accessible

Physiological Reactions

- Increased sensitivity to stimuli (e.g. sound)
- Increased startle response
- Increased somatic complaints including headaches, stomach aches, body pains and fatigue

Models of PFA

While the World Health Organization (2016) espouses a Look, Listen, Link model, the Canadian Red Cross (2019) promotes a Look, Listen, Link, Live model both for self-care and for the care of others in any professional setting. The National Center for Threat Assessment and Trauma Response (2020) promotes a Listen, Protect, Connect, Model, Teach model for PFA.
Across these resources, PFA Core Actions are identified as:

**Contact and Engagement:** To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.

**Safety and Comfort:** To enhance immediate and ongoing safety, and provide physical and emotional comfort.

**Stabilization (if needed):** To calm and orient emotionally overwhelmed or disoriented Survivors.

**Information Gathering on Current Needs and Concerns:** To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

**Practical Assistance:** To offer practical help to survivors in addressing immediate needs and concerns.

**Connection to Social Supports:** To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.

**Information on Coping:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

**Linkage with Collaborative Services:** To link survivors with available services needed at the time or in the future.

The above was adapted from the Red Cross (2019), the World Health Organization (2016), the National Child Traumatic Stress Network (n.d.) and the North American Center for Threat Assessment and Trauma Response (2020).
Helpful Tips for Providing PFA

The document *Psychological First Aid (PFA) for Schools, Teachers, and Students During the World-Wide Pandemic* (Wong 2020) provides insight into how teachers and school support staff can recognize symptoms of psychological discomfort and perform an acute intervention for the alleviation of stress for students when schools reopen. These interventions are also useful for service providers and frontline workers. Below is a summary explanation of the model: *Listen, Protect, Connect, Model, and Teach* model.

**Listen** - Acknowledge what has happened in the world and allow the child to discuss their worry, anxiety, fear, and other concerns of safety. Be sure to establish trust and convey your interest and empathy in what they have to say. Do not overburden.

**Protect** - Re-establish feelings of physical and emotional safety through routine communication and avoidance of re-traumatization. Provide regular routine.

**Connect** - Support students in staying connected to their peers even in the online learning environment to promote stability, recovery, and predictability in their lives.

**Model** - Teachers and school support staff [service providers and frontline workers] may not know the exact recovery process after an emergency event, but they can acknowledge the disruption to school and many other aspects of daily life. Modelling an optimistic and positive approach to the ‘new normal’ can show children through example that adults can cope with this stress, despite the anxiety they may be experiencing.

**Teach** - Informed helping professionals can help educators and students become familiar with the range of normal reactions that may occur due to a traumatic event and discuss beneficial ways of adapting and coping to new challenges and changes.

PFA for Teachers, School Staff, any Adult Responsible for Children

While many resources exist in relation to the provision of PFA by teachers, counsellors, service providers, there are very few current resources dedicated to PSA for Teachers (or service providers) in the midst of COVID-19. What this scan found, however, was that there were many emerging YouTube videos and webinars discussing PSA for service providers (e.g. [https://www.youtube.com/watch?v=3KUD6CGMxxw](https://www.youtube.com/watch?v=3KUD6CGMxxw)). Much of what is present on the landscape currently in relation with PFA is how teachers and school communities can deliver PFA to students. This is a gap that increasingly will need to be filled as schools draw closer to reopening.

Prior to COVID-19, many rural, remote, and Indigenous children and youth in the Prairies were leaving their home communities to attend school in larger urban settings. In the midst of COVID-19 many children and youth have been separated from the services, programs, and supports they were experiencing in schools and have returned, sometimes without adequate preparation or
supervision to home communities with little or no access to internet and therefore with little to no access to online learning opportunities.

The North American Center for Threat Assessment and Trauma Response (2020) calls for a **whole community approach** to school reentry. They caution against assuming that everyone will pick up exactly where they left off, and that school will simply resume as it was before. They also encourage schools, school districts, and policy makers to draw on and from information provided by health professionals, education stakeholders, parents, mental health service providers, child protective services, law enforcement, etc. so as to better identify and support children and youth at heightened risk for trauma and trauma reactivation, and to provide multi-agency and multi-disciplinary support upon reentry.

**Protecting Children: From Response to Recovery**

The Alliance for Child Protection and Humanitarian Action (2020c) produced a document entitled *Protection of Children During the Coronavirus Pandemic (v.2)* in which they identify key aspects of the defining stages of COVID-19 in communities for children at all ages and stages of development as dynamic and not linear. They do, however, suggest the following stages:

- **Preparedness**: Governments and communities are aware of the disease and set up policies and systems to **guide response and recovery**.
- **Response**: Varies according to the transmission of the disease, and includes **containment** - isolating individuals and contacts according to suspected or known interaction with the disease - and **control and mitigation**: population control measures at the societal level, determined and monitored by governments.
- **Transition and Recovery**: Communities begin to open up in a variety of ways as determined by the **lessening of public health measures**. The disease defines the movement and each context looks different. **Individuals and communities may transition both forwards and backwards**: in and out of response to recovery to response. (p. 3).

The Alliance also advocates for a multi-sectoral response: Working with communities, including children and families, governments and other sectors. They foreground the following goals and measures:

- Ensure all personnel are trained on the safe identification of abuse, neglect, exploitation, and violence against children
- Implement child safeguarding policies and systems, such as for protection from sexual exploitation and abuse
- **Train all personnel** who interact with children on the **psychosocial impacts of the crisis** and the supports needed/available, such as **Psychological First Aid**
● Develop **creative community mechanisms** for children and families to signal their support and protection needs
● Collaborate to include child protection concerns in assessments and monitoring tools

They also identify protection, food security, livelihoods, education, health and psychosocial wellbeing, nutrition, hygiene, and shelter as foundational aspects of a multi-sectoral approach to child protection (pp. 10-13).

**Conclusion**

Caring for children and youth in and out of care in the midst of COVID-19 foregrounds some key service and equity gaps beg attention from all levels of community, government, health, justice, service, and education provision. The additional vulnerabilities and risks faced by children and youth in and out of care make them vulnerable to their own, and their parents'/guardians’ mental health and substance use struggles. Other risks, less explored here, such as food (in)security, will be further explored in subsequent version of this scan.
Theme 3: Communication in the Time of COVID-19

Communicating with Children about COVID-19

Accessible, Child-Friendly Resources

There have been many resources created for young children to better understand COVID-19. These resources aim to simplify the complexities as well as to highlight the importance of the health measures children can take. Many resources encourage adults to be alongside and support their children. The following list represents a few child-friendly resources that are publicly available:

- My Hero is You: [https://www.unicef.org/coronavirus/my-hero-you](https://www.unicef.org/coronavirus/my-hero-you)
- Trinka and Sam Fighting the Big Virus: [https://www.nctsn.org/resources/trinka-and-sam-fighting-the-big-virus](https://www.nctsn.org/resources/trinka-and-sam-fighting-the-big-virus)
- The COVID-19 Learning Hub: About Kids' Health - Covid Resources for Parents and Kids: [https://www.aboutkidshealth.ca/covid19?gclid=CjwKCAjw57b3BRBlEiwA1mytk3MFxAqh0LLWYTPTBo2t7YcZWSvutfKUHUlq6qUYgMSApqttV33-hoCmx8QAvD_BwE](https://www.aboutkidshealth.ca/covid19?gclid=CjwKCAjw57b3BRBlEiwA1mytk3MFxAqh0LLWYTPTBo2t7YcZWSvutfKUHUlq6qUYgMSApqttV33-hoCmx8QAvD_BwE)

Maintaining an Open Dialogue: *Concrete* Suggestions on What to Say

On March 24, 2020, Anxiety Canada posted a variety of ways that caregivers can speak to children of all ages about COVID-19. The following are taken directly from this post:

- “Right now, on the news and all around us, there is a lot of talk about this new virus/people getting sick, what have you heard about it? Is there anything you want to know more about?”
- “I know we are watching a lot of news right now and I’d like to talk to you about any questions you may have or maybe something that’s hard to understand?”
- “Mom/Dad/Caregiver don’t have all the answers right now, but let’s talk about what I do know”
- “Doctors and scientists are studying to learn more about this virus so they can help us figure out the best way to beat it. So far we know that to help beat it we can wash our hands after we blow our noses, cough, sneeze, go to the bathroom, before we eat, or when we come home from being outside, But we need to wash them for at least twenty seconds so let’s come up with a Hand-Washing Song together (easy to find kid versions on YouTube/Google) to help us learn how long we should be washing for.”
If you are working in a profession/job where you have direct contact with individuals affected by COVID19, your child may have specific questions and concerns about your safety. Being open, honest, and direct can be effective:

- “I know you’re worried about me getting sick and that’s OK. I agree it can feel scary sometimes for me too but I want you to know I am taking extra special care to stay safe and keep all of us safe too.”
- “I want you to remember that even if I do get sick this flu is mostly dangerous for older adults and people whose bodies have a tough time fighting off flus and other germs so I won’t feel good but I’ll be OK.”

For younger children, remember that it can be easy to overestimate a child’s verbal ability, so start by explaining it in the simplest terms possible.

- “This is a serious flu that makes some people very sick. Most people are just fine even if they get sick, but it’s important to wash our hands and stay home while this flu goes around.”
- “Even if we’re not sick and your friends don’t feel sick it’s important that we work together to stop this flu from spreading, and that means we are not able to see our friends right now. But once this virus/flu goes away, then we can all hang out again.”

To encourage your child to wash their hands, parents can make a game of it:

- “I know I am reminding you to wash your hands a lot. Let’s make this into a game. If I hear you singing our “Handwashing Song” that we’ve been practicing each time you wash your hands, we’ll put a sticker on your chart. When you have x number of stickers you can choose a prize. Remember you only earn the sticker if you wash your hands when you need to, no stickers for extra washing when we don’t need to wash. Can you remind me again when are the right times to wash our hands?”
- “Another thing that doctors are saying is that we need to be further away from people then we are used to, that’s why we haven’t been able to see Grandma and Grandpa as much. So instead, let’s video call them so we can see how they are doing.” – Following the videochat, you can say “See? Was Mr. Worry right or wrong – grandma/grandpa/etc. are just fine! That Mr. Worry just LOVES to make us worry more than we need to doesn’t he!”
- “Scientists still are learning more about this virus so we can find other ways to beat it, so even though I don’t have all the answers right now, Mom/Dad/caregiver will let you know when I learn more about it.”
For younger children you can show them how much space we need between people by having them extend out their arms and swing around to make their “space bubble.” And use words like “Don’t be a space invader”.

Strategies that work for other worries and anxiety work now too. Ask your child to use Realistic Thinking skills and generate alternatives to worried thoughts like “What else could happen instead?” or have them sort their worries into helpful worries (that help us wash our hands and stay safe) and unhelpful ones. Let your child know that anxiety is OK and normal, and giving anxiety a name helps everyone see anxiety as separate from the child. Some popular names are Worry Bully, Mr. Worry or Worry Dragon, or any name that makes sense, and is not scary.

- “Mom/Dad/Caregiver is worried about this virus too and it’s OK to feel worried or anxious about things we don’t understand because a little worry helps keep us safe. But we don’t want the worry to get too big because then the Worry Bully may take over”
- “Let’s not watch the news too much as it will just feed your worries about this virus, maybe just one or two times a day is all you need to know what is going on”

For younger children:

- “It seems like Mr. Worry is trying to scare you about the virus/this serious flu, let’s boss him back by making a list of the helpful worries and the ones that are not helpful.”
- “Let’s not think about what may happen in the future right now or spend too long focused on the Worry Dragon. Let’s go and do a puzzle together (or some other activity in the present)”
- “It sounds like Mr. Worry is trying to tell you what is going to happen in the future again.” We can’t know the future but what we can do is make sure we do everything the scientists and doctors are telling us to do to keep safe, like washing our hands, staying home and trying not to touch our face.”
- “It’s important for us all to remember this isn’t going to last forever and we’ll be able to see and play with friends again – we just can’t do that right now, but when the doctors say it’s safe we can do all that fun stuff again.”

For older children/youth having difficulty with social restrictions:

- “I know it’s hard for you not to be able to see your friends or go places. It’s hard for me too, I miss my friends and activities.”
- “Let’s focus on what we can do right now. We can (e.g., practice those math problems, do laundry together, put those photos in an album like we have been wanting to for so long but never had the time) or go and do something fun.”
- “Let’s stop watching the news or checking Instagram/Snapchat/Facebook/Facetime and instead let’s (play a game together, bake, use it as an opportunity to catch up on our favourite series, go outside and make a snowman, throw around a ball etc).”

(Anxiety Canada, March 24, 2020).
Strategies for Communicating with Children and Youth during COVID-19

Rachel Emhke, the managing editor of the The Child Mind Institute (2020), who is providing Telehealth Services during the pandemic, provides strategies for talking to kids about COVID-19, including the following:

**Inviting/ welcoming kids’ questions**: With so many uncertainties, children are bound to have questions they might not be asking. Encourage them to ask and try to take their concerns seriously. The goal is to help them be heard and to get fact-based information, which is likely more reassuring than what they may be assuming, hearing from their friends or on the news.

**Don’t avoid questions you can’t answer**: Try to be comfortable saying “I don’t know.” It is tempting to want to reassure children that things will be better soon, even when you aren’t sure yourself. But teaching children how to tolerate uncertainty is key to reducing anxiety and building resilience.

**Set the tone**: Think of these conversations as an opportunity to convey the facts, as well as set the emotional tone by filtering the news in an age-appropriate way for children.

**Be developmentally appropriate**: Do not volunteer too much information, as this may be overwhelming. Instead, try to answer questions honestly and clearly. It's okay if you can't answer everything; being available to children is what matters.

**Take cues from the child**: Invite them to tell you anything they may have heard about COVID-19, and how they feel. Give them ample opportunity to ask questions but be prepared to answer them. Your goal is to avoid encouraging frightening thoughts.

**Acknowledge and try to manage your own anxiety**: If you have just learned news that is upsetting or that you worry will upset your child, take some time to calm down before trying to have a conversation or answer questions.

**Be reassuring**: Children are very egocentric, and so hearing about the mounting death toll on the news may make them seriously worry that they will catch COVID-19. It is helpful to reassure them that very few kids are getting sick, and that they are unlikely to catch it.

**Focus on what you are doing to stay safe**: An important way to reassure children is to emphasize the safety precautions that you, and others around you, are taking. Children feel empowered when they know what to do to keep themselves safe. Remind them that washing their hands is actually helping *everyone* by stopping the spread. Involve them in an ongoing safety plan (e.g., choosing masks, singing a song while hand-washing, etc.).
**Keep talking:** Tell children that you will continue to keep them updated as you learn more - that the lines of communication are going to be open. You can say, :“Even though we don’t have the answers to everything right now, know that once we know more, we will let you know, too.”

**Strategies for Government regarding Children and Youth involved with Child Welfare during COVID-19**

Drawing on advice from expert stakeholders, the Child Welfare League of Canada developed a Guidance Note (Bowie et al., 2020). This note described that the emotional, relational, and physiological needs of children and youth are usually met through social connection and access to family and culture. In light of this, they describe the critical importance to protect, maintain, and increase connections to family, community, culture and language for our youth in residential care. Systems must work together to ensure the needs of connection, belonging, and rights for our youths in care are met, particularly in the midst of isolation and quarantine. The document provides guidance for families, service providers, and governments to enable significant connections and a balanced approach to health protection for our youth in foster families, kinship placements, and residential care settings.

**Guidance for Governments**

- Designating child welfare and protection as essential services
- Creativity and flexibility in arranging socially-distant visits with parents, kin, or significant others
- Working on a case-by-case basis to best serve the needs of the children and youth
- Covering the cost of technology for children, youth, families, and Elders
- Funding service providers and communities so they can offer free access to online mental health supports
- Ensuring no young person transitions out of care during the pandemic
- Maintaining significant connections with supports and services
- Removing barriers to provincial, territorial, and federal benefits
- Immediately ending the inequitable funding of child and family services in First Nations communities
- Focus on the systems and structures of communication, particularly with children and youth

**Strategies for Service Providers for Children and Youth in Child Welfare during COVID-19**

- Protecting and promoting spaces for significant family and cultural connection, particularly over-represented children and youth in child welfare (First Nations, Métis, Inuit, African Canadian and LGBTQ2S+ children)
- Creating spaces adherent to public health guidelines, where young people and their families can connect
● Providing opportunities for frequent and significant connections (i.e. via phone, text, online chat or video conference, or through the sending and receiving of care packages/letters) with peers, family and kin, language, support networks, cultural programming
● Reaching out to youth who have recently ‘aged out’ of care sustaining and providing supports, such as housing and income supports, relevant to individual needs
● Reaching out to youth in care networks for advice on how best to create and sustain safe and healthy practices for children and youth in care
● Ensuring accountability measures are in place so no child gets left behind and is provided frequent and significant methods for connection
● Maintaining encouragement and advocacy for forms of care permanency for youth during COVID-19 to assist with their transition after the pandemic is over.

Many excellent resources exist with support ideas for service providers and children and youth, often separately. However, Oliver’s (2020) *Expanding Role and Reach: A Community-Centered Child Welfare Response to COVID-19* highlights the overlap and shared spaces between by attending to the overlapping needs of both service providers and children and youth.

**The Three R’s:** providing Regulation, Routine, and Reassurance to caregivers and youth is vital. Be creative in finding ways to connect and activities to plan.

**Do not Forget the Caregivers:** caregiver and service provider mental health is just as important as the health of our youth in care. Our youth will be looking to the important adults in their life for guidance. Performing self-care and self-love will lessen the negative affect the stress of the pandemic has on our youth. Research shows youth can persevere during this time with adequate support from caregivers within their home.

**Open Dialogue:** Speak openly about mental health, the pandemic, and importance of self-care.

**Use the Time:** Help youth and caregivers create goals and learn new things to become the best versions of themselves.

**Let Youth Lead:** Allow youth, especially young girls, lead conversations and plans to restore a sense of control and purpose. Help youth in care, and service providers, understand the importance of creating their own narrative.

**Balance:** Foster meaningful connection through screen time and decrease social media as much as possible. At the same time, remember that youth regularly used technology before the pandemic, and days when technology is used more for mind numbing activities rather than significant connection are okay. The pandemic is not a productivity competition. (Redman, 2020)
Strategies for Service Providers in Communicating with Children

According to Anxiety Canada (2020), there are several strategies for communicating with children about and in the midst of COVID-19:

<table>
<thead>
<tr>
<th>Strategies suggested for child welfare service providers to communicate with children in the context of COVID-19 include, but are not limited to, the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speak to them about COVID-19 in an age-appropriate manner:</strong> Children may be overwhelmed with the information they are receiving from online outlets, heightening their fears and anxieties. They may be given misinformation in an attempt to control them. They may be silent if they are told, for example, that if they disclose abuse they will be taken away from their family and placed in a home where they will contract COVID-19. Provide concrete information to children to help them understand what is actually occurring.</td>
</tr>
<tr>
<td><strong>Assess risk and modify safety plans:</strong> Review safety plans and family case loads regularly and adjust them given new circumstances of family safety and evolving health and safety measures. The increased stress on families may lead to new or increased substance use and/or violence that may be different or more escalated than what has happened in the child’s home in the past.</td>
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<tr>
<td><strong>Work with families:</strong> Families may require extra support and resources while juggling many roles. Women are particularly vulnerable to this as they tend to undertake the majority of caregiving roles. Work with families to identify strategies for well-being in their living and employment situations.</td>
</tr>
<tr>
<td><strong>Support children’s mental health:</strong> Children may need help self-regulating their emotions. They will be experiencing sudden changes to their routines, and may be experiencing past or ongoing trauma, fear for loved ones, and anxiety about the future. Some ideas to help children cope are ensuring the continuation of social connectedness (writing letters, video chats, telephone calls), provision of regular routine and sense of predictability, reassurance that they are safe and so are their loved ones, and acknowledgement of their feelings as valid and important as well as how to cope with those feelings (breathing exercises, smudging, grounding techniques)</td>
</tr>
<tr>
<td><strong>Connect with children and their families:</strong> Connect with families on a frequent basis. Try doing the same things you would do with the children in person over video chat, like reading or colouring, to allow them to become more comfortable with this new communication platform. Children may feel reluctant to say anything negative about their home life with their caregiver(s) nearby in the home. Try asking simple questions to provide a glimpse into what life is like for the child right now without probing for information.</td>
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<tr>
<td><strong>Speak with children about online safety:</strong> Children who have been bullied or abused are more at risk for online exploitation. Explain the risks of the online world to children, such</td>
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</table>
as adults posing as children the same age as them to persuade children into sharing sexually explicit photos or videos, or form a bond in hopes of one day meeting the child. During this pandemic, we need to rely heavily on technology so it is important to discuss the risks that come with this communication platform.

**Digital Communication**

The impacts of the rapid pivot to online service delivery in many cases require much attention in the upcoming months. Impacts will have short and long-term effects for children, youth, families, care givers, service providers, etc. Each Prairie province has its own standards of practice that they have needed to develop in relation to the health authorities’ directives in relation with quarantine and distancing.

*Alberta*

On May 16, 2020, the Alberta College of Social Workers provided the following guidance for social workers:

“Our response to COVID-19 is evolving with time, knowledge, and resource availability. It is time to remain cautious. RSWs are encouraged to remain creative on how to connect with clients and each other during this time. Non-essential and non-urgent service provision may resume in-person if the public health directives are being followed.

Please continue to reduce in-person contact as much as practical as it is the best way to reduce risk of spread. Virtual and remote service provision can be very effective for many areas of practice and many clients. RSWs practice in varied circumstances and serve diverse populations for different purposes from front-line non-profit agencies, through government administration and self-employed private practice. In all fields of social work practice, social workers are required to use professional judgement in determining the provision of safe social work services that are in-line with public health directives. It is important to be confidently grounded in reliable information. Lead and advocate as appropriate for your clients, colleagues, and yourselves.

The Alberta College of Social Workers’ Standards of Practice in relation with Virtual Social Work Practice and online service delivery, include but are not limited to: attention to the parameters shaping online service delivery, issues of professional insurance provision, issues of identity confirmation, confidentiality and privacy of record keeping, ensuring accurate locations for emergency intervention provision, obtaining informed consent in this format of service provision, accessibility of, and failure of the technologies required, the use of non-secure platforms such as email or text, the provision of and referrals to emergency services, and assessing privacy impact.”
Please see: [https://acsw.in1touch.org/document/2672/DOC_FINALACSWStandardsOfPractice_V1_1_20200304.pdf](https://acsw.in1touch.org/document/2672/DOC_FINALACSWStandardsOfPractice_V1_1_20200304.pdf) for the full Standards of Practice, and [https://acsw.ab.ca/site/COVID-19?nav=sidebar#VirtualPractice](https://acsw.ab.ca/site/COVID-19?nav=sidebar#VirtualPractice) for more information in relation with Virtual Practice for Social Workers.

**Saskatchewan**

The Saskatchewan Association of Social Workers (2020) has prioritized confidentiality in relation to the technological storing of data and records, that “The social worker shall reasonably assure that the client is knowledgeable about technology when such technology is utilized as part of record maintenance and privacy of personal information” (p.14). Additionally, they state: “) A social worker who uses telephonic or other electronic means to provide services shall abide by all regulation of their professional practice with the understanding that their practice and records may be subject to regulation in both the jurisdiction on which the client receives services and the jurisdiction in which the social worker provides the services” (p.17) ensuring that “online methods, skills, and techniques that are compatible with their clients’ culture and environment” (p. 19)

**Manitoba**

In the context of COVID-19, service provision for children, youth, their families and communities in the form of digital interactions has become of the utmost importance. The use of digital technologies is a tool identified to mediate and mitigate isolation (see the March 23, 2020 Memo from the Chief Provincial Public Health Officer: [https://sharedhealthmb.ca/files/covid-19-virtual-visit-solutions.pdf](https://sharedhealthmb.ca/files/covid-19-virtual-visit-solutions.pdf)). However, for some vulnerable children and youth, and in rural remote communities, this access to technology can be limited in terms of hardware and accessible, reliable, and affordable internet services.

Currently, the main form of support, connection, and communication with children and youth in care is technology. The Manitoba College of Social Workers issued a document ([https://mcsw.ca/join-the-college/](https://mcsw.ca/join-the-college/)) highlighting the temporary policy changes in response to COVID-19, which includes the provision that, “registered/licensed social workers in good standing with an active Certificate of Practice in another Canadian/American jurisdiction may be authorized to temporarily engage in electronic social work services with clients in Manitoba in order to maintain continuity of service to clients who have returned to Manitoba as a result of the pandemic.” These responsive and adaptive measures were put into place very quickly to ensure as much consistency in service delivery as possible.
The Manitoba College of Social Workers (2020) identifies the key considerations of electronic social work practice as ensuring:

- responsiveness (cultural, threat, etc.)
- informed consent
- the competence to provide electronic services
- emergency plans
- technology
- professional liability insurance

Predictability is not a trait associated with COVID-19. We do not know what the fall and winter months will look like or when service provision will return to how we once knew it. Learning the best practices for how to keep youth in care engaged in meaningful virtual connection with parents, caregivers, and their support workers is incredibly important (Burnson, 2020).

*The Most Common Issues: Tele-Communications with Youth in Child Welfare*

Birnbaum (2020), Huizar (2020) and Burnson (2020) all discuss concerns that must be considered in regard to telecommunication with youth involved with child welfare:

- **Confidentiality, privacy, boundaries, informed consent, policy development, and documentation:** These are all issues to be mindful of (Birnbaum, 2020).
- **Genuine connection:** While it has been stressed that children and youth must feel comfortable or have established intimacy to discuss mental health and well-being concerns with service providers through tele-communications, research has found that children as young as 4 are comfortable with the level of intimacy provided in video consultations, and support workers engaging in the video conference were actually more uncomfortable during the video chat than the youth were (Huizar, 2020).
- **Young children:** Younger children are generally harder to virtually communicate with, while adolescent youth in care adapt fairly well (Huizar, 2020).
- **Video deficit:** Research has shown that children 3 years of age and younger have a hard time learning from a screen and may not understand the video is happening in real-time. This can be countered by ensuring a *back and forth communication style*, like the ask/speak, listen, respond model used in the show “Dora the Explorer”(Burnson, 2020).
- **Language barrier:** The language young children use is play. Research positions play as drawing the best responses out of children (Burnson, 2020). For youth where language presents a barrier, digital platforms offer the possibility of real-time translation or access to translators.
- **Distress:** Seeing caregivers may bring up difficult feelings such as anxiety, loss, or abandonment. In younger children, these feelings can manifest themselves in unusual ways, such as silliness, clinging, whining, and acting out (Burnson 2020).
**Mental health support and abuse reporting:** Research has found that children 6 years of age and younger may be less vocal during serious conversations about their well-being, especially disclosing sexual abuse. There is virtually no difference in the timing and depth of disclosures in this area with adolescence in care (Huizar, 2020).

**Tele-mental Health**

Heidi Sturgeon, MSW, has been practicing social work for over two decades and opened her own remote tele-health practice in 2016. She provides information on how to properly transition from in-person counselling to virtual counselling during COVID-19 from her own experiences making the switch:

<table>
<thead>
<tr>
<th>Software</th>
<th>Video &amp; Practice Management Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private paid networks offer better computer security as they are encrypted. If you are not tech savvy, you may want to pick a software with readily available tech support. Agencies and social workers should ensure whatever system they choose meets their security and business needs. Ensure you free up your bandwidth by not streaming or using excess wi-fi during your sessions.</td>
<td>The following systems are Canadian companies, and therefore already obey by Canadian privacy laws. They are secure, able to share documents with clients, process any payments, send receipts, allow electronic signatures on consent forms, and of course, and are equipped with a video platform.</td>
</tr>
<tr>
<td><strong>Video Software</strong></td>
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<tr>
<td>DOXY: free, secure, video platform.</td>
<td>● On Call</td>
</tr>
<tr>
<td>V-SEC: free, secure, video platform.</td>
<td>● Nousstalk</td>
</tr>
<tr>
<td>ZOOM (HEALTHCARE): Zoom that is made for healthcare workers with extensive privacy requirements. This costs $200 a month with up to 10 people able to join the plan.</td>
<td>● Jane</td>
</tr>
<tr>
<td>MEDEO: made for physicians by physicians</td>
<td></td>
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<tr>
<td>MICROSOFT TEAMS: video platform.</td>
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<tr>
<td>Privacy</td>
<td>PIPEDA (Personal Information Protection and Electronic Documents Act) is the Canadian Federal Privacy Legislation that governs how your information is collected, used and stored.</td>
</tr>
<tr>
<td>However, clients should always be aware that no electronic system is ever 100% secure, and everything online can theoretically be hacked or compromised. Ensure both you and your client are using your own devices that are</td>
<td></td>
</tr>
<tr>
<td>Consent</td>
<td>Confidentiality</td>
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</table>
| Agencies will need to update their consent forms to include the provision of tele-mental health. Things you may want to add to your consent forms to be inclusive of online practice are:  
- The risks and benefits of online therapy  
- How online therapy works  
- How to appropriately set up technology for sessions  
- Confidentiality and its limitations due to unpredictability of technology  
- Social media policy/social contacts  
- Rates, billing, payment  
- Policies about contacting you | - Ensure you have a secure internet connection and not a public/free wifi.  
- When you are setting up a meeting with clients, ensure you have security settings turned on including password to gain entrance into the conversation.  
- Administrative controls on sharing screens and allowing others into the meeting should be limited. |

<table>
<thead>
<tr>
<th>Liability Insurance</th>
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</table>
| Ensure you are insured for different jurisdictions if you extend your online services to other provinces. Make sure you are also insured for online practice. BMS would be happy to answer your questions, as would the associations in other provinces such as:  
- Alberta College of Social Workers: 1-800-661-3089  
- Saskatchewan Association of Social Workers: 1-877-517-7279  
- Manitoba College of Social Workers: 1-844-885-6279 (Sturgeon, 2020) |  |

**Tips for Authentic Counselling Through Tele-health**

According to Sturgeon (2020), conditions must be created the provide the most authentic and successful opportunity for Tele-health counselling:

- **Emergency Plan:** Take note of your client's history of mental health and suicidal ideation. Know the address of the location they contact you from and the name and number of an emergency contact. Have a ‘safe word’ in case someone else walks into the room out of camera view, that your client does not want to hear the conversation.
● **Disinhibition Effect**: Online communication may make people more open, but also more distracted. Shift styles and modes to sustain engagement.

● **Staging**: For video chats, ensure good lighting; facing a window or light, eye-level camera setup, and a distraction-free background (no photographs, no triggering voices that are not yours, background noise, etc.)

● **Normalize**: Run with whatever happens. Adapt to the situation as it unfolds.

● **Think through the logistics**: For example, if informed consent and emergency situations are of concern, ensure best practices are being met, and they conform to the Standards of Practice. Seek out examples from others (e.g. https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0) (Sturgeon, 2020)

**Impacts on Service Providers who Offer Digital Support/Counselling**

While many social workers and counsellors have shifted their practices to online delivery and sessions in the midst of COVID-19, it is imperative to attend to the impacts of this shift on the service providers themselves, who could now be spending approximately 8-12 hours per day on video-chat sessions with clients. Concerns are beginning to emerge about the health and well-being of the social workers who offer these services that require new systems and structures in order to address all of the risks and concerns named above.

Hansel (2020) suggests that social workers need to acknowledge the impact COVID-19 is having on their lives, and to mitigate that impact by:

- Practicing what we preach
- Checking in with peers and colleagues
- Understanding that social workers need (and deserve) therapy too
- Setting more boundaries, or expanding current ones
- Engaging in self-care practices for the sake of others.

Learning how to properly communicate with children and youth in the child welfare system (including child abuse investigations, provision of mental health support, youth communication with caregivers, child welfare consultations with family) may open more doors for shaping short, medium, and long-term change in reaching more children and youth in northern, rural, or fly-in communities. These communities are hours away from a specialized and culturally informed worker, and through the lessons learned in the midst of COVID-19, these communities may be better able to have their needs met through immediate assistance online.
Conclusion

Limitations and Areas for Further Investigation

This scan presents a rapid response to a rapidly evolving context. The uncertainties and lack of comprehensive, accessible knowledge surrounding COVID-19 has led to a rapid proliferation of material and resources to support those who are in turn trying to support others through this unfolding and evolving experience. Given that the more 'traditional' peer-reviewed research takes significant time to publish, the aim of the first iteration of our Knowledge Synthesis has been to focus on finding and vetting what has been made publicly available internationally, nationally, and more locally in the context of COVID-19 and child welfare across the Prairies.

The small research team and limited time frame for the first iteration of this Knowledge Synthesis shaped both the process and the outcomes of this undertaking. We also encountered challenges in regards to a limited - albeit expected - response from stakeholders in Manitoba and Alberta, who are currency contending with urgent and other matters related to COVID-19. We will continue to seek to establish relationships that will support these areas as we move toward launching our website in August 2020.

Additionally, this Knowledge Synthesis reflects a limitation in Indigenous research and resources not because they do not exist, but because our team did not have the time required to build the relationships and engage in the relational ways we felt would be necessary to find, evaluate, and share these resources. We are committed to continue walking in good ways alongside the Indigenous groups who are working to best support the children and youth in and of their communities, and future iterations of this report will reflect this commitment.

Another limitation of this Knowledge Synthesis is that while we drew on some provincially-specific information to shape this scan, there is still a dearth of province-specific research and resources related to COVID-19 - particularly in the Prairie context. Our stakeholders have expressed a strong wish for resources that are synthesized, accessible, and shareable with their staff; however, to date they are few. We will continue to work in this area, as more and more resources are proliferated over the next few months and as we have time to build, translate, and mobilize our knowledge base for stakeholders. We will also strive to find and/or shape more creative interventions and COVID-19 specific adaptations for service delivery as protective health measures and social distancing continue to be a reality, particularly as we move closer to the winter months.

This Knowledge Synthesis will be made available to the CIHR community, our stakeholders and partners. The Synthesis will be updated on a bi-monthly basis at minimum until the end of 2020.
References

https://www.youtube.com/watch?v=5YVLFi8I0mM


https://acsw.ab.ca/site/COVID-19?nav=sidebar#VirtualPractice


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Appendix 1 - Links to Indigenous Resources

There are many Indigenous resources weaving Indigenous perspectives of, experiences of, and responses to COVID-19. As previously mentioned, due to the rapid nature of this scan we did not have the time to live out the relational ethics we are committed to when coming alongside Indigenous communities, organizations, Elders, and Knowledge Keepers. As this project continues to evolve we will continue to build the relationships we know are necessary for knowledge sharing. For now, however, we thought we would share research and resources that are publicly available.

Now you’re speaking my language!
COVID-19 risk communications for First Nations people by First Nations people
https://cihr-irsc.gc.ca/e/51980.html

“Highlights from a Covid-19 Fireside Chat with Indigenous Health Professionals” Hosted by Idle No More and Indigenous Climate Action:
This resource contains information for Indigenous health planners addressing the impact of COVID-19 from Indigenous Health Practitioners on March 21. The document covers Indigenous strategies to support the health and wellbeing of families and communities as well as words of encouragement and additional resources to keep informed.

“COVID19 Resources for Indigenous Peoples” by Indigenous Climate Action:
This resource contains information and many links pertaining to health protocols, traditional medicines and holistic practices, social distancing, mental health support, making a clean space, community care and connectedness, entertainment for children, youth, and adults, community organizations and activism, continued learning, and emergency funds.
https://www.indigenousclimateaction.com/post/covid19-resources-for-indigenous-peoples

“Traditional Indigenous Kinship Practices at Home: Being Child-Centered During the Pandemic” by IndigenousMotherhood, March 16, 2020:
This resource discusses Indigenous child-rearing and the value of kinship. It includes words of wisdom for these times when moments of being able to separate oneself from the role of motherhood become few and far between with increased time spent at home with children. This resource provides guidance on how Indigenous mothers can spend meaningful time with their
children, guidance on how to move past feelings of irritation, as well as inspiration brought forth from discussion of the beauty of Indigenous motherhood in past and current times.

https://indigenousmotherhood.wordpress.com/2020/03/16/traditional-indigenous-kinship-practices-at-home-being-child-centered-during-the-pandemic/?fbclid=IwAR1ZqZjcu3jgQMx_xwFwU6gWrui7g31zdmT1shwUgq-mLhzPhbyntt1jUh0

This site provides a large quantity of print and video resources, many of which are translated in Indigenous languages for First Nations, Inuit, and Metis peoples looking for COVID-19 specific information.

https://www.sac-isc.gc.ca/eng/1586548069915/1586548087539#wb-auto-4

Indigenous People and Communities - novel coronavirus (COVID-19)
Alberta Health Services also has a number of translated resources that are translated into Blackfoot, Cree, and Stoney-Nakoda. The resources on this site range from posters to links to resources for Indigenous physicians.

https://www.albertahealthservices.ca/topics/Page17101.aspx

The First Nations Telehealth Network
This site provides contact information to access telehealth services as well as a COVID-19 specific series of videos that look into key experiences and learnings as this pandemic evolves.

https://fntn.ca/

The Assembly of First Nations: Mental Wellness and COVID-19 - Tips and Considerations
This one-page infographic offers practical advice and additional resources, and ways to access immediate support to First Nations peoples in the midst of COVID-19.


The Impact COVID-19 on Indigenous Women and Gender-Diverse People in Canada (2020, June 3) - Native Women’s Association of Canada
This document engages with the vulnerabilities and experiences of Indigenous women and gender-diverse people in the midst of COVID-19.

https://www.nwac.ca/browse/
Indigenous Innovations During COVID-19 –


'Our prayers were answered': Volunteer suggests delivering food hampers to every home on Blood Reserve (CBC): https://www.cbc.ca/news/canada/calgary/local-heroes-covid-cory-black-plume-blood-reserve-1.5578952


Resources Developed By the Siksika Nation: https://www.facebook.com/SHWCsiksika/videos/
Appendix 2

Communication with Stakeholders

Telephone Script:

Hello, my name is [...] I am calling from the Child Trauma Research Centre at the University of Regina.

In response to COVID19, we have received funding from the provincial and federal governments to create and mobilize resources and tools to support service providers that are working with children and youth involved with child welfare.

We are creating a digital platform to share resources about COVID-19 for service providers in Saskatchewan, Manitoba, and Alberta who are working with these children, youth, and their caregivers.

[For stakeholders that we are contacting immediately, add:] We are doing a rapid search of literature to prepare a knowledge synthesis report for service providers and other stakeholders by late June

If you have information to share with us, these questions could help guide your response:

What are you seeing in terms of urgent needs and populations accessing your services during COVID-19? What research resources do you need to help support your work?

We would love to hear about what type of resources or information would be useful to support you in your work.

Please contact me at: [insert phone number or email address]

Email communication:

Hello [name of person or organization]

In response to COVID19, the Child Trauma Research Centre has received funding from the Saskatchewan Health Research Foundation (SHRF) and the Canadian Institutes for Health Research (CIHR) for Rapid Knowledge Synthesis and Knowledge Mobilization projects.

With this project, we are creating and mobilizing resources and tools to support service providers that are working with children, youth, and their caregivers involved with child welfare in Saskatchewan and the Prairies. We would love to hear about what type of resources or information would be useful in supporting your work in the context of COVID-19.
Please let us know if there are topics or themes in particular that you would like information about, so we can create resources that relate to your work.

These questions could help guide your response:

What are you seeing in terms of urgent needs and populations accessing your services during COVID-19? What research resources do you need to help support your work?

Our contact information is:

cctr@uregina.ca

Twitter

Facebook

Kind Regards,

Child Trauma Research Centre

University of Regina

Follow up-email

Weekly updates

Offer Zoom meeting