
2020 Canadian Institutes of Health Research Rapid Response Knowledge Synthesis

Translating Knowledge for Child Welfare Organizations Across the Prairies: Managing the Impacts of COVID-19 on the Mental Health of Children, Families, and Workers

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Executive Summary

Background/Context

COVID-19 has arguably resulted in some of the most severe impacts on the area of child welfare and well-being. 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 or in other vulnerable contexts typically have histories of abuse and neglect, which are linked to a multitude of behavioural and mental health problems. Caregivers have often experienced impacts of abuse and other marginalizing conditions, such as poverty, substance abuse, and mental health issues. The conditions brought on by COVID-19 have exacerbated the situation with increased separation, isolation, as well as 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 as they rapidly change practices to respond to new policies and protocols, increased case numbers and case complexity, and continuity of care issues to ensure the well-being of families. They are feeling both the professional and personal strains of the work, which have impacted their own mental health.

Research Purpose and Objectives

- ❖ To understand the needs of organizations responsible for meeting the urgent needs of vulnerable children and families in regards to knowledge acquisition and translation.
- ❖ To develop a useful process through which to gather, vet, synthesize, and mobilize rapidly proliferating COVID-19 information.
- ❖ To develop a user-friendly knowledge mobilization website to support service providers and frontline workers in child welfare in the midst of COVID-19.
- ❖ To create evidence- and practice-informed knowledge products on a variety of topics to support organizations to better understand and respond to COVID-19-related conditions.
- ❖ To mobilize synthesized information through the creation of a single point of access - the *Digital Connections Hub* (www.childtraumaresearch.ca) - to support those entrusted with the care of vulnerable children in the midst of COVID-19.

Methods

- ❖ Guided by a Socio-Ecological framework.
- ❖ Three-pronged search strategy: Stakeholder outreach, database searches for peer-reviewed publications, and online searches for relevant reports, webinars, websites, and resources.
- ❖ Iterative process: ongoing consultations with existing and new partners, and accumulated literature and resources pointing to other sources of knowledge.
- ❖ Knowledge Synthesis report produced in June 2020 to understand emergent themes.
- ❖ Ongoing process of locating, synthesizing and mobilizing information in the form of easily consumable, evidence-based resources.
- ❖ Creation of information Briefs and Posters on various topics and highlighting challenges and responses/solutions for differing populations (Appendix B).

Content Findings

Five major themes related to COVID-19 emerged in our ongoing knowledge scan and synthesis:

1. *Mental Health of Children, Youth, Caregivers, and Service Providers:*
2. *Substance Use Among Youth and Caregivers:* The association between increased stress, anxiety, and harm-reduction strategies.
3. *Protection of Children and Youth:* Risk factors and protective measures on multiple socio-ecological levels for children and youth within and outside of the child welfare system.
4. *Communication:* The critical importance of communication through a variety of means during this period, and strategies for the rapid pivot to online service provision.
5. *School and Education:* The direct and indirect impacts of school closures, school re-openings, and emergent policy and procedural shifts.

These findings shaped the *Digital Connections Hub*, a website created and hosted through the University of Regina's Child Trauma Research Centre. The *Hub* provides a single point of access to a variety of online resources in the form of knowledge Briefs and information Posters created to support organizations serving children and families in vulnerable contexts across the Prairies and beyond.

Evaluation

Evaluation of Process

- ❖ Navigating a research team and a project virtually, carries both challenges and opportunities.
- ❖ Forming reciprocal relationships with stakeholders during COVID-19 can be challenging.
- ❖ While our initial focus was child welfare in the Prairies, we came to see the applicability of our findings for all child-serving organizations across Canada, and potentially beyond.
- ❖ The importance of maintaining our focus on resilience, particularly for children and youth, became clear as we examined the literature and spoke with stakeholders. Thus, rather than reporting findings solely on issues and problems, we reported on strategies and solutions.

Evaluation of Overall Project

- ❖ Given the evolving nature of our project and its continuation beyond the CIHR support period, evaluation is an on-going process.
- ❖ Four evaluation strategies: (1) survey of stakeholders early on to identify user experience and any 'bugs' on the website; (2) ongoing, brief survey of website users, embedded on each resources page to provide demographic profiles of users, needs, and identify strengths and needs for the website; (3) Google Analytic metrics to obtain weekly and overall website traffic information; and (4) a future focus group of stakeholder users to obtain a more in-depth perspective of the site contents and navigability.

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 (Child Welfare League of Canada; Sistovaris et al., 2020).

This Knowledge Synthesis report emerges from our rapid knowledge scan conducted on the impact of COVID-19 on child welfare in the Canadian Prairies in June 2020 and is the outcome of continued research and literature acquisition for the five months since the production of our first Knowledge Synthesis Report, and eight months since the onset of COVID-19. The project is supported through funding provided by the Canadian Institutes of Health Research, the Saskatchewan Health Research Foundation, and in-kind support by the University of Regina.

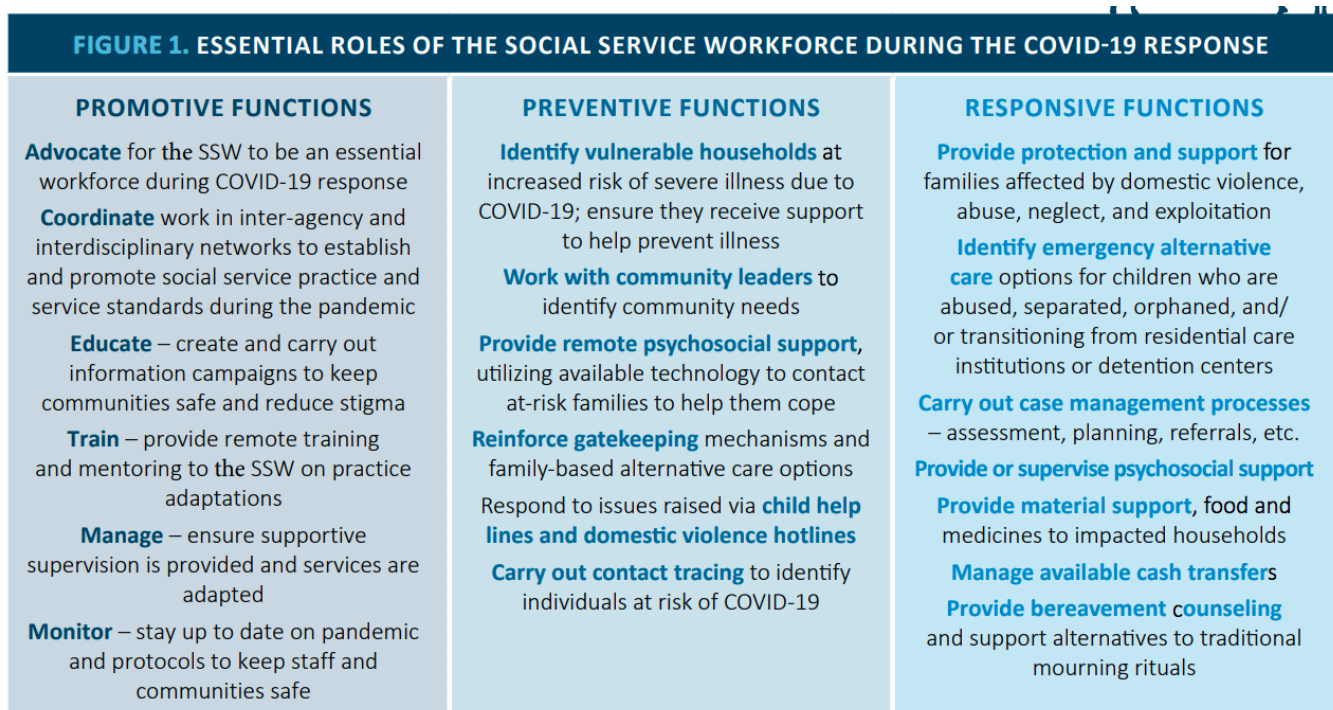
Background/Context

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 or other vulnerable contexts typically have little time to find, evaluate, and translate knowledge to inform services. These children often 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. 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 argued 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.



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 COVID-19, 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 support 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 support.
- 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.

It was this context that informed our project. Our aim was, and continues to be, 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 Alberta, Saskatchewan, and Manitoba. 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, 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 consultation with our existing and new partners, the main objective of our initial Knowledge Synthesis was to undergo a *rapid*, month-long (June 2020) 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. The objective of this final Knowledge Synthesis Report is to deliver an updated overview of our findings as they relate to the topic and sub-themes through providing a synthesis of key issues and possible responses to issues apparent across the 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 service providers during this critical period. Distilled from 400 sources, to date we have created 40 information Briefs and corresponding Posters on various topics (Appendix B). Many of our knowledge products focus on populations varying in gender, sex, culture, age, and socioeconomic background. In addition, Briefs have been translated into French to recognize language diversity.

Methods

Guiding Framework: The Socio-Ecological Model

We continuously drew on a socio-ecological framework to conduct the literature scan as well as to organize this 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 of potential impacts of COVID-19 on the social, emotional, behavioural, educational and physical health of children, as well as their families, communities, 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).

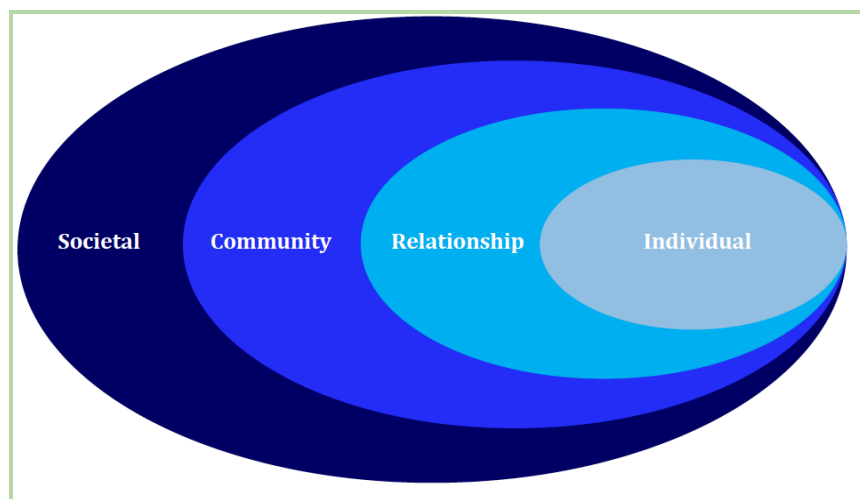


Figure 1. The Socio-Ecological Model: A Framework for Prevention (CDC, 2020)

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 on within this Knowledge Synthesis.

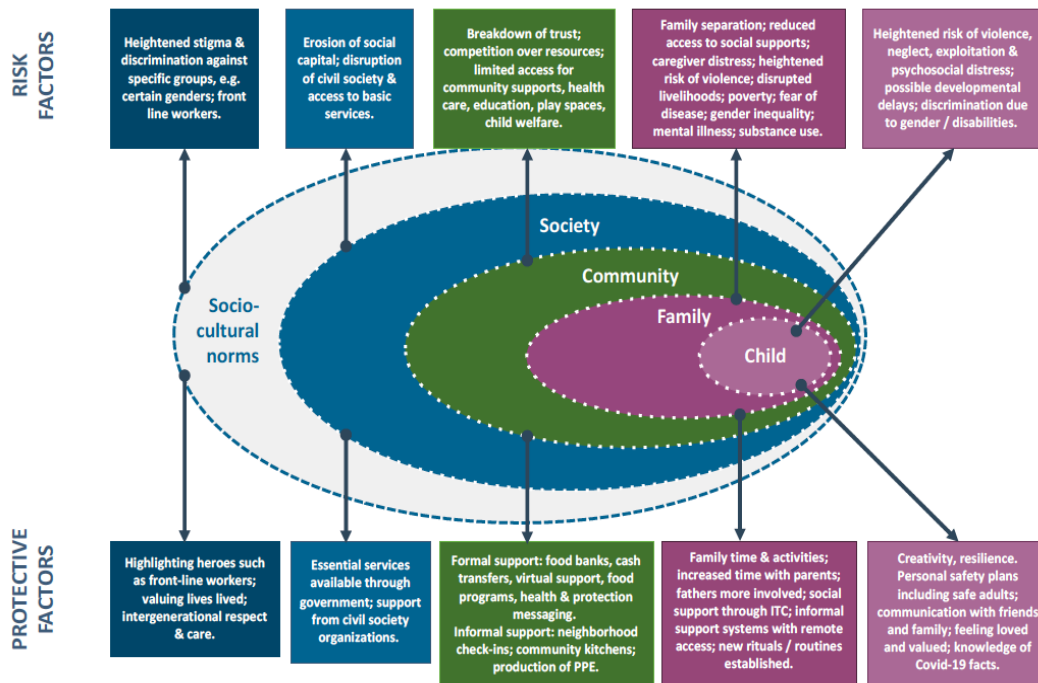


Figure 2. Socio-ecological impacts of COVID-19. (The Alliance for Child Protection in Humanitarian, 2020c).

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 and accessible information in June through November 2020. This search was iterative, with accumulated knowledge and resources pointing to other sources of knowledge. Each of the stages is described in detail below.

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? Subsequent email reminders were sent, and we received responses from 11 organizations that aligned very closely with the themes that had emerged from our concurrent database by June 12, 2020. Through being granted more time since our initial rapid Knowledge Synthesis to advertise our project and develop agency contacts, our stakeholders list has grown to 125 as of November 1, 2020. This has allowed us to gather increasingly voluminous amounts of feedback and knowledge from communications with stakeholders through email and through our *Digital Connections Hub*.

Stakeholders' Perceptions of Emergent and 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) which has decreased in need since our initial scan, but still remains very relevant.
- (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. In addition to financial support issues that arose during our initial scan, organizations - such as Violence Against Women shelters - are concerned about meeting long-term funding needs where publicly held fundraising initiatives are a primary source of income.
- (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 providers 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** - Though a plethora of research and resources is emerging, service providers are finding it challenging to locate information specific to their populations of need (e.g., youth in residential care settings 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). Now that supervision has once

again increased, a focus has been on providing support to service providers on how to respond and what to do during COVID-19 if a child discloses abuse.

- (6) **School reopening and the impacts of learning gaps and loss** - Stakeholders are concerned about the potential for reduced learning, in light of research confirming a direct correlation between school closures and learning loss. This is of concern for families struggling financially or with substance abuse, violence, and other intersectional variables, and of particular concern for children in care.
- (7) **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 build upon the literature 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, and due to the often lengthy process of peer review - 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”, and “Prairies” or “Saskatchewan” or

“Manitoba” or “Alberta” or “Canada”. A chart showing the expansion of our search terms as research topics emerged can be found in Appendix C.

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.
- [International Society for the Prevention of Child Abuse and Neglect \(ISPCAN\)](#) - *ISPCAN’s Recommendations on COVID-19* (international perspective): Risk and protective factors of children in care in regard to COVID-19, gender-based violence (sexual exploitation/trafficking of girls), abuse and maltreatment due to increased parental stress, social isolation, decline in mental health, and tips for keeping children in care connected.
- [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.
- [Jack.org](#) - *COVID-19 Youth Mental Health Resource Hub* (Canadian perspective): Youth and mental health, self-care guides, reducing stress/anxiety tips, staying socially connected.
- [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).
- [Child Trends](#) – *COVID-19* (American perspective): Resources for supporting children’s emotional well-being during COVID-19, general information and resources for caregivers, communities, childcare providers, educators, and children for supporting and explaining COVID-19.
- [The Alliance for Child Protection and Humanitarian Action](#) (International perspective): Technical notes for supporting children, youth, and social service providers in the midst of COVID-19.

Vetting and Translation Process

Subsequent to the initial scan and on an ongoing basis since, we vetted information for its rigor and applicability to this Knowledge Synthesis and to the needs of our stakeholders. Themes and sub-themes emerged that make up the sections of this report. Material was summarized, synthesized and translated to best reflect the content and the practical responses and interventions. An assessment was also made as to how best to mobilize these resources for stakeholder accessibility outside of this Knowledge Synthesis.

Organization of the Literature and Resources Found

We began our scan with a general overview of Pandemics, and then moved to a focus on COVID-19. The remainder of the synthesis is separated into the five emergent themes and research/resource clusters that reflected the extant literature as well as needs identified by stakeholders. These COVID-19 related themes include: (1) *Mental Health of Children, Youth, Caregivers, and Service Providers*; (2) *Substance Use Among Youth and Caregivers*; (3) *Protection of Children and Youth*; (4) *Communication, and*; (5) *Schools and Education*. We anticipated that other themes would surface as the Pandemic continued, but we were able to weave what we found into these five subthemes.

Each reference was vetted, and then synthesized. A spreadsheet was created to record references with the relevant theme, location, audience, and type. We then synthesized the information and created information Briefs, Posters, and French translations. When each was finalized it was uploaded to the *Digital Connections Hub* (www.childtraumaresearch.ca).

Data Extraction and Synthesis

Ongoing searches demonstrated a broad range of gaps, recommendations, and possible outcomes with implications for COVID-19 in relation with children, youth, families, and service providers in the child welfare system. Our search strategy was designed to both facilitate a rapid completion and to broadly ascertain the proliferation of COVID-19 resources on the landscape. As we approached the end of June, and the above-named thematic clusters began to emerge, we then devised lists of search terms that continued to evolve and narrow our findings connected with those themes. Search strings shifted and changed as the quantity and focus of emergent work grew. For example, children with disabilities, gender-based violence, violence against women and girls, internet child exploitation, women who are pregnant, mask anxiety, back-to-school anxiety, and new Canadians were added as our searches continued. The majority of information captured was accessed from digitally available publications from mental health organizations, government websites, child welfare organizations, media outlets, think tanks, and policy and advocacy networks in order to obtain the most up to date information.

One aspect that continues to be a challenge is the lack of peer-reviewed academic research studies directly related to COVID-19 and the child welfare system in Canada, and specifically in the Prairies. In late August 2020, we began to see academics publishing editorials and commentaries as, we presume, they waited for the peer-reviewing and publication cycles to take place. To seek out academic research, we used ProQuest Social Sciences, PsycInfo, Social Services Abstracts, EBSCO, JSTOR, Google Scholar, and the University of Regina library. 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*. We expect that throughout Fall 2020 and Winter 2021, more of this kind of publication will become available.

From our identified themes, information from across several relevant sources was synthesized to create both a 2-page information Brief (also translated in French), and a corresponding 1-page Poster. Each underwent a second stage full-text review in order to ascertain relevance and usefulness. A reference list of all sources used organized by date to ensure that the most timely and relevant information was being used.

Populations and Emergent Themes

Stakeholders

Child serving organizations throughout Alberta, Saskatchewan, and Manitoba that have a primary concern with and responsibility to the well-being of children comprise our stakeholder list. These include service providers involved with child welfare, education, mental health and counselling, addiction services, youth in care advocacy networks, legal advocacy organizations such as Internet Child Exploitation (ICE) and victim services, and ministries in social services. As of November 1, 2020, our team now boasts a list of 125 stakeholders. Since July, stakeholders have received bi-weekly email communications providing COVID-19 information and requesting feedback as to what they are experiencing in their organizations. Since the launch of our *Digital Connections Hub*, stakeholders are now encouraged to view information on this platform and provide feedback directly from the feedback option on the website and through the completion of a survey.

Populations in focus

As our search continued, we began noticing themes of populations in focus within the available literature. Once these themes were established, we included a “population in focus” category in the resource spreadsheet used to store and organize all of the resources guiding our knowledge. In this category, we included: children/youth; service providers; caregivers; students; LGBTQ2S+; people

living in rural and remote locations; children/youth who are differently abled; people who use substances; females; women who are pregnant/new mothers; people of colour; new Canadians, and; the general Canadian population.

Emergent themes

The emergent themes from available literature and responses from stakeholders have stayed generally consistent since the beginning of our research. The changes observed in the literature have shown evolution in severity of concerns, populations at risk, and additional impacts on children and youth that are cause for concern.

The following table depicts the most recent themes and evolving concerns that have become more prevalent in the literature and from stakeholder responses.

Theme	Evolving Concerns
Mental Health of children, youth, caregivers, and service providers	<p>Strong effects of isolation on people living in rural and remote communities</p> <p>Strong effects of isolation on people who have recently migrated to Canada</p> <p>Social and back-to-school anxiety of students</p> <p>Mask anxiety of survivors of trauma</p> <p>Strong impacts of isolation on children and adults who are differently abled</p> <p>Increased anxiety, depression, and PTSD in women who are pregnant</p>
Substance use issues for youth and caregivers	<p>Increased overdoses among people who use substances across the Prairies</p> <p>Available harm reduction strategies for people who use substances during COVID-19</p> <p>Increased advocacy for the availability of Naloxone kits, harm reduction services, and addiction services</p>
Protection of children and youth	<p>Preparation for increased disclosures of child maltreatment once supervision increases</p> <p>Children who are differently abled at risk of prolonged maltreatment due to isolation and lack of investigation</p>

	<p>Women and girls at risk of gender-based violence (GBV) with minimal access to violence-against women (VAW) shelters due to isolation and lack of reliable technology</p> <p>Increased child internet exploitation due to children and predators spending more time online</p>
Communication	<p>Advances in tele-communications to reap the advantages of virtual appointments for many people living in rural and remote communities, with barriers to transportation, and for children who are differently abled</p> <p>Ways to communicate with children about not only why things have changed during COVID-19, but also why things are gradually returning to normal and how they will be kept safe</p> <p>Ways to communicate with children about their mental health and how to cope with the stressors of COVID-19</p>
Education	<p>Preparation for disclosures from children of mental health concerns and/or maltreatment</p> <p>Children and youth recovering from lack of structure, learning gaps, lack of connection, and proper nutrition</p> <p>Children have been experiencing increased screen time and decreased physical activity since the closure of schools</p> <p>Caregivers - especially women - have been most financially affected since the closure of schools and with the decision of whether or not to stay home with children or send them back to school</p>

Resources Excluded

Resource exclusions were not commonplace, especially early on in the research process. When they did occur, they were excluded because of the following characteristics:

- **Geographic and contextual differences** that would not be applicable to a Prairie or Canadian context; for example, resources specific to an American reality compared to a Canadian reality that were too drastic to be relevant to our project (e.g., with real differences in healthcare and other social services systems such as child welfare).
- **Indigenous resources due to ethical responsibility.** Wanting to walk in good ways, we did not want to unintentionally appropriate any resources from Indigenous resource

creators without clear permission. We used the knowledge from these resources to guide our understanding of prevalent issues, but generally did not include the information provided in our syntheses. Our team has requested permission from Indigenous organizations to share the links on our *Digital Connections Hub* platform.

- **Redundancy of resources.** Given the mass of resources we have accumulated, only updated information or information on new topics are included.

Findings

Overview of Results

Our search resulted in 400 resources as of November 1, 2020 which supported the knowledge synthesis and mobilization process. In addition to organization of each resource by key themes and population in focus, we organized each resource by:

- Geographic location in which the resource was created: Alberta (AB), Saskatchewan (SK), Manitoba (MB), AB, SK, and MB, Canada (CAN), and International (INT).
- Resources by type: academic journals, eBooks, reports (unpublished articles/grey literature), news articles (online magazine, newspaper, or news outlet), websites, infographics, podcasts, videos, webinars.
- Resources by audience: service providers, caregivers, children/youth, government officials, the general public.

The following table illustrates our collection of resources by key themes described in this report, total number of resources collected, geographic location, and the type of resource. Many themes overlapped in content but were only included within one theme.

Key Theme	Geographic Location	Resource Type
Mental Health	AB: 7 SK: 7 MB: 4 CAN: 37 INT: 32	Academic journals: 10 eBooks: 1 Infographics: 2 News articles: 28 Podcasts: 4 Reports: 14 Videos: 2 Webinars: 3 Websites: 18 Total resources: 81
Substance Use	AB: 2	Academic journals: 1

	SK: 4 MB: 5 AB, SK, & MB: 1 CAN: 8 INT: 2	Infographics: 5 News articles: 7 Reports: 4 Webinars: 3 Websites: 2 Total resources: 22
Protection of Children and Youth (e.g., child maltreatment, internet child exploitation, gender-based violence, violence against women, maltreatment of children who are differently abled, youth justice, etc.)	AB: 13 SK: 14 MB: 14 AB, SK, & MB: 2 CAN: 55 INT: 25	Academic journals: 3 Infographics: 2 News articles: 33 Reports: 30 Videos: 1 Webinars: 5 Websites: 49 Total resources: 122
Communication strategies	AB: 2 SK: 1 MB: 4 CAN: 6 INT: 11	Academic journals: 1 eBooks: 2 News articles: 6 Podcasts: 1 Reports: 4 Videos: 2 Websites: 8 Total resources: 24
Education	SK: 7 MB: 1 CAN: 3 INT: 3	News articles: 4 Reports: 8 Websites: 2 Total resources: 14

Recommendations From the Literature

From across the literature reviewed over the course of this project, the following general recommendations emerged as responses needed to support children and families in vulnerable contexts, during COVID-19, and for potential future health crises:

- ❖ Recognition and support of increased demands for mental health services for all ages, substance use and harm reduction services, and Violence Against Women shelters.
- ❖ Recognition and support of Indigenous child well-being services throughout Canada. This is an issue especially prevalent in the Prairie provinces.
- ❖ Improved pathways to communicate a need for help (e.g., child maltreatment, mental health crises, and intimate partner violence, especially for those living in rural and remote areas of the Prairies).

- ❖ Need for technology distribution programs for children, youth and families without means to access such resources, due to geographic location and/or financial limitations.
 - ❖ Increased access to mental health coverage and benefits for service providers
 - ❖ Incorporation of trauma-informed care practices among service providers for children, versus crisis-and problem-centred approaches.
 - ❖ Expanded pool of foster families, especially for older children.
 - ❖ Increased access to financial and housing support, mental health support, and long-term mentorship programs and social supports while in and after ageing out of care in Canada.
 - ❖ Increased financial, educational, and emotional support and longer moratoriums for youth aging out child welfare care.
 - ❖ Qualification of social workers as essential workers to ensure an impactful response to mental health before, during, and after a health crisis.
 - ❖ Thorough record keeping by service providers of services and programs accessed, evolving themes in service provision, needs and solutions to better inform policy, funding, and advocacy for service users during and after COVID-19. This knowledge will also be beneficial for potential future Pandemics.
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Findings: By Theme

In this report, information was synthesized from multiple sources to create two areas within each of the five main themes: Issues or impacts identified, and possible responses. Knowledge products that were informed from the findings, namely Information Briefs, Posters, and French Brief translations (including the appropriate references used for each theme) can be found at www.childtraumaresearch.ca.

Theme 1: Mental Health of Children, Youth, Caregivers and Service Providers

Though protecting ourselves from the virus and our physical health can seem to take precedence during this time, researchers are expecting an increase in the prevalence of mental health issues among children, especially those with behavioural needs and those in foster care (Wong et al., 2020). As most mental health problems begin in childhood (Golberstein et al., 2020), it is imperative that service providers are able to meet their needs during and after the pandemic. Youth are also experiencing mental health consequences; beyond the rapid changes and transitions brought on by adolescence, they are suddenly growing up in a world transformed by COVID-19 (Guessoum, 2020).

On a positive note, the opportunity exists for increased cohesiveness of families and increased opportunities for parents to check in with their children while at home during COVID-19 (Courtney et al., 2020). For this to be possible, parents will need to be emotionally well-adjusted and have the capacity to buffer their children's negative emotions (Courtney et al., 2020), which is often not the case for families living in vulnerable contexts.

Wong et al. (2020) note that cross-sector collaboration and a willingness to be flexible in professional roles will be required to meet the growing need of mental health issues in children. To meet the needs, there will need to be investment in and promotion of telehealth services. Golberstein et al. (2020) write that policy, financing and delivery reform can reduce barriers in terms of access to mental health services following the pandemic. Wong et al. (2020) write that "innovations in systems that support at-risk children and families are overdue and are needed more than ever" (p.4).

The following section describes mental health impacts on children and youth, caregivers, and service providers, and possible responses for these different populations.

Mental Health of Children and Youth

The Bottom Line

COVID-19 has worsened mental health and caused traumatic stress in children and youth. Those involved with child welfare - especially youth in care - are particularly vulnerable to experiencing trauma-layering and long-term mental health impacts due to isolation, anxiety, increased maltreatment, and missed opportunities in their social development due to COVID-19. Better understanding the impacts of pandemic grief, building relationships, increasing communication, and introducing self-care and other mindfulness activities can increase protective factors, support positive coping mechanisms and enhance overall resilience for children and youth.

Possible Responses to Support the Mental Health of Children and Youth

While service providers and researchers can offer helpful strategies for understanding and responding to mental health needs, children and youth have also been vocal in providing their perspectives and experiences.

- **Reducing isolation.** Efforts should be made to normalize and reduce feelings of anxiety, frustration, and isolation for children and youth. Providing increased opportunities for connection and communication with trusted individuals can buffer stress, and should be encouraged where possible. Situations can be created for youth to safely connect to important people in person while adhering to physical distancing guidelines with personal protective equipment (PPE).
- **Technology.** Safe, responsible use of technology can also be beneficial in keeping children and youth connected to one another (e.g., visits over video-conferencing, chats, social media, etc.) as well as staying updated on important or interesting information (e.g., reliable news networks, virtual powwows, artist performances, etc.). Monitoring media forms and technology interactions is crucial to ensure that children and youth are receiving factual, age-appropriate information in regards to COVID-19.
- **Structure and routine.** Because 'pandemic grief' differs from regular grief due to no foreseeable end, the uncertainty and unpredictability makes structure and routine essential to restoring a sense of normalcy and control - especially for young people. Youth should be encouraged to get dressed every morning, avoid excessive sleep, and avoid unhealthy interactions with others. Exercising, relaxing, eating, learning, and entertainment should all be done in moderation with structure.
- **Mask anxiety.** Many children are experiencing increased anxiety over the return to school during COVID-19, in part due to anxiety about wearing a mask. While seen as protective, some children may relate mask-wearing to an earlier trauma or a sensory disability. Taking a gradual approach with positive support may reduce this anxiety.

- **Self-care.** Youth have found that positive thinking and keeping busy have been beneficial. Seeing this period as an opportunity to practice self-care, engage in activities, set new goals, and focus on themselves can bring positive rewards. **Mindfulness and grounding techniques** are wonderful tools to support regulation of emotions such as anger, stress, frustration, and anxiety. Youth can be encouraged to start simple and advance the technique with time. Providers should be mindful of triggering responses for some children and youth to certain mindfulness activities.

Communication. The following are possible ways to speak to children and youth in a trauma-informed way about their mental health during COVID-19 and beyond:

- **Speaking during “in-between moments”.** These moments are perceived as normal and comforting for children, such as during shared or parallel activities (e.g., preparing meals, walking). Conversation about the child’s feelings during these non-pressured times may have greater impact than having a serious sit-down conversation.
- **Careful use of self-disclosure.** Caregiver/service provider self-disclosure can help trauma-impacted children feel a sense of trust and connection. Boundaries and level of detail shared can be set depending on the child and what is being shared.
- **Windows of tolerance.** Conversations with children who have been impacted by trauma should not force them to go outside of their window of tolerance, which can trigger hyperarousal and lead to catastrophic thinking and behaviour. Using Inherently Non-Clinical Relational Activities (INCRA) may support the calming of emotions, such as somatic INCRA chosen and led by the child (e.g., socially distanced sports, yoga, walking).

Finally, witnessing caregivers tending to their own mental health supports children and youth in developing healthy coping mechanisms

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Understanding Children’s Grief During a Pandemic
- Trauma-Layering During COVID-19: Practicing Trauma-Informed Care with Children and Youth
- Self-Care During COVID-19: Checklist for Youth, by Youth
- Mental Health: What Youth Are Experiencing and What They Can Do
- Reducing Anxiety for Children Returning to School (Mask anxiety)

Mental Health of Caregivers

The Bottom Line

COVID-19 and SARS (2003) have shown that caregivers, especially women and older adults, are at high risk for diminished mental health. Checking in on caregivers' mental health will increase coping mechanisms, which will in turn benefit their children.

Possible Responses to Support the Mental Health of Caregivers

Caregivers have been placed under enormous, unexpected stress since the onset of COVID-19. Tending to mental health and the practice of self-care have been the most effective strategies used by and with caregivers. While basic, these strategies can have very positive benefits.

- **Being kind to our minds.** Talking regularly about feelings with others, and doing enjoyable activities (e.g., arts, journaling, reading, yoga, walking) can be outlets for stress.
- **Being kind to our bodies.** Taking care of one's body can mean exercising regularly, staying hydrated, resting when needed, eating regularly, and carving out times to relax.
- **Striving for balance.** Balancing current stresses with maintaining positive relationships can reduce tendencies towards catastrophic thinking.
- **Reducing self-imposed pressures.** Caregivers cannot manage everything flawlessly, therefore reducing pressure and asking for/accepting help from others is critical.
- **Modeling coping behaviours for children.** Children look to the caring adults in their lives for guidance on how to handle COVID-related stress and anxiety through maintaining healthy outlets and engaging in self-care.
- **Increasing access to mental health supports.** A consistent theme across the literature and resources has been diminished access to mental health support for caregivers. Resources should be available in a variety of formats (e.g., digitally, using PPE) to reach caregivers across the Prairies.
- **Support for pregnant women.** Little evidence confirms the passing of COVID-19 from mother to fetus during pregnancy or breastfeeding, but severe symptoms have occurred in pregnant women and newborns. To combat negative mental health, information-sharing and participation in anxiety-reducing techniques and physical activity can reduce stress.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Mental Health and COVID-19: What Adults and Caregivers are Experiencing and What They Can Do
- Pregnancy During COVID-19: Risk and Health Guidelines

Mental Health of Service Providers

The Bottom Line

Healthcare providers and other frontline workers are experiencing negative mental health from trauma on the job during COVID-19. More than ever, strategies such as asking for help, reducing pressures and stigma, and employing self-care can support frontline workers to cope.

Possible Responses to Support the Mental Health of Service Providers

The following are possible ways in which service providers may benefit from to support positive mental health and reduce the effects of burnout and trauma:

- **Sharing feelings with trusted others.** Talking with trusted individuals, being assertive, acknowledging and normalizing feelings, and/or seeking professional support can help to reframe and challenge negative or worrisome thoughts.
- **Stigma in asking for support.** Some service providers might feel the self-imposed pressure or stigma that if they seek support from others, they are not strong enough. Understanding that everyone needs support is a way to reduce these pressures.
- **Turning work 'off'.** Many service providers who work in abuse, violence or health may constantly feel in 'work-mode' and struggle to feel comfortable in 'off-duty mode', especially during COVID-19. Accepting that certain things are out of anyone's control, and separating one's self-identity from the job can be helpful.
- **Self-care and mindfulness.** Self-care helps towards recovery from negative experiences. Participation in pleasurable activities, those that improve physical health and having a routine can help regulate emotions and support positive mental health. Mindfulness and grounding exercises focusing on the present can target energy at solving current problems rather than potential future problems and catastrophic thinking.
- **Reframing negative self-talk.** Being empathetic to ourselves, focusing on positive qualities, and accepting that humans are error-prone may reduce negative self-talk. Recognizing strength in enduring the pressures may support increased self-compassion.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Mental Health of Service Providers: Experiences and Coping Strategies

Theme 2: Substance Use

People who use substances are expected to be disproportionately affected by the pandemic. Alcohol use, in particular, is forecasted to increase even with people who previously used alcohol socially (Campbell, 2020). Researchers are forecasting an increase in substance use alongside an increase in social issues experienced by individuals who use substances. For example, people who use substances may also have housing insecurity and may have difficulty following social distancing guidelines, therefore investments should be made that mitigate housing risks and increase access to innovative treatment options. In addition, regular drug users may benefit from systematic screening for COVID-19 due to their increased risk factors (Campbell, 2020).

COVID-19 has affected the supply chain of illicit substances. According to Green et al. (2020), regulations regarding addictions medications should be evaluated and re-assessed during COVID-19, as heavy regulations can be a barrier to access. They recommend that pharmacists take on an increased role with people who use substances, particularly those struggling with opiate use. Pharmacists have long been exposed to harm-reduction practices and addictions medicines, and typically have naloxone on hand. However, existing community harm reduction strategies may be limited during the pandemic, such as needle exchanges and safe supplies (Campbell, 2020).

Prior to COVID-19, modalities for treating substance use disorders often included group therapy options. There is a distinct opportunity to explore online and telehealth options for this demographic during the pandemic (Campbell, 2020; Green et al., 2020), which could include initiating therapy or monitoring clients over time.

Of note, there is minimal literature on youth substance use during the pandemic (Guessoum, 2020); thus, the following section is informed by grey literature, website information and other resources.

Youth and Substance Use

The Bottom Line

Generally, drug and alcohol use are experimental for youth as opposed to a dependency. It is important for caregivers to be alert to the relationship between youth, the substance and the behaviour, as well as how to speak to them if a problem arises.

Possible Responses to Youth and Substance Use

Youth most commonly use substances as an experimental practice to feel belonging, love, power, fun, survival, and freedom. The following are common signs and symptoms that caregivers and service providers may take notice of should the drug *use* of a youth turn into drug *abuse*:

- Dramatic changes in mood and unusual temper tantrums, such as depression, anxiety, hostility, withdrawal, and poor grooming;
- Changes in sleeping habits, friends, appearance, hobbies, interests;
- Negative changes in school (e.g., homework, grades);
- Increased secrecy about possessions, activities, and communication with friends;
- Increased requests for money; the use of incense, perfumes, etc. to hide smells;
- Use of eye drops to hide red eyes and mouthwash to hide alcohol smell;
- Missing prescription drugs such as painkillers, narcotics, and mood stabilizers.

The following are possible strategies that caregivers and service providers may find beneficial to speak to youth about substance abuse:

- **Having a 'conversation' and checking in.** A lecture will only lead to guilt, shame, anger, and withdrawal. Having conversations about how the youth is doing can establish trust, rather than solemnly speaking of substance use. Discussing what they think is going on may reveal a different situation than it appears.
- **Staying connected and informed.** Conversations may need to occur several times.
- **Setting goals together.** Before the brain fully develops at age 25, youth are naturally impulsive risk takers and experimenters; it is OK for youth to make mistakes.
- **Setting limits.** Youth (ages 15-24) should have no more than 1-2 drinks at a time, and never more than 1-2 times/week.
- **Leading by example.** Youth will be looking to their caregivers and other important adults in their life to set an example for healthy behaviours and self-care.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Youth and Substance Use During COVID-19

Adult Caregivers and Substance Use

The Bottom Line

Substance Use in Canada During COVID-19: While the majority of Canadians report consistent levels of alcohol and cannabis consumption since the onset of COVID-19, a concerning number have reported binge drinking or increased consumption. Paying attention to common factors associated with increased use and following low-risk guidelines can be helpful in managing use

Possible Responses for Harm Reduction During COVID-19

The following possible responses and guidelines may be beneficial for caregivers and other adults to reduce **alcohol consumption** through harm reduction strategies:

- **Setting limits.** People planning to consume alcohol should set limits and consider age, body weight, sex, and health problems. **Adult Females:** No more than 10 drinks/week or 2 drinks/day. On special occasions, no more than 3 drinks. **Adult Males:** No more than 15 drinks/week or 3 drinks/day. On special occasions, no more than 3 drinks.
- **Using moderation.** Drinking slowly (max. 2 drinks within 3 hours), having a non-alcoholic beverage in between drinks, and eating before and during alcohol intake moderates use.
- **Taking breaks.** Planning non-drinking days can help avoid developing a habit.
- **Avoiding stockpiling.** Less access may reduce interest to consume alcohol.

The following possible responses and guidelines may be beneficial for caregivers and other adults to reduce the risks of **cannabis consumption** through harm reduction strategies:

- **Individual risk level.** Use should be limited to 1/week, and should not begin before age 16. Pregnant women, and those with a history of psychosis should not use cannabis.
- **Reducing harm.** Smoking cannabis into the lungs is the most harmful way to use cannabis. Avoiding inhaling deeply or holding smoke in the lungs, and exploring other ways of consuming cannabis can reduce health risks (e.g., edibles).
- **Self-awareness.** Knowing one's own limits, potential side effects, and being aware of those around them, can decrease side effects or potential problems.
- **Balance.** Choosing products with a lower tetrahydrocannabinol (THC) content, or a higher ratio of cannabidiol (CDB) to THC may prevent dependency and other mental health problems. Synthetic cannabis products are dangerous and should be avoided.
- **Moderation.** People may benefit from setting limits with cannabis use, such as only on the weekends as a young adult, to prevent daily use which may be habit-inducing.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Substance Use in Canada During COVID-19

Prevalence of Substance Overdose in the Prairies

The Bottom Line

COVID-19 has increased the rate of people overdosing in the Prairie provinces. Harm reduction strategies have been proven to better protect people who use drugs during times of increased

isolation and decreased access to services. Overdoses have increased as a result of reduced access to services during COVID-19. Many people who use substances have been exposed to unreliable and potentially street drugs during this period.

Possible Responses for Harm Reduction for People who are Addicted to Substances

The following are possible responses that have been recommended by the literature that service providers may find useful to support people who are addicted to substances:

- **Supporting harm reduction strategies.** Advocating for safe consumption sites and encouraging people who use drugs to practice harm reduction strategies (e.g., test dosing, carrying Naloxone, avoiding stockpiling) may be more effective than attempting sobriety during COVID-19, especially due to the lack of available services and increased isolation.
- **Increasing support.** Increasing the frequency of contact and support with people who use drugs - especially at-risk youth - can decrease isolation and improve well-being.

People who frequently use substances may be subjected to not only harmful substances, but also to more dangerous environments to use substances during COVID-19, causing an increase in unintentional overdoses. The following are possible harm reduction strategies that service providers may use to decrease risks of harm while using:

- **Being prepared.** Storing the drug of choice and safe supplies (needles, waters, pipes etc.) may help with coping.
- **Avoiding stockpiling.** This can reduce the risk of overdose, possession charges, and theft from others. Ask for carries of methadone. Rather than stockpiling harmful or illegal substances, stocking up on medications can help with withdrawal symptoms (e.g., Pepto Bismol, Ibuprofen, Imodium).
- **Sanitization and evaluating drug sources.** The following can decrease risk of infection, illness or overdose: Ensuring hands are washed and all supplies are sanitized before using drugs, not sharing drugs or supplies, not letting others prepare drugs for you, test dosing - especially if the drugs are from a new source or if you are alone with no emergency overdose plan, and planning for an overdose by carrying Naloxone.
- **Socially distance.** If possible, use substances with someone at a safe social distance in case of an overdose. While limited, safe consumption sites are available for supervised drug use and for seeking support. If you prefer to use alone, ask someone to check on you or use while on the phone with a trusted person who can call for help in the event of an overdose.

Responding to an overdose may look different during COVID-19, as people are more at risk to contract the disease should they need to provide rescue breaths or Naloxone. The following are possible strategies for service providers and others who may be the first to respond to an overdose, while still protecting their safety to the best of their ability:

- **Arrival on scene.** Try to rouse the person to bring them to a state of consciousness. Encourage them to take big breaths. Call 911 if there is no response.
- **Check for breathing.** Check for airway obstruction by tilting their head back and maneuvering their lower jaw to open their mouth.
- **No-contact rescue breaths.** If rescue breaths need, do so while wearing a face mask and/or gently placing a thin piece of cloth or towel over the individual's mouth and nose before administering.
- **No-contact chest compressions.** If chest compressions are needed, the same process of gently covering the individual's mouth and nose with a piece of fabric should be utilized.
- **Administer Naloxone.** Give 2 doses of Naloxone, if necessary.
- **Repeat.** Continuously check for breathing during the revival process. If the individual is still not breathing, repeat the steps until help arrives to ensure oxygen is reaching their brain.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Harm Reduction Strategies for People who use Drugs
- Prairie Overdose Crisis and COVID-19: Pandemic Within a Pandemic



Theme 3: Protection of Children and Youth

To date, many child welfare organizations have seen a decrease in child welfare reports, but this is likely due to the decreased opportunity for detection with school closures and limited access to other services and supports (Campbell, 2020). Researchers have highlighted the risk of increased maltreatment for children when they are confined to the home environment (Green, 2020; Guessoum, 2020). Raman et al. (2020) noted that there are many groups at risk for exploitation

and maltreatment which include: children living in poverty, Indigenous populations, refugee/migrant populations, children at risk of violence but not involved with the protection system, children with disabilities, children in conflict with the law and children who are impacted by gender discrimination. Green (2020) and Campbell (2020) warned of the potential for system overburdening when lockdown measures decrease and reports of maltreatment increase.

Increased stress for families is a high potential risk to children. This may arise from uncertain financial security, job loss, or thoughts of the unknown future (Fry-Bowers, 2020; Green, 2020). Intimate partner violence is also likely to increase (Bradbury-Jones & Isham, 2020; Campbell, 2020), which can have devastating impacts on children who are exposed. Due to social distancing measures, victims may have a limited ability to leave the home and seek help (Bradbury-Jones & Isham, 2020). Public spaces such as schools, libraries and churches are common places where abuse or violence may be disclosed, but these settings have been less accessible during the pandemic (Campbell, 2020). Some countries have already reported higher rates of domestic violence (e.g., Brazil, Spain, U.K.) (Campbell, 2020). Intimate partner violence in Canada is also likely increasing, with dramatic increases in helpline calls, although as yet there is no peer-reviewed research to support this. Bradbury-Jones and Isham (2020) noted that service providers need to be mindful of the impacts that lockdown measures can have on vulnerable groups.

Indeed, COVID-19 also has the potential to exacerbate existing social issues in our communities. For example, prior to the pandemic there were already widespread rates of child poverty, food insecurity, high rates of maltreatment, high rates of mental health issues and disparate access to education (Fry-Bowers, 2020). Researchers and community organizations forecast that the pandemic will increase these rates.

Governmental leadership will be important in ensuring that vulnerable children are protected during the COVID-19 pandemic. Green (2020) notes that governments will need to have child welfare as a priority and will need to give it the same attention as the public health problems related to the pandemic. If service providers are moving to remote locations, telehealth options will need to be available to monitor the safety of children (Bradbury-Jones & Isham, 2020). As well, partnerships between various community organizations will be seen as helpful in meeting the needs of at-risk children (Campbell, 2020).

Appropriate responses from systems can mitigate harm and promote resiliency (Griffin, 2020). Griffin highlighted that there will be varying degrees of trauma associated with the pandemic, and having systems who are trauma-informed will benefit clientele.

Protecting Children from Maltreatment

The Bottom Line

Children and youth are at increased risk for abuse, internet exploitation, and mental health challenges as a result of COVID-19. While precise numbers are not known, since March 2020 Canadian child maltreatment reports have decreased. These are expected to increase in the coming months, as children resume access to more potential reporters. Preparing for this and paying attention to the implications of isolation - particularly in the Prairies - is crucial to address this problem. In order to effectively respond, it is important for adults in regular contact with children and youth to know potential signs and symptoms of abuse and neglect as well as how to respond to disclosures of child maltreatment. Service providers and caregivers must provide appropriate information to young people about COVID-19 and internet safety, while still being provided opportunities for interpersonal connections.

Possible Responses to Protect Children from Maltreatment

The following possible responses may be beneficial for service providers who frequently have access to children to practice to reduce the risk of child maltreatment during COVID-19, after COVID-19, and during future Pandemics:

- **Connecting with families on a frequent basis.** Doing the same things with children over video chat that are usually done face-to-face, like reading or colouring, to allow them to become more comfortable with this communication platform.
- **Reassessing risks often.** Reviewing safety plans and family caseloads regularly and adjusting to new circumstances of family safety and evolving health and safety measures can promote safety. Increased stress on families may lead to new/increased risk factors that may be different or more escalated than what has happened in the child's home in the past.
- **Facilitating maltreatment disclosures.** Through virtual communications, children may feel reluctant to say anything negative about their home life with their caregiver(s) nearby in the home. Asking simple questions to provide a glimpse into what life is like for the child right now without probing for information can be effective.
- **Providing information about COVID-19.** Speaking often with children about COVID-19 in an age-appropriate manner using concrete information can fend against misinformation. Virus-related threats from caregivers can discourage disclosures.
- **Promoting virtual communications.** Improved virtual service provision and increased access can in particular help those in rural and remote regions of the Prairies.
- **Mandated reporting.** Service providers have a duty to report any suspected child maltreatment witnessed or disclosed to Child Protective Services, even if it is unclear; this will not automatically incriminate anyone and the report will remain anonymous.
- **Watching for signs of maltreatment.** Being aware of the signs and symptoms of maltreatment or exposure can prevent future maltreatment.

Service providers, especially teachers, play a critical role in reporting child maltreatment. With disclosures expected to increase with more exposure to adult supervision outside of the home, the following are possible ways to respond to a disclosure of child maltreatment:

- **Being aware of language.** Use open-ended questions and age appropriate vocabulary, preferably with the language used by the child. Try to avoid leading and double-barreled questions. Avoid pushing for information and asking the same question more than once.
- **Allowing the child to speak.** Do not finish the child's sentences or make assumptions. This is important to provide accurate information when reporting as well as for them to have a voice and tell their own story.
- **Noticing reluctance.** Be aware that they may have been threatened. Take the information they have given you and form it into a simple question to receive confirmation and clarity.
- **Being transparent.** The child should know that the conversation will remain confidential, except to those who must be informed (e.g., Child Protective Services, police, doctors). The child should not be led to believe the service provider will keep everything disclosed a secret. If there is a need to contact Child Protection Services under certain circumstances, inform the child of this whenever possible before making the call.
- **Avoiding making promises.** Try to also avoid promising everything will be okay. Many steps following a report are no longer in the hands of the person receiving the disclosure.
- **Supporting the disclosure.** Tell the child that you believe them. The effect may not be the same if belief is implied rather than vocalized. This is especially important in cases of sexual abuse. Remind them that no matter what the circumstances of abuse were or how they responded, it was not their fault and they made the right decision in telling an adult.
- **Being self-aware.** It is very normal to feel shock, anger or sadness during a disclosure, but this must not be expressed to the child, so they do not fear consequences and do not experience shame or guilt. Handle the situation with empathy, compassion and sensitivity to convey trust.
- **Being mindful of contact.** Avoid touching the child - even if you have a longstanding relationship - to avoid retraumatization. Respond according to their requests and body language.
- **Specifying details.** After the disclosure, immediately write down all details to ensure accurate information.

Examples of Appropriate responses to abuse disclosures”

- ❖ “You mentioned something happened at home. Would you like to tell me more about that? happened?”
- ❖ “It is good that you confided in me. You are safe here.”
- ❖ “I believe you. Remember that this is not your fault.”
- ❖ “What you are going through is not easy. I am here for you.”

- ❖ “You do not have to tell me everything right away. I will do what I can to help you.”
- ❖ “I want you to know you can trust me. If you tell me someone is hurting you, I cannot keep it a secret. But, I promise not to tell anyone other than the people that need to know.”

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Protecting Children During the Pandemic
- Child Maltreatment (Part 1): Reporting Rates During COVID-19 in Canada and Across the Prairies
- Child Maltreatment (Part 2): Potential Signs of Child Abuse and Neglect
- Child Maltreatment (Part 3): How to Respond to Disclosures of Abuse and Neglect

Caring for Children Who are Differently Able

The Bottom Line

Children who are differently abled (those with disabilities) are more at risk for social isolation, negative mental health, and maltreatment. COVID-19 has increased these risks through added caregiver stress, less supervision and opportunities for connection, and fear due to lack of some children’s understanding of the Pandemic. Increasing assessment, structuring a new routine, and frequently explaining COVID-19 are ways to support the protection of these children.

Possible Responses to Protect Children who are Differently Able

While the same possible responses to child maltreatment for children who are not differently abled are relevant for children who are differently abled, children who have disabilities may require additional strategies for protection. This is because maltreatment of children who are differently abled may be more frequent, more intense, and less frequently noticed or reported. The following possible responses may be beneficial for service providers to care for and protect children who are differently abled from maltreatment:

- **Protection from COVID-19.** Children with developmental disabilities may frequently touch items and put them in their mouth. Frequent sanitization of all items they come into contact with can protect them from additional risk of contracting COVID-19.
- **Advocating.** Advocating for policy reform for future waves of COVID-19 or other health crises may help:
 - avoid a ‘one-size-fits-all’ approach for visitor restriction;
 - understand that remote learning is not ideal for all children with disabilities;
 - increase the availability of personal protective equipment (PPE);
 - provide opportunities for social inclusion; and
 - provide increased services, resources, and educational assistance.
- **Increasing check-ins.** Increasing the risk assessment for children with disabilities, especially those with fetal alcohol spectrum disorder, attention deficit hyperactivity disorder, and autism spectrum disorder, may reduce maltreatment.
- **Recognizing potential signs of maltreatment.** Regressed behaviours may not be COVID-19-related. Maltreatment should be considered a possible cause of this behaviour, especially for non-verbal children with developmental disabilities.
- **Taking claims seriously.** Children with disabilities should be believed and experience the same level of follow up procedures as children without disabilities.

The following possible responses may be beneficial to service providers and caregivers to support positive mental health in children who are differently abled, especially those who may be uncomfortable with sudden and excessive change such as that brought on by COVID-19:

- **Providing information.** Frequently and appropriately explaining COVID-19 to children in understandable ways without making assumptions about what they know is recommended.
- **Being creative.** Finding ways to make wearing a mask and practicing hand hygiene enjoyable for children increases the chance they will participate in these safety protocols. Assisting them in designing their own masks and creating a hand washing song can ensure diligent and proper hand washing.
- **Providing structure.** Developing a stable routine, and creating new traditions such as scrapbooking each night at the same time to supplement other traditions that can no longer take place can provide welcome structure.
- **Encouraging sharing.** Sharing and talking about feelings, and ensuring children are free to express themselves and feel listened to can reduce anxiety, depression, and loneliness.
- **Supporting daily positive mental health.** Playing soothing music or TV visuals in the background of the home and participating in activities that involve shared enjoyment such as creating art projects, watching funny and/or inspirational movies, and telling stories can reduce feelings of isolation.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Children Who are Differently Abled and Covid-19
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Protecting Children from Internet Child Exploitation

The Bottom Line

Internet child exploitation has increased since the onset of COVID-19. Children and youth may not understand the risks of virtual communication. Education of caregivers and service providers on these risks and implementing protective measures such as speaking with children about the risks of sharing explicit content online, interacting with strangers, and manipulation tactics that may be used by online predators may reduce victimization.

Possible Responses to Protect Children from Internet Child Exploitation

The following possible responses are general strategies that may be beneficial to service providers and caregivers to reduce a child's risk of internet exploitation:

- **Providing information.** Reassess risks and discuss online safety frequently, especially with children who are statistically more vulnerable to online exploitation. When discussing online safety, you can mention the falsity in manipulation tactics such as trauma-bonding, threats of repercussions towards the child, and blackmail. Ensure they know of the criminality of the behaviour, and that telling a trusted adult will not result in the child being punished. Remind children not to interact online with people they do not know or have not met in person; not to send anything online that is sexual in nature or makes them uncomfortable; and if they have sent anything online that makes them uncomfortable, they will not be in any trouble if they tell a trusted adult.
- **Being aware of non-verbal communications.** Watch for signs and symptoms of online child exploitation. Be aware that they may be receiving manipulating threats or are being blackmailed with messages, photos, and/or videos.
- **Being aware of influences.** Ensure that caregivers model appropriate behaviour in what they post online.
- **Keeping informed of risks.** Predators will know where to go online to find children. Be aware of apps that are most commonly used for online child sexual exploitation, such as TikTok, Snapchat, Instagram, Facebook, and Kik, and video games that offer 'rooms' with online chat capabilities such as Roblox, Minecraft, etc.
- **Reporting.** Always report child internet exploitation to the local police/RCMP or to Cybertip.ca. No incident is too small, and it is likely that the predator is abusing other children as well.

General possible responses are useful for children and youth of all ages, however; children may experience specific risks online corresponding to their developmental age.

Children aged 5-11 years:

- **Being involved.** Adults should be involved in all online activity at this age. Be considerate of the child's feelings, but ensure there is supervision on every online platform. Teach the child to always ask permission before downloading online content. Set parental controls where possible. Choose options such as YouTube kids, as opposed to YouTube.
- **Ensuring age appropriate use.** Check the terms and conditions of each app the child uses. This will give you the age that the app is appropriate for to make decisions accordingly. Ensure children know not to click on any links when playing games online. Many apps have a GPS setting that allows for others to see the child's location. Ensure this is turned off where it does not need to be turned on. Set limits on WIFI or phone time so the child is not going online without supervision.
- **Providing information.** Discuss online safety using age appropriate vocabulary. Ensure children understand that live streaming over video can be recorded, even if they do not know it is being recorded.
- **Being supportive.** If a child discloses online sexual exploitation, ensure they know that they are brave and did the right thing by telling a trusted person. This will help them understand that good things can come out of involving an adult.

Children aged 12-17 years old:

- **Being involved.** Finding balance between online supervision and not invading a youth's privacy can be challenging. Adults should be as involved in the youth's online personal life as they are in the youth's offline personal life.
- **Providing information.** Advise the youth to be wary of tactics others may use to manipulate them into sexting. These tactics can include flattery; being pitiful to try and gain a sympathetic response; sharing sexually explicit material in an attempt to normalize the behaviour; persistence; threats; and deception such as hiding their true identity. Ensure youth know that distributing nudes is considered distributing child pornography and is against the law. Make sure it is understood that this means the youth cannot distribute naked photos of their peers and that their peers cannot distribute naked photos of them.
- **Providing practical tactics.** Share the 'grandma rule' with youth. This rule suggests that no one should post anything online that they would not want their grandmother (or future boss, future in-laws, beloved mentor, etc.) to see. Inform the youth of the 'blame the caregiver' tactic (e.g. "I can't send that. My [caregiver/mom/dad] goes through my phone every night").
- **Being relatable.** Share stories found online and - if comfortable to do so - personal experiences with the youth to show that online exploitation is real, dangerous, and can happen to anyone if precautions are not taken.

The following resources may be beneficial for service providers to recommend to children and youth to teach them about online safety as well as provide them with a place to turn if they are currently experiencing internet child exploitation:

- Cybertip.ca - Use to report child internet exploitation directly. Provides information and many resources on internet child exploitation, categorized by age group.
- Needhelpnow.ca - Use to report sextortion directly. Provides information on internet exploitation and recognizing when things have gone too far, how youth can request images/videos be removed from websites, and tips for involving a safe adult.
- Dontgetsexorted.ca - Use to provide education on sextortion, ways to avoid manipulation tactics, and what to do if it has occurred.
- ProtectKidsOnline.ca - Use to report information on online risks and solutions, categorized by age group (ages 5-15).
- Protectchildren.ca - Use to provide information on internet child sexual exploitation and direct support for families, service providers, and survivors.
- Zoeandmolly.ca - Use to teach young children (ages 8-11) about the risks of online exploitation and how to handle it through comics, games, and quizzes.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Online Child Sexual Exploitation During COVID-19: Protecting Children and Youth Against the Risks of Virtual Communication

Protecting Children in Out-of-Home Care

The Bottom Line

COVID-19 has had many impacts on children and youth in care, which may contribute to trauma layering, and when prolonged can worsen mental health. Responding to these as early as possible to address current impacts and prevent future impacts is essential in supporting positive mental health. The emotional, relational, and physiological needs of children and youth are usually met through social connection and access to family and culture. During COVID-19, service providers with a connection to child welfare must be creative and determined in their efforts to protect, maintain and increase young people's connection to family, community, culture and language now, and after the pandemic.

Possible Responses to Protect Children in Out-of-Home Care

The following possible responses will support the physical safety of all children, youth, and staff should there be a need for a child to enter into interim care during COVID-19 or future Pandemics:

- ***Maintaining connection with family.*** Non-physical contact should be made between the separated child and their family members whenever possible (e.g., across the fence visits, phone calls, video calls). A child may want to bring a reminder from home with them to their residential care setting. Sanitize before arrival and keep the item with them.
- ***Providing information.*** Clear safeguarding protocols should be explained to caregivers, children, and staff. A referral system should be clearly identified should the child become sick and need to be treated or quarantined.
- ***Increasing sanitization and safety protocols.*** Each child should wash their face and hands for 20 seconds upon arrival and frequently thereafter. Their temperature should be taken and they should be screened frequently for symptoms. Hand lotion should be kept near the sink to avoid painful dry hands, which may prevent children from washing their hands effectively. Frequently touched surfaces should be disinfected regularly, and the facility should be entirely disinfected twice daily. Ensure enough space between beds and alternate use of play spaces between sanitation. Increase ventilation, physical distancing, PPE, and outdoor interactions. Reduce prolonged, close contact, indoor interactions when possible.
- ***Being aware of increased risks.*** Inquiries should be made into the child's medical history to establish if there are any conditions that may make them more susceptible to the effects of the disease, including any health conditions and/or pregnancies in young girls.
- ***Reducing feelings of isolation.*** If a quarantine in residential care is necessary, it is recommended that children with similar time periods of isolation be grouped together if there is more than one resident in need of quarantine.
- ***Providing individual materials.*** Each child should be provided with their own basic hygiene materials. These may include bars of soap, towel, toothbrush/toothpaste, shampoo, and dining kit with glasses, plates, and silverware. The child should be allowed to take their personal belongings with them when they leave residential care.

The following are possible responses governments may consider to benefit service providers and families within child welfare, specifically children and youth in out-of-home care:

- ***Giving service providers the tools they need.*** Child welfare and protection services should be designated as essential services. They should have the flexibility to be creative in arranging visits for children with parents and significant others. Registered social workers should be permanently included as mental health practitioners in the Public Service Health Care Plan. This will allow continued and proper support of individuals and communities in the recovery of mental, social, and health consequences of COVID-19.
- ***Providing necessities to individuals.*** Costs of technology for children, youth, families and Elders should be covered so that significant connections can be maintained (tablets,

cellphones, laptops, wi-fi). Ensure all young people in and from care receive support for mental health, housing, basic needs, and maintaining social connections.

- **Providing necessities to service providers.** Service providers and communities should receive more funding to offer free accessible online mental health support, including access to Elders and counselling. Human Rights Tribunal rulings should be complied with and the inequitable funding of First Nations Child and Family Services should immediately end so they can more effectively meet the needs of children, youth and families.
- **Aging out of care.** Ensure no young person transitions out of care during the pandemic.

The following possible responses are ways service providers involved in child welfare can support the well-being of children in care in addition to the support governments can provide:

- **Providing opportunities for connection.** Protect, promote, and create space for significant family and cultural connection for all children and youth. Particular attention should be paid to those overrepresented in child welfare (First Nations, Métis, Inuit, African Canadian, LGBTQ2S+ children). Create environments where youth and their families can connect while adhering to physical distancing, PPE, and public health guidelines. Provide opportunities for frequent personal connections (via phone, text, online chat or video conference, sending and receiving care packages/letters). Conduct in-person consultations—outside if possible—whenever feasible, following social distancing/PPE guidelines.
- **Recognizing increased risk.** Understand that COVID19 may exacerbate social issues for the LGBTQ population (Salerno et al., 2020). Increased isolation measures may negatively impact the mental health of LGBTQ populations. This is because LGBTQ individuals may not be able to be their authentic self at home due to unsupportive or unaccepting families (Salerno et al., 2020). Recognize the significantly higher potential for trauma layering with youth in care and practice a trauma-informed approach.
- **Exceptions involving reunification.** Provide children and youth approaching family reunification with the opportunity for an extended in-home family visit. This is especially important for young children, mothers and fathers, who are at increased risk of trauma from prolonged separation.
- **Being creative.** When services are limited, encourage creative solutions such as healing through connection to the land and to others to increase protective factors; anxiety management techniques (e.g., grounding, mindfulness, yoga); and self-care.
- **Letting youth lead.** Organize youth-suggested or youth-led indoor, socially distanced activities (e.g., distanced reading, movie watching, alternating play spaces between sanitization, workouts, technology connection) and outdoor activities (e.g., scavenger hunts, bike rides, walks, yoga). To revive feelings of joy and reduce grief, provide things to look forward to, such as pizza Fridays.
- **Reducing COVID-19 stigma.** Stigma-free language encourages children to tell a trusted adult if they are feeling unwell.

- **Supporting all youth in and from care.** Reach out to youth who have aged out of care and provide them with support needed to stay connected to loved ones, culture, and community. Sustain and provide support, such as housing and income support, relevant to individual needs. Reach 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 to stay connected to their peers. Ensure accountability measures are in place so no child gets left behind and is provided frequent and significant methods for connection.
- **Advocating for youth in and from care.** Maintain encouragement and advocacy for forms of care permanency for youth during COVID-19 to assist with their transition after the pandemic is over.
- **Good record keeping.** Keep record of services accessed within your agency to assess the differences between before, during, and after COVID-19. This will better inform future research, policy, funding, and guidance for provincial reopening plans. It will also aid in preparing for future waves of COVID-19 and other Pandemics.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Interim Care Protocols for Service Providers During COVID-19
- Guidance for Service Providers: Enabling Significant Connections in the Context of COVID-19
- Impacts of COVID-19 on Children and Youth in Care
- Guidance for Governments: Supporting Significant Connections in the Context of COVID

Protecting Youth Transitioning Out of Care

The Bottom Line

Many youth in care have experienced immense trauma in their lives. This can lead to consequential risks once youth have aged out of care and are no longer receiving consistent support. Youth report that changes need to be made while they are in care and after they have aged out of care to increase protective factors. COVID-19 has amplified these consistent risks for youth aging out of care. An extended moratorium on youth aging out of care has increased protective factors needed to support youth during this time.

Possible Responses to Support Youth Transitioning Out of Care

The Child Welfare League of Canada, Youth in Care Networks, and other youth in care advocacy organizations from across Canada sent out a series of letters to all corresponding governments

beginning on March 23, 2020. These letters contained calls to action to receive government support for youth transitioning out of care during COVID-19. The synthesized calls to action were:

- Immediate and indefinite suspension of legislated age cut-offs for youth reaching the age of majority.
- Immediate provision of free mental health supports and the opportunity to maintain familial and cultural connections.
- Communication with youth who have recently aged out of care and ensure the provision of support, with no eligibility criteria.
- Acceptance of all youth in and from care into housing.
- Working with youth-in-care networks and national partners to develop policy and practice guidelines for every province and territory for fully supported transitions out of or within care.

With many youth in care advocates requesting a moratorium on youth aging out of care during COVID-19, the response was generally well received throughout Canada. The following chart depicts the moratorium regulations within the Prairie provinces:

Alberta	Saskatchewan	Manitoba	First Nations Peoples
<p>Agreed to a moratorium on youth aging out of care ending on June 30, 2020.</p> <p>The moratorium agreed to was extended after its expiration, but ended in September 2020.</p> <p>No further plans have been announced as of October 19, 2020.</p>	<p>Agreed to the moratorium for youth who were scheduled to age out of care on March 31, 2020.</p> <p>The moratorium agreed to was set to last until June 30, 2020.</p> <p>On June 29, 2020, the moratorium was extended until January 5, 2021.</p>	<p>Agreed to the moratorium within the first week of April 2020.</p> <p>The moratorium is inclusive of youth who were scheduled to transition out of care starting March 20 and ending September 30, 2020.</p> <p>After the moratorium expired, an extension was agreed to and the moratorium is currently planned to end in March 2021.</p>	<p>There is a federal moratorium on First Nations youth aging out of care during COVID-19.</p> <p>This moratorium is currently set to expire in March 2021.</p>

(Child Welfare League of Canada, 2020)

The following possible responses are ways service providers involved in child welfare can support youth while they are in care and after they have aged out of care to make the transition out of care as simple as possible. These responses have been created by youth who have aged out of care themselves:

- **Supporting online forms of connection and community.** Internet access should be a right and not a privilege for youth in and transitioning out of care. For many, it is a vital resource for mental health and well-being.
- **Investing in interests, talents and strengths of youth.** Create opportunities to practice them to increase confidence in and out of care.
- **Reducing restrictions for animal companions.** For many, pets can offer a type of unconditional love that may be foreign to youth in care. Barriers to obtain a therapy animal certification as well as to find housing that allows the youth aging out of care to have pets should be removed.

- ***Easing access to land, culture and spirituality.*** 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 experience of transitioning and after they transition out of care.
- ***Expanding the definition of family.*** Include people who are not blood related so youth may have visitor access to a long-term support system.
- ***Decreasing the clinicality of separation.*** If siblings must be separated, ensure there is a natural rather than clinical environment to spend time together to diminish feelings of resentment from the separation and to ensure they keep the long-term connection of kinship.
- ***Using trauma-informed practices.*** Reduce crisis-focused mentality and expand on genuine restorative interest of the youth's dreams, goals, and mental health status.
- ***Supporting youth-centered decision-making.*** Youth should be involved in decision making where their needs are heard, believed, and advocated for. Often, decisions about youth are made without their voices.
- ***Fostering 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.
- ***Providing additional time.*** Doucet (2019) requests the age of transition be moved to 25, as youth require more time to become adults just like their peers who on average live with family up until age 29.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Risks Facing Youth Transitioning Out of Care During COVID-19
- Moratorium on Youth Transitioning Out of Care in Canada
- ***Supporting youth unconditionally.*** This would benefit many youth from care who fall through the cracks when unable to meet an extended array of criteria to be eligible for support.

Protecting People from Gender-Based Violence During COVID-19

The Bottom Line

Intimate Partner Violence (IPV) has increased during COVID-19. Violence against women (VAW) shelters are concerned about families suffering in isolation and the sustainability of service provision with capacity, funding, and service restrictions

Young gender diverse people are most at risk for pre-existing and new COVID-19 related forms of gender-based violence. It is important for service providers to increase outreach, share information about risks and potential manipulation tactics, and develop safety plans for gender diverse individuals.

Possible Responses to Protect People from Gender-Based Violence

Advocates for the removal of gender-based violence from across the globe have been noticing the increase in violence against women and girls, many referencing the increase as a “shadow Pandemic” (UN Women, 2020). The following possible responses highlight ways service providers can support the safety of women and girls at risk of gender-based violence during and after COVID-19:

- **Providing information.** Service providers should keep young people informed of the risks associated with isolation, such as virus-related threatening, trauma-bonding, and online sexual exploitation.
- **Reassessing risks.** More frequent contact may need to be made with groups that have historically been more vulnerable to gender-based violence. Risk assessments may need to continuously occur so support needs can be appropriately met.
- **Safety planning.** Service providers may need to assist in developing a safety plan should there be a need to flee a violent situation. Depending on the situation, a safety plan may include:
 - Creating and sharing a safe word or signal with a friend, family member, or service provider with the intent that typing or saying this word via text message, phone call, or video chat will imply a need for immediate help.
 - Communicating with others on a daily basis with the intent that if communication does not occur one day, trusted people will know to further investigate safety.
 - Making note of safe places to escape, such as unlocking a window in the basements.
 - Memorizing the name, number, or location of an involved case worker and/or local crisis shelter should emergency assistance be required.

Violence Against Women (VAW) shelters across Canada - especially in the Prairies where many people may live in rural and remote areas of their respective provinces - have been noticing an increase in reports and severity of Domestic Violence. Contrary to this evidence, many VAW shelters have noticed less women and children accessing their services due to their capacity restrictions and/or women being isolated with their abuser and unable to contact support. The following possible responses may be beneficial for service providers to participate in to support women and children to access shelters as well as feel safe during their stay at the shelter when fleeing abusive situations during COVID-19:

- **Increasing funding.** Sixty-four percent of VAW shelters across Canada do not receive an annual cost of living increase from government funders (Canadian Association of Social Workers, 2020, May 15). Advocating for an increase in governmental funding is especially needed with the adaptations necessary to sustain services during and after COVID-19.
- **Being creative.** Develop creative ways people can connect with services, such as having an ‘emergency escape’ button on online platforms, a safe word to text for help, and available chatlines. Use alternative communication platforms for outreach, such as Zoom, Facebook, Skype, or writing letters for those without access to technology. Reallocate staff to new communication platforms and to be available during hours with increased calls (e.g. overnight).
- **Increasing virtual privacy.** Ensure those accessing services have access to private and confidential online platforms as well as loaned out technology to communicate.
- **Providing virtual distractions.** Provide distractions and private outlets that may be used for accessing help. This is especially important when children are involved. To help families isolate successfully, include the provision of Wi-Fi, television, and technological devices such as tablets for education, communication, and entertainment.
- **Providing socially distanced distractions.** Plan games and activities for children, indoor scavenger hunts, art kits, and family mural designing; virtual group activities such as trauma-informed yoga and art classes via Zoom; and special opportunities such as pizza delivery on Fridays.
- **Supporting distancing within shelters.** Utilize alternative locations such as empty housing units or hotel rooms to spread out occupants and reduce community transmission. Saskatchewan and other provinces have made this option available to shelters. Within VAW shelters, restrict, rotate, and designate the use of common spaces; increase cleaning and hygiene protocols; and provide meals to reduce kitchen use.
- **Increasing safety while distancing within shelters.** To make women feel safer away from the shelter, some strategies include: providing women/families with panic buttons and cellphones; providing groceries, food, and if possible a suite with a kitchen for the family; providing virtual check-ins on a daily basis; and having a staff member stay in a room close by so there is someone available onsite.

Theme 4: Communication

During COVID-19, the importance of communication in many forms emerged as critical during the rapid pivot to online interactions, delivery of services, and education.

The literature has shown that many children and youth have experienced difficulties understanding COVID-19, and its dramatic impact on their routines, activities, and social interactions. Additionally, communication through family and other social contacts has been especially critical for children in care, who are experiencing increased isolation and loneliness. Though promising, the shift to tele-health and virtual counselling have revealed inequities in access to the technology required for virtual communication, and the lack of infrastructure in many rural and remote communities in the Prairies.

For others, the increased availability and use of technology has meant extended periods of unsupervised access for some children and youth, which have increased the risks for increased online predation. Though communication technologies have so much to offer, and may be a positive factor in maintaining social relationships for children and youth (Guessoum, 2020), social and other media may be a detriment to children and youth, including exposure to 24-hour cycles of frightening news, misinformation, and bullying.

As such, governmental leadership will be important in ensuring that vulnerable children are protected during COVID19. Green (2020) noted that governments will need to have child welfare as a priority and will need to give it the same attention as the public health problems related to the pandemic. Tele-health access will need to be provided to monitor the safety of children in remote locations, (Bradbury-Jones & Isham, 2020). As well, communication between various community organizations will be seen as helpful to meet the needs of at-risk children (Campbell, 2020).

Strategies for Communicating with Children and Youth

The Bottom Line

With increasing access to technology and social media for children, it is important to speak with them about COVID-19 to ensure they are receiving correct information. While children require age-appropriate information, it is also important to be open, direct, and honest to keep lines of communication open. Conversation, and naming anxieties and fears can support children to feel more balanced while they experience uncertainty.

Aspects to Consider When Speaking to Children and Youth About COVID-19

The following possible responses are things that may be beneficial for service providers, caregivers, and parents to keep in mind when speaking to children about COVID-19:

- ***Creating times and opportunities for dialogue.*** It is exceptionally important to keep the lines of communication open. Supporting children as they inquire and learn more about the pandemic and the emerging realities will foster a sense of agency.

- ***Inviting and encouraging question-asking.*** This ensures dialogue while simultaneously offering the opportunity to dispel any misinformation children can glean from other sources. Questions should not be avoided, and adults should know that it is okay to not have all the answers, and explaining this truthfully models how to navigate uncertainty in regulated ways. As more and more information become available, sharing this information will establish a spirit of inquiry and understanding.
- ***Developmentally appropriate responses.*** Too much information, or information that is not suited to the age-group might overwhelm a child or even a youth. Giving ample opportunities for them to ask questions, and respond in age and developmentally appropriate ways will ensure that the information shared is understandable, relevant, and helpful. It is suggested to use simple language first to ensure the child understands. Also, it is suggested that inviting children to speak about what they have heard and what they want to know will support an adult to shape appropriate responses that will shift frightening and possibly incorrect information.
- ***Honouring, not silencing, anxieties.*** COVID-19 has created a period of significant and ongoing uncertainty, which often results in anxiety. It is important for everyone to recognize and name their anxieties. It is also important for adults to model regulated behaviours. Equally, in striving to comfort children, it is important for adults to remember not to negate their feelings, experiences, and emotions, by trying to avoid statements such as: “you don’t need to worry” or “you don’t need to feel that way; everything’s going to be ok”. These types of sentences do not affirm children and can make them wonder if how they are feeling is wrong.
- ***Drawing on what is tangible.*** It is recommended that adults try to offer some sense of stability and safety by reminding children what they CAN do to keep themselves safe (hand washing, not touching their faces, and physical distancing), and what is being done by others around them to keep them safe.

Possible Responses When Speaking to Children and Youth About COVID-19

Anxiety-Reduction Communication. While the following dialogue is applicable to all caregivers, children being cared for by an essential service provider may be experiencing heightened anxiety knowing there is a greater possibility their caregiver(s) may be exposed to COVID-19. The following possible responses are direct dialogue that **service providers with children** could use to speak with their children about COVID-19:

- ❖ “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.”

Audience-Specific Communication. The following possible responses are dialogue that may be used by all **caregivers with their children and youth**, regardless of their line of work:

- ❖ “Right now, on the news and all around us, there is a lot of talk about this 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”
- ❖ “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.”

Developmentally Appropriate Approaches to Communication. While speaking to children about COVID-19 follows the same guidelines, the conversation may look different depending on the **developmental age of the child**. For younger children, caregivers can encourage hand washing and physical distancing by making a game out of it. Strategies that work for general anxiety work here as well. Generate alternatives to worried thoughts using Realistic Thinking skills, such as asking your child what else could happen instead of their worried thought.

The following possible responses are dialogue that may be used with **younger children who are having a difficult time with social restrictions**:

- ❖ “It’s normal and totally ok to feel anxious. Let’s give our anxiety a name such as Worry Bully, Mr. Worry or Worry Dragon” (We have created a Poster for service providers to use with younger children to explain the anxiety they may be feeling during COVID-19 called, “Go Away Mr. Worry!” Please see the Digital Connections Hub for this poster)
- ❖ “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.”
- ❖ “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 “Hand washing 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 than 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!?"
- ❖ "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"
- ❖ "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'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."

The following possible responses are dialogue that may be used **with older children and youth that are having a difficult time 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."
- ❖ For older children, showing them the graphic modelling of transmission, and the science/reasoning behind the restrictions can support their adherence to them. Asking them "what do you want to know about why we are doing what we are doing?" might support valuable dialogue.
- ❖ "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 social media 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.)."

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Talking to Children About COVID-19: Concrete Suggestions for Dialogue

Virtual Communications

The Bottom Line

Learning how to foster connection through tele-communication is useful and practical knowledge that grew out of necessity during COVID-19 that will continue to develop in the future. As such, service providers can continue to meet the needs of those who access services, while adhering to the provincially-mandated medical/health restrictions in place. Functioning virtually has also opened new possibilities for creating and sustaining human connection in rural, remote and Indigenous communities. It was, however, not possible overnight. Much work had to be done in relation with appropriate, approved, and secure systems, functionalities, access, and potential liabilities. The bottom line is that the necessity of a rapid pivot to online service provision, while difficult in its inception, has extended, even geographically, the opportunities for that provision now and into the future.

Possible Responses to Support the Advancement of Virtual Communication

Technology has been and will continue to be a necessary function for building and sustaining connection through communication for the foreseeable future. There are many benefits to virtual communication; however, these do not come without some risk. The following possible responses are solutions that may be beneficial to undermine potential concerns with tele-communications:

- **Updating liability insurance and consent forms** to include the provision of online practice. Within consent forms, include the procedure of how the communication will take place, risks that inevitably come with online communications, and a request for updated contact information.
- **Developing an emergency plan** that will occur should a person accessing services be in immediate danger. This may include having clients' addresses on hand and having a safe word or gesture that implies someone else has walked into the room out of camera view and changing the subject immediately.
- **Decreasing the risks** of video deficit with young children, using a back and forth communication style. This would look similar to the speak, listen, respond model used in the show "Dora the Explorer". This will help young children stay present in the interaction.
- **Developing play-based times together** will support young children communicate at their best through play. The best response will come from a young child through the use of games, play, and movements even when communicating virtually.
- **Communicating with caregivers** through tele-communications 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. As

a service provider, be prepared to deal with these behaviours to ensure the connection stays on track.

- **Normalizing the dysfunctions** that can occur during tele-communications will shape a lighter tone during tele-communications.
- **Ensuring optimal telecommunications.** For example, for video chats, ensuring good lighting by facing a window or light; having an eye-level camera setup, and a distraction free background (e.g., no photographs, no triggering voices that are not yours in the background, etc.) will support and enhance the experience.
- **Ensuring everyone involved knows the agenda** of how the video chat will take place beforehand. In supervising parental visitation, the context of goodbyes is especially important to go over to provide closure when there is no physical contact available.
- **Following the lead.** If the child or youth would like to do or talk about something other than what you planned, follow their lead. It is better to keep them invested in the call to foster genuine connection over sticking to a plan.
- **Throwing.** If service providers are feeling anxious about using technology to communicate with children, one method that has shown success in allowing service providers to feel more comfortable and prepared with virtual communication is “throwing”. This is when two service providers chat over video conference, switching roles where one person pretends to be a child or an adolescent. Their job is to make the call as difficult as possible for the other service provider (e.g., not responding to questions, ending the call or having the technology malfunction, leaving the room, becoming emotional, etc.) so they are well prepared to deal with any situation the youth may throw at them.
- **Planning activities to do and ways to counter negative experiences** before they manifest. Things like preparing online games to play, stories to tell about your day to spark conversation, interview questions to ask, etc. may help the session run a lot smoother.

Other Considerations to Support the Advancement of Virtual Communication

- **Bandwidth:** While using a platform for virtual communication, ensuring optimal bandwidth by not streaming or using excess Wi-Fi during sessions.
- **Networks:** Private paid networks offer better computer security as they are encrypted. Also picking a software with readily available tech support can support optimal experiences.
- **Privacy Laws:** Additionally, choosing a Canadian management system, as it will already operate by Canadian privacy laws.
- **Appropriate software for service providers practicing tele-health** during COVID-19:
 - *Email Software with Extensive Security:* Hushmail; G Suite; Pronto Mail.
 - *Video Software:* Examples of free and secure video software include Doxy; Vsee; Microsoft Teams; G Suite, and; Skype for Business. Medeo is a video platform made for physicians by physicians. Zoom (Healthcare) is made for healthcare workers with extensive privacy requirements. This costs \$200 a month with up to 10 people able to join the plan.

- *Practice Management Systems: On Call; Noustalk, and; Jane.*

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Virtual Communications in Child Welfare
- Switching to Tele-health Communications for Social Workers

Theme 5: School and Education During COVID-19

Schools are integral in shaping children and youth's social, emotional, psychological, and



educational well-being. It has been estimated that 80% of children worldwide have been affected by school closures (Van Lancker, 2020).

Schools have also long been known as sites where children and youth disclose some of the harmful situations in which they find themselves. When schools shut down in March 2020, the number of reported disclosures and incident reports decreased dramatically. This was not an accurate reflection of the experiences of children and youth, as evidenced by dramatic increases in calls to children's help lines. School closures were having significant impacts on many aspects of their lives, most importantly the ability to monitor and protect children from potentially abusive, neglectful, and harmful situations.

Another impact was two-fold: school shut-down foregrounded the inequities of access to the technologies required for remote learning that many students experienced, which further compounded the educational gaps (now called the ‘COVID slide’) that many children and youth were already experiencing.

Indeed, scholars are concerned that children from lower socioeconomic groups will be disproportionately affected by school closures, and that the literacy gap for this group may continue to widen (Raman et al., 2020; Van Lancker, 2020). For children reliant on breakfast or lunch programs, food security was also severely impacted by school closures (Golberstein et al., 2020; Van Lancker, 2020).

Finally, the change in routine, lack of access to educational assistants and school-based counsellors has been extremely disruptive to the routines and therefore progress of many children and youth with learning and/or behavioural challenges. While we are only beginning to understand the longer-term impacts of school-closures on children and youth, they are undeniably a significant aspect of the experiences of vulnerable children and youth in the midst of COVID-19

Direct Impacts of School Closures

The Bottom Line

The impacts of school closures on all children, and particularly on children in vulnerable situations cannot be underestimated. The impacts range from food insecurity, to an upheaval of routine, to increased exposure to abusive adults and/or situations, to increased learning inequities and gaps, etc. Online learning can be especially difficult for children and youth experiencing mental, cognitive, or socioeconomic barriers, resulting in many experiencing gaps in their education since March 2020. Additionally, the closure of schools removed a prime site for abuse disclosure.

Possible Responses to Protect Children During School Closures

The following possible responses are for service providers and caregivers to support children and youth meet their highest potential should they still be learning remotely or should schools revert back to remote learning for all students:

- **Ensuring food security.** As one possible solution to support students during remote learning is to do as some school boards did in the Spring of 2020, where they teamed up with local food banks and community organizations to deliver food hampers and school work to food-insecure families and to those without access to technology. Counsellors were also checking up on students where possible through telecommunications, and teachers knew who to turn to, in order to suggest the need for some kind of intervention. Ensuring food security for children has been an important aspect of school closures (Golberstein et al., 2020; Van Lancker, 2020).
- **Providing the necessary technology and infrastructure to all.** Many governments have been advised to cover costs of technology for those without access. Some organizations (e.g. CPS Saskatchewan) have made strides to do this for families. The provision of technology and ensuring all families are receiving resources and individualized support may reduce service gaps, educational gaps, and learning gaps. Additionally, this provision can support the connectivity and thus the mental health of children and youth in rural, remote and Indigenous communities. Van Lancker (2020) reported that teachers will need to be innovative in developing learning materials for children who may not have access to technology. Governments may also have to assist families in lower socioeconomic situations financially so that these families are able to access online learning (Van Lancker, 2020).
- **Focusing on child protection.** To reduce the risk of child maltreatment when school personnel are not able to supervise children throughout the day, consider collaboration with non-conventional partners to increase the protection of children in any way possible. These partners may include service providers in other fields (e.g., mental health, income

assistance, addictions), postal workers, garbage collectors, extended family, neighbours, and others with frequent access to children.

- **Establishing new routines.** Self-care and sticking to a routine are vital for supporting positive mental health and restoring normalcy. Students may want to be creative with learning, connecting, and self-care routines. It is important for students to reduce pressure and expectations; seek out peers to work with virtually; and search out distance learning opportunities.
- **Striving to foreground safety.** The return to school in Fall 2020 foregrounded new and pre-existing social anxieties. Students, teachers, and staff were being asked to return to a space that for 6 months they had been told was unsafe, and that, if they didn't adhere to new measures would continue to be unsafe. Having conversations with children and youth about what they have been hearing about COVID19 and answering any questions or concerns they may have will help mitigate these anxieties. Discussing not only why restrictions were put in place, but also why restrictions are now being lifted, alongside how others (including you) are working to keep them safe are invaluable ways to mitigate.

Indirect Impacts of School Closures in the Midst of Re-Opening and Beyond

The Bottom Line

While severe cases of COVID-19 rarer for young people, the systemic, physical, mental, social and academic effects of COVID-19 are having a great impact on children and youth. Contact and communication with children and youth in vulnerable contexts, caregivers and families, and the provision of information, resources, and creative support strategies can mitigate these potential impacts. As school re-open and navigate the tumultuous winter, it will be imperative to understand and address these indirect impacts as classrooms and schools close and re-open in response to positive cases, particularly for children and youth in vulnerable context as this lack of stability and predictability, and the associated lack of safety, can be exceptionally difficult. Equally, cross-sectoral support should be encouraged to support the protection and safety of children and youth.

Possible Responses to Support the Learning Recovery of Children

The following are possible ways service providers, caregivers, teachers and parents can support children and youth with their learning recovery:

- **Focusing on the whole child.** Attention should be paid to children's social, emotional, and mental health needs in addition to their academic needs. Attention should also be paid to each child's outside-of-school contexts and how their COVID-19 experiences might be

shaping their behaviours and anxieties upon returning to school. The literature shows that expecting a simple return to a pre-pandemic normal can be harmful to children.

- **Understanding inequities.** Recognizing the relationship of privilege with normative understandings of academic success and how COVID-19 may be impacting the learning of many students can support attention to the often-intersectional vulnerabilities in the experiences of children. Simplifying the curriculum to support confidence during learning recovery will support many, if not all, children and youth.
- **Foregrounding thoughtfulness and intentionality.** As school and classroom policies and practices will continue to shift in response to increased confirmed cases, the development of carefully orchestrated remote and technology-based learning strategies for all children and youth, particularly those in vulnerable situations, should occur in preparation.
- **Encouraging interpersonal, intersectoral approaches.** While the adage ‘it takes a village to raise a child’ has long existed, a move toward creative communication with all those involved in supporting a child/youth’s life should be also increased.
- **Valuing that learning can occur in a variety of ways in a variety of contexts.** Learning can take place in different environments in addition to school. Learning through the land (e.g., learning the names of birds, plants, and clouds, learning new physical abilities and skills), through interaction (e.g., numbers, new words, reading, art projects, gaining confidence in a new skill or passion), and through media (e.g., educational TV shows, movies, games, and Google searches) may be useful in filling in any learning gaps resulting from the switch to online school.

Possible Responses to Support all School Stakeholders

The following possible strategies may be used to support in-person and remote learning to allow the children and staff to feel emotionally and physically safer:

- **Openness, honesty, and transparency** with colleagues, parents, children, youth, families, caregivers, social service providers etc., about the risks, safety precautions, policies, and the shifts within will minimize much of the anxiety that can surface from ‘not knowing’ or from feeling ‘kept in the dark’. Ongoing dialogue among stakeholders will foster trust and a sense of collectively navigating unprecedented circumstances.
- **Creative and play-based approaches for younger children.** For example, using hula hoops for seating to keep children at a distance from one another. Other mitigation tactics include plexiglass between children during nap time, providing baggies for children to put their own items in (e.g., playdough, scissors, markers, small toys, etc.), and taking advantage of outdoor learning environments.
- **Modelling the desired behaviours and responses.** Children will be looking to people in authority for guidance. Adults normalizing mask wearing, physical distancing, and proper ventilation will support children and youth to do the same. Equally minimizing any kind of

mask-shaming behaviours will support the safety of all those trying to follow the rules. and correct PPE shaming among peers.

Knowledge Products on the Digital Connections Hub Informed by This Theme

- Indirect Pandemic Risks for Children and Youth
- Impacts of School Closures
- Saskatchewan Back-to-School Guidelines



Evaluation

Evaluation of this project is an on-going process in light of its evolving nature and its planned continuation beyond the CIHR support period. As the objective of our project was to facilitate access to evidence-based, synthesized information that would support service-providers, we wanted to ensure the perspectives of stakeholders were included in the initial and interim phases. Thus, we have included four strategies for evaluation: (1) survey of stakeholders early on to identify user experience and any ‘bugs’ on the website; (2) ongoing, brief survey of website users, embedded on each resources page to provide demographic profiles of users, service needs, and identify strengths and needs for the website; (3) Google Analytic metrics to obtain weekly and overall website traffic information; and (4) a future focus group of stakeholder users to obtain a more in-depth perspective of the site contents and navigability.

- (1) Stakeholder survey:** A month after the site launch, our stakeholder email list was invited to participate in an online survey to get a sense of their work-related challenges experienced during COVID-19, and perceived strengths and needs of the site. To date (5 days post-invitation) we have received 21 responses from a variety of stakeholder backgrounds. They identified client issues such as isolation, triggered mental health issues, financial strains, and increased substance use and stress, as well as school attendance. Most of these echo findings from our knowledge scan. Positive feedback regarding the site included the clean and attractive look and feel of the site, the navigability, and the wealth of resources. Suggestions for improvement included ensuring proper links (one was incorrect), and a request for information on Indigenous resources (these were just recently added). The vast majority would recommend the site to other users; the two respondents who indicated they would not recommend the site did not explain why.
- (2) Brief website survey:** Embedded in all of the resource pages is an invitation to a brief (<5 minutes), anonymous, online survey that includes demographic information, user needs and perceptions of the site. To date we have received 12 responses from site users. The feedback has been positive, with comments pointing to the attractive “beautiful” look of the site, its navigability and search button functionality, the informative and comprehensive nature of the material, the printable hand-outs, the knowledge separated by topic, and the respectful format for including Indigenous resources. While two participants indicated they would not recommend the site to others, they did not indicate why.
- (3) Website metrics:** Subsequent to the initial launch announcement in early October, website metrics had inadvertently been left out by the site developers, and so while we expected a large influx of traffic during those first two weeks, we do not have the analytics data to report for that period. According to Google Analytics, from October 1 to November 23, 2020, traffic increased steadily. There were 224 site visits, with an average of 21% first-time visitors and 79% returning visitors. The average time spent on the site per visit was just under 7 minutes, with a

total of 3,371 page views and approximately 7 pages viewed per session. It is important to note that while the site is not static, and we expect some users to return on a regular basis, the current format that enables users to download and share knowledge products that are of particular relevance to them may mean some users are more occasional than regular visitors.

(4) Stakeholder focus group: A focus group is planned for January 2021, comprised of a randomly selected population of stakeholders, to obtain in-depth feedback regarding the user experience and utility of the site and its contents.



Discussion

While a rapid proliferation of COVID-19-related information and resources continues, information specific to the child welfare system in the Prairies is much sparser. Much of what we found, synthesized, and mobilized can be used to support the well-being of children from many contexts, but it is imperative to acknowledge and address the unique contexts and experiences of children and youth in vulnerable and marginalized contexts. For many, this tumultuous time has exacerbated pre-existing circumstances and traumas.

It is important to recognize the interconnectedness of the five themes described in this report, particularly for those involved in the child welfare system. The rapid pivot in March 2020 to heightened isolation was detrimental for many children and youth, and for the workers who support them. Facilitating visits with birth families, friends, and relations was identified as essential, yet very difficult to achieve when the very health measures that were put in place to protect people from contracting COVID-19 were creating and sustaining potentially detrimental isolation.

To reference our themes, *Mental Health* challenges and *Substance Use* are often intricately connected, both exacerbated by isolation. During COVID-19, the critical need for increased *Communication* and connection was identified, especially for those experiencing mental health and/or substance use issues. This has required a re-imagining and development of new policies, procedures, and ways of connecting. With heightened stress and anxiety - resulting from job loss, illness, familial deaths, intimate partner violence, and maltreatment - the safety of children and youth was impacted in multiple and often intersectional ways. This included emotional, physical and sexual abuse and neglect, online sexual predators, and exposure to parental mental health and substance use issues. *Protection* thus became a central theme of this work, called a 'shadow pandemic' of COVID-19. This is due in large part to the closure of Schools, which are typically places for child observation and disclosure. Additionally, the closure of *Schools* impacted children and youth's access to learning experiences, food, clothing, and counselling - all of which aim to support well-being on a daily basis.

A preponderance of the literature we reviewed highlighted the unintended consequences of the increased prevalence of mental health issues in children due to COVID-19, termed another 'shadow pandemic'. Wong et al. (2020) assert that three demographics of children will be most adversely affected by COVID19: children with behavioural needs, children in foster care and children with complex medical needs. Most mental health problems begin in childhood (Golberstein et al., 2020), so it is imperative that service providers are able to manage the need during and after the pandemic. Courtney et al. (2020) also highlight that children are particularly sensitive to prolonged exposure to stress.

Each of these emergent themes drew on and from each other. They led us to shape evidence-based, trauma-informed knowledge mobilization products to support those in child-serving organizations that were synthesized and accessible from a single point of access, in ways that would help mitigate the profound impacts COVID-19 on children and youth in vulnerable contexts.

Challenges and Opportunities Identified

Here, we discuss some of the challenges and opportunities that became apparent as we conducted this rapid scan and knowledge mobilization initiative.

Time

Rapid Pivot

Challenge: Service providers, teachers, caregivers, and others, were already extremely busy before COVID-19. The shut-down in March 2020 forced an immediate pivot that required much learning, time, energy, flexibility and creativity from those entrusted with the care of children.

Opportunity: While difficult and demanding, the challenge offered the chance to consider and implement what had previously only been imagined as possible. Considering how to properly and effectively offer online services, education, and healthcare became a reality much more quickly than it might have otherwise. These changes may positively influence future interventions, especially for those in rural or remote communities who lack access to services.

Higher Caseloads

Challenge: Increased mental health and substance use issues, as well as potential increased rates of maltreatment and violence resulted in higher caseloads for providers trying to best serve those for whom they were already responsible.

Opportunity: This increase in demands for the services of social workers led to the call for their qualification as essential workers to ensure an impactful and rapid response to mental health and substance use concerns during and after COVID-19 and in future health crises.

Lack of Peer-Reviewed Research

Challenge: Early on, the availability of relevant peer-reviewed research was extremely limited. As the initial scan presented a *rapid* response to a rapidly evolving context, we also sought out what was publicly available nationally and internationally in the way of grey literature (reports, papers) and webinars, websites, and other resources that were rapidly being produced.

Opportunity: The speed with which many organizations were producing excellent work supported this synthesis and mobilization project. With careful vetting, we were able to understand the landscape as it was unfolding across Canada, and as peer-reviewed research became available we were then able to weave it into what we had accumulated. This gave us pause to question the length of the peer-review process as well as the ways in which this gap might be mitigated.

Building Reciprocal Relationships

Networking

Challenge: Time and isolation were also factors that shaped the degree to which we could engage in and build the relationships we had imagined at the inception of this project. Our consultation process with stakeholders had to take place solely online, while they were scrambling to meet the needs of their services users, adjust to working from home, and adjust to their own isolation. Though unsurprising, responses from our stakeholders were limited with regards to their needs and priorities for the scan.

Opportunity: In some ways, this offered us the possibility to develop and build new relationships with those who were more geographically distant. In addition, our small research team was located in two different cities in Saskatchewan, and so we were able to hire students in geographically distant places, which we might have considered possible pre-COVID.

Relationship-building with Indigenous Elders

Challenge: At the inception of this project, we had imagined building relationships in good ways with Indigenous consultants and leaders. Unfortunately, the typical connections that we would have drawn upon through our university were interrupted, as many Indigenous elders and knowledge keepers did not feel it was walking in a good way to meet virtually. Though we wanted to attend to the over-representation of Indigenous children and youth across the Prairies, we also wanted to attend to our relational and reciprocal responsibilities.

Opportunity: Because our team did not have the time required to build the relationships and engage in the relational ways we felt would be necessary, we decided to reach out to Indigenous organizations and ask permission to include links to Indigenous resources already created by Indigenous organizations and communities. We are foundationally committed to continue walking in good ways alongside the Indigenous organizations who are working to best support the children and youth in and of their communities, and the continued evolution of the *Digital Connections Hub* will reflect this commitment.

Prairie-Specific Information

Research and Resources Produced in the Prairies

Challenge: While we drew on some provincially-specific information, there is still a dearth of province-specific research and resources related to COVID-19 - particularly in the Prairie context, which our stakeholders have expressed having access to. Our unique contexts include our vast geographical spaces, the exceedingly high rates of police-reported intimate partner violence, and the exceptionally high overrepresentation of Indigenous children in care, among others.

Opportunity: We came to understand the broader impact our work might have by NOT focusing solely on a Prairie context. This opened up the possibility to weave both national and international

literature that we felt would best support Prairie children and youth in vulnerable contexts. The connectivity we saw and felt with other organizations in other provinces also opened up the possibility for new relationships and shared experiences.

Drawing our Team Together

Challenge: Team-building was challenging for us, not only because members were dispersed across the province, but also because we were unable to meet in person. In addition, some project tasks could have been completed much more efficiently without complete reliance on virtual communication.

Opportunity: Working virtually offered us multiple project and team management opportunities. Spreadsheets, team management software, document sharing programs and graphic design programs offered organized, coordinated platforms to produce high quality material and stay on track. Working virtually made twice-weekly team meetings via videoconference and other forms of communication feasible, which kept team members more connected in ways they may not have been otherwise.



Conclusion

COVID-19 has undoubtedly had deleterious impacts on children and youth in vulnerable contexts, as well as caregivers and service providers entrusted with their care. We shaped this scan, synthesis, and mobilization project using evidence and best practices to inform services that support the well-being of children. Reflecting our themes, we have come to recognize a strong movement on the part of the child-serving community to increase awareness of mental health, substance use, protection, communication and education for children and families. Innovative practices are being implemented, organizations are engaging in cross-sectoral collaboration, uneven access to supporters and inequities are being highlighted, and there is a movement toward a more integrated understanding of health. These are positive shifts that provide some optimism as we strive to best support children and youth.

While this report marks the conclusion of this project, it does not mark the end of our commitment to the *Digital Connections Hub*. We will continue to engage with stakeholders to grow the site, and to ensure its responsiveness to the emerging and shifting contexts of COVID-19. For example, our upcoming *Perspectives from the Field* section will showcase and support the experiences of practitioners and youth, and we are in the early stages of developing resources informed by and created for children and youth. Our aim is to include digital mental health toolkits and teacher and facilitator guides to reduce isolation and enhance connection, mental health, and resilience.

We would like to thank the Canadian Institutes of Health Research for supporting this very important pilot project. Our team looks forward to the evolution and expansion of the *Digital Connections Hub* site over the coming months and years.

Appendix A

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).

As of November 13, 2020, there were 52,487,476 confirmed cases of COVID-19 reported worldwide across 220 countries, with 1,290,653 deaths attributable to COVID-19 (WHO, 2020b). In Canada as of November 12, 2020, there were 282,577 confirmed cases and 10,768 deaths. In the Canadian Prairies, there were 50,624 confirmed cases and 554 deaths (Alberta-36,405 cases/393 deaths; Saskatchewan-4,437 cases/29 deaths; Manitoba-9,782 cases/132 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.

Appendix B

Information Briefs

All of the following resources can be found at: www.childtraumaresearch.ca using the search bar function, or by accessing the COVID-19 Resources by Topic tab.

Child Maltreatment (Part 1): Reporting Rates During COVID-19 (Brief; Poster; French Brief)

Child Maltreatment (Part 2): Potential Signs of Child Abuse and Neglect (Brief; Poster; French Brief)

Child Maltreatment (Part 3): How to Respond to Maltreatment Disclosures (Brief; Poster)

Child Maltreatment (Part 4): Regulations and Contact Information for Reporting Child Abuse in the Prairies (Brief; Poster; French Brief)

Children who are Differently Abled and COVID-19 (Brief; French Brief)

COVID-19 Resources (Brief)

Enabling significant Connection in the Context of COVID-19: Guidance for Service Providers (Brief; Poster; French Brief)

Enabling Significant Connections in the Context of COVID: Guidance for Governments (Brief; Poster; French Brief)

Gender-Based Violence During COVID-19: Risks and Safety Plan (Brief; Poster; French Brief)

General Strategies for Anxiety Reduction and Management for all Ages (Brief; Poster)

Go Away Mr. Worry! (Poster)

Harm Reduction Strategies for People who use Drugs (Brief; Poster)

Impacts of COVID-19 on Children and Youth in Care (Brief; Poster; French Brief)

Impacts of School Closures (Briefs; Poster; French Brief)

Indirect Pandemic Risks for Children and Youth (Brief; Poster; French Brief)

Interim Care Protocols During COVID-19 (Brief; Poster; French Brief)

Mental Health: What Adults and Caregivers are Experiencing and What They Can Do (Brief; Poster; French Brief)

Mental Health: What Youth Are Experiencing and What They Can Do (Brief; Poster; French Brief)

Mental Health of Service Providers: Experiences and Coping Strategies (Brief; Poster)

Moratorium on Youth Transitioning out of Care in Canada (Brief; Poster; French Brief)

Online Child Sexual Exploitation During COVID-19 (Brief; Poster)

Prairie Overdose Crisis and COVID-19: Pandemic Within a Pandemic (Brief; Poster)

Pregnancy During COVID-19: Risks and Health Guidelines (Brief; Poster)

Protecting Children During the Pandemic (Brief; Poster; French Brief)

Providing Psychological First Aid (PFA) Part 1: Supporting Children and Youth During COVID-19 (Brief; Poster; French Brief)

Providing Psychological First Aid (PFA) Part 2: Common Reactions to Stress in Children (Brief; Poster; French Brief)

Reducing Back-to-School Anxiety for Children During COVID-19 (Brief; French Brief)

Risks Facing Youth Transitioning Out of Care (Brief; Poster; French Brief)

Saskatchewan Back to School Guidelines (Brief; Poster)

Self-Care During COVID-19: Checklist for Youth, By Youth (Brief; Poster; French Brief)

Sex and Gender Diversity and Substance Use During COVID-19 (Brief; Poster)

Substance Use in Canada During COVID-19 (Brief; Poster; French Brief)

Switching to Tele-health Communications for Social Workers (Brief; Poster)

Talking to Children About COVID-19: Concrete Suggestions for Dialogue (Brief; Poster)

Trauma-Layering During COVID-19 (Brief; Poster)

Understanding Children's Grief During a Pandemic (Brief; Poster)

Violence Against Women (VAW) Shelters During COVID-19: Concerns and Adaptations (Brief; Poster)

Virtual Communications in Child Welfare (Brief; Poster)

Youth and Substance Use During COVID-19 (Brief; Poster; French Brief)

Appendix C

Search Terms

Mental Health	<p>“Mental health” OR anxiety OR “social anxiety” OR depression OR PTSD OR “mask anxiety” OR “back-to-school anxiety” OR isolation OR retraumatization OR “trauma activation” OR trauma-layering OR “allostatic load” OR “toxic stress” OR “trauma-informed care” AND COVID-19 AND Canada* OR Alberta OR Saskatchewan OR Manitoba OR Prairies AND children OR youth OR “youth who have aged out of care” OR “rural locations” OR caregiver* OR “grandparent* caring for grandchildren*” OR “older adult* as caregiver” OR “service provider*” OR “front line worker*” OR “healthcare worker*” OR “children with disabilities” OR “children who are differently abled” OR “children with autism” OR “children with developmental disabilities*” OR “people with [hearing/visual] impairment*” OR “women who are pregnant” OR “new Canadian*” OR “people of colour” OR LGBTQ or LGBTQ2S+</p>
Substance use	<p>“Substance use” OR “substance abuse” OR “substance misuse” AND COVID-19 AND Canada* OR Alberta OR Saskatchewan OR Manitoba OR Prairies AND youth OR caregiver* OR “youth who have aged out of care” OR “sex and gender diverse individual*” OR LGBTQ OR LGBTQ2S+ OR women* OR female* OR men* OR male* OR “gender-based violence” OR “substance related violence” OR overdose OR “harm reduction”</p>
Risk of Maltreatment	<p>Maltreatment OR abuse OR neglect AND COVID-19 AND Canada* OR Alberta OR Saskatchewan OR Manitoba OR Prairies OR “rural and remote locations” AND reporting OR disclosure* OR risk AND children OR youth OR “children in care” OR “child welfare” OR “children with disabilities*” OR “children who are differently abled” OR women* OR female* OR girl* OR (“gender-based violence” AND “safety plan) OR “violence against women [shelter*]” OR “internet child exploitation” OR “online child sexual exploitation”</p>
Communications	<p>“Virtual communication*” OR tele-communication* OR tele-counselling OR “tele-mental health” OR “tele-forensic interviewing” OR technology OR “talking to children*” OR “communicating with children*” AND COVID-19 AND Canada* OR Alberta OR Saskatchewan OR Manitoba OR Prairies AND children OR youth OR “children in care” OR “child welfare” OR “child protection worker*” OR “service provider*” OR caregiver*</p>
Education	<p>Education OR school OR learning OR academic* OR “online learning” OR “remote learning” OR technology OR “learning gap*” OR “abuse disclosure*” OR “child maltreatment disclosure*” OR</p>

	<p>“mental health disclosure*” OR “mental health” OR “social anxiety” OR “back-to-school anxiety” OR “COVID slide” OR “nutrition” OR “hunger” AND COVID-19 AND Canada* OR Alberta OR Saskatchewan OR Manitoba OR Prairies AND students OR children OR youth OR “children with disabilities*” OR “children who are differently abled” OR “children with special needs” OR caregiver* OR teacher* OR “school personnel” OR “service provider*”</p>
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