



IMPACT OF COVID-19 ON MARGINALIZED POPULATIONS

Review of Current Research & the Windsor-Essex Response

–Updated: January 2021

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Table of Contents

Introduction & Purpose of Report 2

Impact of COVID-19..... 3

 Impact on Income Security..... 3

 Impact on Food Security..... 10

 Impact on Physical and Mental Health..... 12

 Impact on Diverse Populations..... 27

 Other Challenges Posed by COVID-19 35

 Technology and Internet 35

 Access to Information 39

Tools to Address Impact of COVID-19 41

 Financial Support Programs 41

 Addressing Food Insecurity 42

 Community and Mental Health Supports..... 44

 Making Technology & Information Accessible 49

 Other Tools..... 50

Conclusions 52

Impact of COVID-19 on Marginalized Populations

As COVID-19 spread across the country, it exposed weaknesses and vulnerabilities, like water seeping through every crack in the system. And as long as COVID-19 is present anywhere, it is a potential threat everywhere — not only to people's lives, but to the systems, communities and economies on which we rely.

What might unite the fight against COVID-19 with the protests against systemic racism is the message that a society is only as strong as its weakest link. And sometimes it takes a crisis for everyone to see the inequalities that were there all along.

The risks now are twofold: that the efforts of the last few months to suppress the virus will be squandered as the feeling of solidarity abates, and that the inequalities exposed over the last few months will be forgotten as the country tries to get back to "normal."

- Aaron Wherry, Parliament Hill Bureau

Purpose of Report

This report aims to explore the impact of COVID-19 on marginalized populations and the tools to respond to the pandemic in the Windsor-Essex region. The exploration includes research on several impacts of COVID-19, including the impact on financial security, food security, the physical and mental health of several vulnerable groups, and other issues such as the challenges with accessing technology and lack of access to information. This research is critical in addressing which strategies worked well, such as the increase in accessibility to food and the translation of resources into multiple languages. The research will also highlight issues for improvement among vulnerable populations during future waves of the pandemic and review the tools employed to address the impacts of COVID-19.

The report is comprised of secondary research from a range of resources, including the Windsor Essex County Health Unit (WECHU), Statistics Canada, Public Health Ontario, the Conference Board of Canada, the Angus Reid Institute, academic papers, as well as local and national news sources. Statistics Canada has been conducting several crowdsourcing¹ surveys during the COVID-19 pandemic to collect data on the “current economic and social situation, as well as on people's physical and mental health, to

¹ Crowdsourcing involves collecting information from a large community of users. It relies on the principle that individual citizens are experts within their local environments. Crowdsourcing surveys further permit us to benchmark and validate the data with other sources of complementary data to ensure that the results are of good quality. Readers should note that unlike other surveys conducted by Statistics Canada, crowdsourcing data are not collected under a sample design using a probability-based sampling. Therefore, when interpreting findings from these data, no inferences should be made about the Canadian population.

effectively assess the needs of communities and implement suitable support measures during and after the pandemic.” Findings from several research studies by Statistics Canada are throughout the report.

It is important to note that certain impacts of the pandemic, and responses to address them, are relevant to several marginalized groups outlined in the report (e.g., issues with access to technology exist for low-income families, seniors, at-risk youth, and newcomers). The report may include some overlap and repetition in discussing the findings and outcomes across multiple populations.

Impact of COVID-19

The government of Ontario announced a state of emergency on March 17, 2020. The City of Windsor declared a state of emergency on March 19, 2020 and COVID-19 restrictions were ordered across Windsor-Essex County. Schools remained closed past the week of March Break, employees were faced with large lay-offs, as workplaces and community organizations closed, and many adapted to remote or virtual methods of service. Individuals and families isolated at home as much as possible to limit the spread of COVID-19 throughout the community.

Impact of COVID-19 on Income Security

The COVID-19 shutdown resulted in 3 million workers in Canada that lost their employment during the months of March and April 2020. In May through July 2020, 1.7 million jobs were recovered (Hou, Picot, & Zhang, 2020, August 20). The federal government announced the Canada Emergency Response Benefit (CERB) on March 25, 2020. “Employment and Social Development Canada has announced that, as of April 19, 6.7 million Canadians had applied for either EI or CERB benefits since March 15” (Statistics Canada, 2020, May 8).

The monthly Labour Force Surveys conducted by Statistics Canada indicated the economic shutdown heavily affected vulnerable workers: “In general, workers in less secure, lower-quality jobs were more likely to see employment losses” (Statistics Canada, 2020, April 9).

The March Labour Force Survey (LFS) indicated a higher decline in the number of temporary employees (-14.5%) compared to permanent employees (-5.3%). Temporary workers were more likely to lose work hours (21.7%) versus permanent employees (11.6%). “Half (49.9%) of the decline in employment among employees was accounted for by those earning less than two-thirds of the 2019 median hourly wage. Employment for this group declined by 15.8% (-510,800) in March, compared with a decrease of 4.0% (-513,600) among higher-paid employees.”

The April LFS reported that “employment losses continued to be more rapid in jobs offering less security, including temporary and non-unionized jobs” (Statistics Canada, 2020, May 8). Youth and

recent immigrants experienced sharp declines in employment, as both groups typically hold lower-wage, precarious employment.

The May LFS indicated that declines for low-wage workers continued into April, “the impact of the COVID-19 economic shutdown on employment was most immediate and severe on industries where working from home was less practical and on lower-wage workers” (Statistics Canada, 2020, June 5).

The June LFS noted an improvement in both employment and the Canadian economy; however, employment among low-income workers and women was below their employment rate pre-COVID (Statistics Canada, 2020, July 10):

The labour market impact of the COVID-19 economic shutdown was particularly severe for lower-wage workers. From February to April, employment among employees who earned less than \$16.03 per hour (two-thirds of the 2019 annual median wage of \$24.04/hour) fell by 38.1%, compared with a decline of 12.7% for all other paid employees.

In June, employment grew more strongly among lower-wage (+19.3%; +414,000) than among other employees (+6.0%; +699,000). Nevertheless, the recovery rate among low-wage workers (78.8% of the February level) was noticeably lower than the rate among other employees (96.7%).

In June, employment levels among female workers in a low-wage job had reached 74.8% of their February levels, versus 84.7% for their male counterparts.

Statistics Canada defines lower-wage workers as earning less than \$16.03 per hour. Locally, the WECHU calculated the living wage for Windsor Essex County is \$15.52 in 2020; slightly below the income referenced in the Labour Force Surveys.

The August LFS showed a similar trend as employment for lower-wage workers grew at a faster pace compared to other employees (+2.3% vs. +1.7%, respectively) but, “employment remained well below pre-pandemic levels for low-wage employees (87.4%) when compared with all other employees (99.1%)” (Statistics Canada, 2020, September 4).

Impact on Workers in Precarious Occupations

Low-income and precarious workers are more likely to be considered essential workers and are less likely to hold positions in which they can work from home (Messacar, Morrisette, & Deng, 2020, June 8; Peterson & Bessonov, 2020, May 31). Working in lower income service positions with high exposure to the public (e.g., grocery store employees, food delivery workers, taxi drivers, etc.), close workspaces without proper physical distancing (e.g., migrant or greenhouse workers), or supportive health care roles (e.g., long term care (LTC) workers), may raise the risk and concern over contracting or spreading COVID-19.

Hall (2020, May 30) reports the new COVID-19 case data from the Toronto area are showing “the highest concentrations in neighbourhoods with a higher percentage of low-income residents,” highlighting the worry and fear lower income workers may be experiencing. Half of the COVID-19 cases in Toronto (51%) were from low-income homes, while 30% of Toronto’s population is considered low-income (Cheung, 2020). Messacar et al. (2020, June 8) also caution that lower income workers may be more likely to face a work interruption and income loss, increasing vulnerability for an already vulnerable population. These factors can exacerbate mental health concerns and potentially harmful coping strategies among low-income workers, especially if beneficial mental health supports are not accessible.

The Conference Board of Canada (2020, June 23) conducted a study on the *Impact of COVID-19 and How Employees are Coping*. Out of 1,804 respondents, 84% “reported their concerns had worsened across the 15 mental health factor concern scores. A statistically significant difference was found between ‘Before COVID-19’ and ‘Today’ for all 15 factors.” The factors with a variance over 20% between *Before COVID-19* and *Today* were concerns of family well-being (+24%), their future (+23%), isolation/loneliness (+21%), and anxiousness/fear (+21%). Study results also indicated:

- “Respondents’ self-reported employment status and income were significant factors in determining their overall 15-factor mental health concern score.
 - Those with lower incomes showed higher mental health concern scores (greater levels of concern/wellness).
 - Those that were unemployed and those that were students had higher mental health concern scores (greater levels of concern/wellness) than those that were employed.”

The Conference Board of Canada’s research noted that individuals with higher total mental health concern scores showed a higher instance of trying out many coping methods, including prosocial methods (e.g., social connection, walking, counselling) and at-risk methods (turning to food or alcohol). Researchers suggested that employers should review coping strategies for their efficacy, and beneficial coping strategies, such as social connections, exercise, and access to counselling supports through EFAP programs, should be encouraged. The suggestion is a positive one but may not apply to all workers or places of work. Individuals working in low-income, part-time or precarious jobs may not have access to benefits like EFAP, or insurance plans that cover counselling programs, as part of their employment.

The Pan-Canadian Health Inequalities Reporting Initiative provided a report on *Inequalities in Working Poor Canadians* (Public Health Agency of Canada, 2018). The working poor are defined as individuals “who struggle to make ends meet.” An estimated 7.6% of Canadians aged 18 to 64 are considered working poor, with an increased likelihood of “less stable jobs, unpredictable work hours, fewer benefits (e.g., drug and dental plans, disability insurance), and greater health problems.” The working poor in Canada may face increased impacts during the COVID-19 pandemic, including loss of employment, reduced hours and income, and risk of infection.

Impact of COVID-19 on Marginalized Populations

In their research on Canadians' perceived mental health, Statistics Canada (2020, June 24) found an inability to meet financial obligations was associated with worsened mental health. Individuals who felt they were unable to meet their financial obligations due to COVID were experiencing reduced mental health (only 25% reported excellent or very good mental health) than individuals who did not feel COVID affected their finances (76% reported excellent or very good mental health).

In late September, the Angus Reid Institute conducted a poll of 1,845 Canadians regarding isolation and loneliness during the COVID-19 pandemic (2020, October 14). Results indicated that individuals experiencing a job loss or reduction in hours during the pandemic were twice as likely to report poor mental health (22%) than individuals that did not experience a work disruption (11%). Participants that lost their job or work hours were also more likely to report feeling both isolated and lonely (39%) than participants that did not lose their job (30%).

Impact on Low-Income Families

Starting in April 2020, the monthly Labour Force Surveys included a question regarding the "difficulty meeting basic household financial needs, such as rent or mortgage payments, utilities, and groceries" (Statistics Canada, 2020, August 7). The percentage of households facing financial difficulties during the COVID-19 pandemic had held steady at around one in five from April (21.1%) through August (19.6%), with the highest percentage reported in May (22.5%).

An article by Duranni (2020, March 21) addressed the disproportionate impacts COVID-19 is having on Canadians living in poverty. "Canadians are advised to stay home when they are sick, purchase extra food and essential medications, and disinfect surfaces frequently. While these measures are within reach of middle-to-high-income families, they are often insurmountable obstacles for Canadians who live at or below the poverty line." Laura Cattari, a coordinator with the Hamilton Round Table on Poverty stated, "The idea that someone relying on welfare or disability supports will have enough money to stock up on two weeks' worth of food and basic supplies is often just not realistic." The school closures past March Break also made things difficult for families that relied on school breakfast and lunch programs.

The 2016 Census results show that many visible minority Canadians live in higher rates of poverty than White Canadians and may face an increased financial impact of COVID-19 (Hou, Frank, & Schimmele, 2020, July 6). Poverty rates among Korean, Arab, and West Asian Canadians (27% to 32%), and Black and Chinese Canadians (reaching 20%) were generally higher than White Canadians (9.6%). Rates of poverty were based on the Market Basket Measure (MBM)². Research conducted in late May to early June 2020 by Statistics Canada indicated:

² The Market Basket Measure (MBM) is based on the cost of a specific basket of goods and services representing a modest, basic standard of living. It includes the costs of food, clothing, shelter, transportation and other items for a reference family.

Among the crowdsourcing participants who were employed prior to work stoppages, Whites and most visible minority groups reported similar rates of job loss or reduced work hours, although the rate was higher among Filipinos and West Asians. However, the COVID-19 pandemic generally had a stronger impact on visible minority participants' ability to meet financial obligations or essential needs than for White participants, even after taking into account group differences in job loss, immigration status, pre-COVID employment status, education, and other demographic characteristics.

The August LFS indicated higher rates of unemployment and lower reported wages among visible minority Canadians during the pandemic (Statistics Canada, 2020, September 4). Visible minority Canadians were also more likely to report financial difficulties:

- “Arab (17.9%), Black (17.6%) and Southeast Asian (16.6%) Canadians continued to have significantly higher unemployment rates than Canadians who were not a member of a population group designated as a visible minority and who did not identify as Indigenous (9.4%).
- Nearly one-third of Southeast Asian (32.0%), one-quarter of Black (24.9%) and just over one-fifth of Arab (21.4%) employees made less than \$16.03 per hour. The share of Chinese employees earning low wages (17.4%) was similar to that of employees who were not a visible minority and did not identify as Indigenous (15.9%).
- Over one-third of Filipino (35.2%) and Latin American (33.7%) Canadians reported living in a household experiencing financial difficulties, while 28.2% of Black Canadians and just over one-fifth of Chinese Canadians (22.7%) did so.
 - 15.9% of Canadians aged 15 to 69 who were not a visible minority and did not identify as Indigenous, lived in a household which experienced financial difficulties.”

Impact on Newcomers to Canada

Statistics Canada researched the economic impact of COVID-19 on immigrants to Canada (Hou et al., 2020, August 20). Results indicated, “Recent immigrants were more likely than Canadian-born workers to move out of employment in March and April mainly because of their shorter job tenure and over-representation in lower-wage jobs.” The rate of transition to non-employment was higher for recent immigrants (17.3% in April) compared to the Canadian-born and to long-term immigrants (13.5% in April). Unemployment was highest among female recent immigrants (20% in March 2020).

In a research report exploring the impact of COVID-19 on Canada’s immigrant and migrant populations, Shields and Abu Alrob (2020, July 24) note that many recent immigrants and international students are not eligible for benefit programs such as the Canada Emergency Response Benefit (CERB) and are facing increased risks of unemployment.

[T]he impacts of COVID-19 and access to protections and benefits have been uneven among different categories of immigrants and migrants. Too many have been excluded from supports

even though immigrant and migrant populations confront higher unemployment and are generally more financially insecure due to the pandemic. Immigrants face greater risks of COVID-19 because of the types of jobs they work in, many rely on public transit, and they often reside in overcrowded housing. Immigrants confront the unequal burden of COVID-19, demonstrating the precarious position of many within Canada.

In June, recent immigrants had slight increases in employment, “the employment rate among very recent immigrants (five years or less) rose 3.9 percentage points to 58.5%” (Statistics Canada, 2020, July 10). As reported in the August LFS, “the employment rate among very recent immigrants (five years or less) rose for the fourth consecutive month, up 2.2 percentage points to 62.7% in August. The increase was mostly due to an ongoing decline in the size of this population group resulting from a COVID-related drop in new immigrants to Canada” (Statistics Canada, 2020, September 4).

World Education Services (2020, December) surveyed 4,932 newcomers to Canada (in April, June, and August 2020), including recent immigrants, temporary foreign workers (TFWs), and international students, in order to assess the impact of COVID-19 on economic well-being of migrants to Canada.

Results from this research highlight the economic vulnerability of newcomers:

- “A significant portion of newcomers have lost jobs and income and cannot meet their basic needs:
 - 14% have lost their job due to COVID-19, and a further 13% are working reduced hours or receiving reduced pay because of COVID-19.
 - 17% have temporarily lost their primary source of income; 6% have permanently lost their primary source of income.
 - One in five is having trouble affording housing expenses; one in three international students is having trouble affording housing expenses. One in 10 is having difficulty affording essentials like groceries and medications.
- Many who lost jobs or income did not benefit from CERB or EI.
 - Only 48% of respondents who lost a job or experienced reduced hours or pay reported receiving the Canada Emergency Response Benefit (CERB) or Employment Insurance (EI). Many were unaware of benefits or believed they did not qualify. Many are not accessing employment or settlement help from social service agencies.
 - 19% of permanent residents (PRs) had contacted a social service agency for help; 12% wanted to but did not know how; 27% did not think they were eligible for services.
 - Close to half of international students (49%) and TFWs (43%) believed they were not eligible for services—likely correctly, as eligibility requirements restrict their access.”

The Migrant Rights Network (2020, October 28) surveyed 201 migrant care workers in Canada about their experiences working during the pandemic. Migrant care workers include individuals providing in-home childcare, housekeeping services, and/or elderly care. The majority of migrant care workers in

Canada are racialized women residing in their employers' homes. Thirty-six percent of the respondents lost their position and had to find other living arrangements. Laid-off workers waiting for their permanent resident status or Open Work Permit applications were unable to apply for alternate work arrangements. One-in-three of the care workers that lost their jobs also reported difficulty receiving income support through CERB or Employment Insurance (EI). The most prevalent concern among the respondents was regarding permanent residency status: "Nearly 60% of all respondents identified being worried about not being able to fulfill the 24-month work requirement to apply for permanent residency."

Other reports by the Local Immigration Partnership (LIP) in Cape Breton and the PEI Immigration Partnership also noted that employment during the pandemic was a top concern among recent immigrants. The LIP in Cape Breton surveyed newcomers from May 8 until May 20, 2020. Participants were asked to "select the three areas that you believe present the most significant challenges for newcomers in Cape Breton during COVID-19." The top three responses were:

1. Finding or maintaining employment (87%)
2. Paying mortgage or rent (53%)
3. Accessing immigration-related information (47%)

Fear of job loss or ability to find employment could contribute to increased feelings of fear and anxiety among the recent immigrant population, especially if they are ineligible to receive CERB or unemployment payments for support.

Impact on Persons with Disabilities

Persons with disabilities are facing an increased financial impact of the COVID-19 pandemic. Statistics Canada surveyed close to 13,000 Canadians living with a disability or long-term condition in late June to early July (Statistics Canada, 2020, August 27). "Among participants aged 15 to 64 with a long-term condition or disability, two-thirds (66%) reported being employed prior to the start of the pandemic, while 55% reported being currently employed."

Results from the survey indicated that 36% of people employed before the pandemic faced a disruption in employment (job loss or reduced hours). Individuals that had multiple long-term conditions were more likely to report a work interruption (41%). Several participants faced a decrease in household income (31%), with half reporting a decline of over \$1,000 per month. Participants frequently reported issues meeting their food or grocery needs and with purchasing personal protective equipment (PPE). Sixty-one percent of the respondents "reported a major or moderate impact from COVID-19 on at least one type of financial obligation or essential need. Participants with multiple long-term conditions were more likely (71%) than those with one long-term condition (50%) to report impacts on financial obligations or essential needs." Participants that lived alone (65%) or had children (64%) reported difficulty meeting financial obligations or essentials more frequently than other participants did (58%).

Advocates for persons with disabilities have noted that the increased costs of stocking up on groceries and supplies during the pandemic can further increase financial strain, especially for those reliant on the Ontario Disability Support Program (ODSP) as their main source of income (Bergeron-Oliver & Ho, 2020, July 4).

Impact of COVID-19 on Food Security

Statistics Canada (2020, June 24) reported that 14.7% of Canadians have experienced food insecurity in their homes within the past 30 days (the web panel survey occurred in May 2020). Results from the 2017-2018 *Canadian Community Health Survey* (CCHS) showed that 10.5% of households experienced food insecurity within the past 12 months, indicating a higher rate of food insecurity in Canada during the COVID-19 pandemic. The analysis also found:

- “A higher rate of food insecurity reported among Canadians living in a household with children (19.2%) compared to those living with no children (12.2%).
- Canadians employed during the week of April 26th to May 2nd, but absent from work due to business closure, layoff, or personal circumstances due to COVID-19, were more likely to be food insecure (28.4%) than those who were working (10.7%).
- The rate of food insecurity for those not employed during the reference week was in between these two rates at 16.8%.”

The non-profit group Community Food Centres Canada (CFCC) reported approximately 4.5 million Canadians were food insecure before COVID-19. It is estimated that food insecurity rose by 39% and 1 in 7 Canadians are food insecure due to the pandemic (Brehaut, 2020, October 16). The CFCC report titled *Beyond Hunger: The Hidden Impacts of Food Insecurity in Canada* surveyed 561 individuals living with low income:

As the title of the report suggests, food insecurity is further-reaching than hunger. Rooted in poverty, it impacts health, severs relationships, impinges on happiness and a sense of self-worth, and chips away at employment opportunities, the CFCC found.

Eighty-one per cent of participants said food insecurity takes a toll on their physical health; 79 per cent said it impacts their mental health; 64 per cent said it erodes relationships; 59 per cent said it affects their kids; and 57 per cent said it makes it more difficult to find and keep a job.

“These are all key things that add up to people being pushed further to the margins and their lives being diminished — and frankly, the data shows, shortened as a result of being food insecure,” says Nick Saul, CEO of CFCC.

Food bank use tripled in Canada during mid-March through April (Taylor, 2020, July 16). Experts are further warning that food security could grow worse due to the COVID-19 pandemic, as the cost of food

could rise (Lourenco, 2020, June 30). “The COVID-19 pandemic has brought distinct challenges to many sectors of the food supply chain that have reshaped their operations with physical distancing, the use of personal protective gear and equipment modifications – all of which are contributing to rising costs.” An increase in the cost of food would affect family grocery budgets and could add further strain on families that are already vulnerable and food insecure. With the CERB transitioning to Employment Insurance (EI) in late September³, there could be an increase in the number of Canadians relying on food banks to feed their families.

Paul Taylor, the Executive Director of *FoodShare Toronto*, further notes that there are differences in the rates of food security among minority populations in Canada, “We know that the people who suffer the most from food insecurity are Black and Indigenous people. Research shows that Black Canadians are 3.5 times more likely to be food-insecure” (Lourenco, 2020, June 30). In 2017, Statistics Canada reported that 24% of urban Indigenous families were living in poverty, as defined by the Market Basket Measure (MBM), and 38% were living in households experiencing food insecurity (Arriagada, Hahmann, & O’Donnell, 2020, May 26).

In an article addressing food insecurity and COVID-19, Taylor (2020, July 16) noted:

When we look at a map of Canada's largest city, we can see at a glance that low-income, racialized neighbourhoods are experiencing the highest rates of COVID infection. The neighbourhoods with the highest incidents of infection are also where food insecurity is most acute. The overlapping of food insecurity, soaring infection rates, precarious employment and race is not coincidental.

The reality is that cost is the biggest barrier to accessing good food, and food charity cannot solve poverty. To end food insecurity, we need good-paying jobs, livable wages, an adequate income floor and job stability. We need affordable housing and a suite of publicly provided services such as affordable childcare and elder care.

Food Security Concerns in Windsor-Essex

In April 2020, the Windsor Essex County Health Unit (WECHU), in partnership with the Windsor Essex Local Immigration Partnership (WELIP), sent a survey to local organizations to better understand each organization’s needs and concerns related to their services and clients during the COVID-19 pandemic. The survey was sent to 36 individuals, representing 31 organizations in Windsor-Essex. Twenty-seven participants, representing 24 of the organizations, completed the survey. Populations served by the organizations included permanent residents, refugees, isolated seniors, migrant workers, and vulnerable youth and families. A majority of the organizations surveyed (79%) indicated that they were able to

³ CERB included monthly payments of \$2,000. On September 27, this transitioned to a simplified EI program with a minimum benefit rate of \$400 per week (Employment and Social Development Canada).

deliver some programs and services in various ways (in person, online, or by phone), 13% had closed and stopped delivering services, and 8% were delivering services as usual.

The April WECHU report stated that access to healthy and appropriate food was critical for their clients in Windsor-Essex. “Access to food was identified as a key issue facing clients by 48% of respondents to the survey, and 65% said that supports to help client’s access food safely would be helpful to support their clients at this time.”

With many people losing their jobs and source of income across Windsor-Essex, addressing the need for food was critical. Many low-income people in Windsor-Essex were unable to afford to “stock up” on two weeks worth of food and hygiene items to limit going to the store. Others, such as seniors and people with compromised immune systems, felt unsafe to go to the grocery store to purchase their items. Many also lost their means of transportation to get to the grocery store, as public transit was not running from late March to early May 2020. Food donations to local community food banks were also down and fewer volunteers were available as many people were isolating at home.

Impact of COVID-19 on Physical & Mental Health

The COVID-19 pandemic has also affected the mental health of many Canadians. With the implementation of social distancing and physical closure of many services deemed “non-essential,” many people have adapted to accessing community and mental health supports remotely. Isolation and worry about the virus have also increased or triggered mental health concerns for individuals.

Statistics Canada (2020, May 27) conducted research on the mental health of Canadians during the pandemic through their crowdsourcing research conducted in late April and early May. Results indicate a decline in mental health during the pandemic:

- “Almost one quarter of the crowdsource participants (24%) reported fair or poor mental health, 31% reported good mental health, and nearly half (46%) reported very good or excellent mental health. Previously published data from the 2018 Canadian Community Health Survey found that 8% of Canadians reported fair or poor mental health, 24% reported good mental health, and 69% reported very good or excellent mental health.
- Over half of participants report that their mental health has worsened since the onset of physical distancing.
- Most participants experience at least one symptom of anxiety (88%).⁴ Among those who said their mental health is worse since physical distancing began, 41% reported symptoms consistent with moderate or severe anxiety.

⁴ Anxiety was measured using the GAD-7 scale, which is used in population health surveys to identify probable cases of generalized anxiety disorder (GAD) as well as to measure the severity of anxiety symptoms. Generalized anxiety disorder (GAD) is a condition characterized by a pattern of frequent, persistent worry and excessive anxiety about several events or activities.

Impact of COVID-19 on Marginalized Populations

- Higher anxiety [was reported] among those who have been financially affected by COVID-19.
- Almost two-thirds (64%) of those aged 15 to 24 reported a negative impact on their mental health, while just over one-third (35%) of those aged 65 and older reported a negative impact on their mental health since physical distancing began.
- Participants who report mental health has worsened also report higher stress levels.”

The Angus Reid Institute study on social isolation and loneliness, referenced in an earlier section of the report, also revealed a decline in overall mental health among Canadians during the pandemic since last year (2020, October 14). Researchers created an *Index on Loneliness and Social Isolation (ISLI)*, “social isolation (or the number and frequency of interpersonal connections a person has) and loneliness (or their relative satisfaction with the quality of those connections).” They reported a higher percentage of respondents (33% in September 2020) are experiencing both loneliness and social isolation this year compared to last year (23% in May 2019). The research also indicates more respondents are reporting that their mental health is worse than last year: “In 2019 one-third of Canadians said their mental health was either only fair, poor or very poor. Now, that number has increased to nearly half (47%).” Results further indicated that concern about loved ones contracting COVID-19 is associated with mental health: “While three-in-ten of those who are not concerned about friend or family illness (29%) say their mental health is very good, just 12% who are very concerned say the same.”

The April 2020 WECHU survey of Windsor-Essex service providers reported that, “Feeling isolated and fear of getting ill from the COVID-19 virus were the top two concerns facing clients, identified as a challenge by 87% and 78% of respondents, respectively.” Mental health was also addressed as a critical issue by the WECHU report, “61% of respondents also identified less service to support mental health needs as a main issue being faced by clients, and 39% said that supports for counselling would be helpful for clients at this time.”

Mental health providers in the Windsor-Essex area have noted an increase in calls for counselling services, especially since the lockdown status began in response to rising COVID-19 cases in mid-December 2020 (Wilhelm, 2020, January 23). Family Services Windsor-Essex (FSWE) noted an increase in individuals seeking help since May 2020: They reported “a 41-per-cent increase in community counselling clients and a 35-per-cent increase in clients for the organization’s Employee Assistance Program. The agency served 7,708 unique clients between May and December. As of Tuesday [January 19, 2021], they had served 3,004 people since the latest lockdown was ordered in mid-December.”

The Canadian Mental Health Association – Windsor Essex County Branch (CMHA-WECB) also reported a year-over-year increase in the number of calls to their Community Crisis Line. They received 12,578 calls from April 2020 to mid-January 2021. During the same time-period in 2019, they received 10,806 calls. CMHA-WECB has also observed “a 25-per-cent increase in suicidal ideation or attempts among clients.” Several people that have reached out for help are new clients that have not had a mental health diagnosis prior to reaching out.

Beth Ternovan, of FSWE, noted the negative impact of social isolation on mental health:

When we are not able to engage with others it can cause us to feel a sense of greater fear. When there is a greater fear about the future, that is when anxiety starts to set in. One of the protective factors against depression is our ability to engage with others. When we are missing that opportunity to engage with others because of a necessity to shelter in place, a necessity to isolate, it can worsen symptoms of depression.

Windsor-Essex OW social workers have noticed an increase in mental health concerns among their clients and within the community:

I have talked to a few people who felt they were doing fine before but are now experiencing mental health impacts as a result of job loss, isolation, change in routine, etc.

I think people's everyday struggles with anxiety, depression, poor coping skills, addictions, etc., have been heightened by the crisis. I also feel that people are not getting the usual supports they rely on for various reasons such as doctor's not taking appointments, limited hours with various agencies, people not wanting phone consults and some not knowing that agencies are open, and some people are not comfortable going out to access services.

COVID has without a doubt wreaked havoc on the mental health of our community members. I have witnessed the following:

- *Symptoms of depression seem to be worse –unmotivated and hopeless are terms I am hearing a lot right now. My counselling clients who live alone or in unaffirming households have identified isolation as a huge factor.*
- *Anxiety levels have increased – financial / health-related / concern for family members / online schooling / having one's gender or sexual identity found out*
- *Self-injurious behaviours and suicidal thoughts have increased*
- *Conflict in relationships due to COVID concerns*
- *Safety concerns – one person living in the home refusing to practice physical distancing and continuing to come home putting family members at risk*
- *Sleep issues have been identified by many of my clients*

Vulnerable populations in Windsor-Essex, and across Canada, may be more susceptible to the negative impacts of the COVID-19 pandemic, including increased feelings of isolation, declining mental health, and increased stress.

Impact on Seniors

Seniors have faced issues with isolation before the COVID-19 pandemic hit and researchers have referred to the social isolation of seniors as a public health crisis (Oi-Yee Li & Huynh, 2020, May 25). Physical distancing measures required during the pandemic can only worsen this crisis. Seniors remain particularly vulnerable as they face serious, life-threatening risks with exposure to the virus and may

fear venturing out in public to get groceries or prescriptions. In their *Impacts of COVID-19 on Canadians* crowdsourcing research, Statistics Canada (2020, June 4) found that almost 60% of people aged 65 or older were *Very* or *Extremely concerned* with their health, compared to only 23-28% of people aged 15 to 34.

Oi-Yee Li and Huynh (2020, May 25) stressed that “seniors who live at home alone or in residential facilities are cut off abruptly from society, with no contingency plan in place. This is problematic, especially considering the strong associations of social isolation with depression, anxiety and suicidal ideation. It is thus crucial to mitigate the negative effects of social distancing on seniors.” Statistics Canada also found that seniors were concerned with maintaining social ties (37% of seniors aged 75 and up). “According to census data, one-third of seniors in this age group live alone, and may therefore be more at risk of social isolation. Because seniors are more likely to have a limited social network, lone seniors may be more at risk in the context of the pandemic” (Statistics Canada, 2020, June 4).

The negative effects of isolation on the mental health of seniors are clear to researchers (Oi-Yee Li and Huynh, 2020, May 25). Flint, Bingham, & Iaboni (2020) suggest, “It is probable that social distancing will lead to less frequent contact by older adults with their family physicians, who are the frontline for treating mental health problems in Canada and the gatekeepers for most outpatient psychiatric referrals. As a result, more incident cases of mental disorder may go undetected and untreated.” They further warn, “Social distancing may also lead to an increased sense of isolation and loneliness, which are risk factors for the development of depression and cognitive impairment.”

Social connectedness is essential for maintaining health and well-being among the senior population (Coates, 2020, April 27). The COVID-19 pandemic has increased symptoms of anxiety and depression among seniors that would usually rely on social connections. Many have experienced increased worry and anxiety about their health and the health of their loved ones. As reported in a CBC News article, “Psychologists worry about the ‘echo pandemic’ — the mental health crisis that will remain in the wake of COVID-19. Isolation is a major contributing factor to that looming crisis, experts say. While isolation protects vulnerable seniors from contracting the coronavirus, it’s also having a debilitating effect on their mental wellbeing” (The Canadian Press, 2020). Seniors interviewed in the article have addressed the negative impacts the pandemic has had on their well-being:

"I have schizophrenia and bipolar, so this is really hard getting stuck in the house like this."

"I have anxiety problems and my anxiety right now is really up. I'm afraid to go out, even to a store. I feel taped in, it's terrible."

"Now I'm home all the time. I'm not going to be ashamed — I do get a bit depressed."

One of the interviewees mentioned the importance of checking in on one another since they are unable to get together at a senior’s centre during the pandemic. Remaining socially connected by phone or the internet and through virtual health and outreach services are essential in reducing feelings of isolation and maintaining mental health for seniors (Coates, 2020, April 27; Flint et al., 2020). The Angus Reid poll

(2020, October 14) regarding isolation and loneliness noted an increase in the percentage of people aged 55 and older (55% in 2020) using video calling technology compared to last year (36% in 2019).

Impact on Persons with Disabilities/Long-Term Conditions

Canadians with disabilities comprise over 20% of the population and may face disproportionate impacts of the COVID-19 pandemic (Statistics Canada, August 27). Persons with disabilities “may be more likely to have underlying health conditions, or to rely on outside caregivers or support to help with their daily lives. Physical distancing measures to slow the spread of COVID-19 may also increase the overall vulnerability of Canadians with disabilities” (Statistics Canada, 2020, July 6). Results from the 2017 *Canadian Survey on Disability* indicate challenges and risks posed by the pandemic on this population. Survey results found:

- “Older Canadians are a population vulnerable to COVID-19, with those aged 60 and older accounting for one-third of COVID-19 cases nationally. They are also more likely to have disabilities compared with younger age groups.
- Isolation measures, as a result of the COVID-19 pandemic, may have an increased impact on the overall well-being of persons with disabilities. Over one-quarter (28%) of Canadians reported living alone in 2016, making it the most common household type nationally. Among the 6.2 million Canadians aged 15 and older with disabilities in 2017, 1.3 million (21%) reported that they lived alone.
- One-fifth of Canadians with disabilities said that they did not use the Internet, making it more challenging to stay informed and connected during the COVID-19 pandemic.
- In 2017, almost half of those with a disability received help with daily activities because of their condition. Over one-third of those who needed regular help relied solely on family, friends or organizations from outside their household.
- Three-quarters of Canadians who considered themselves housebound relied on outside help with their daily activities. When asked why they were housebound, over one-third (38%) said it was due to limited social connections outside the home. The impact of physical distancing may be magnified for those with an already limited social network.”

Advocates have further addressed the increased risks faced by Canadians with disabilities during the pandemic (Bergeron-Oliver & Ho, 2020, July 4):

The Canadian government and international groups like the World Health Organization and the United Nations note that while having a disability alone does not put a person at higher risk of getting the disease, it can put some at a higher risk of infection or severe illness.

Those who must interact with multiple care providers, have difficulty washing their own hands, are blind and must touch objects and surfaces for support or to obtain information, for example,

could all be a greater risk. They may also face other barriers such as disruptions to health care access and other essential services.

People who are non-verbal, living in poverty, or do not have access to technology and other communication support are also especially vulnerable, say advocates who have previously sounded the alarm.

Some families and persons with disabilities have also faced increased strain and isolation with the closing of support programs or restricted in-home care due to the pandemic (Reid, 2020, April 9). In an interview with CBC News, Krista Carr, the executive vice-president of the Canadian Association for Community Living (CACL), stated, "Families have either lost [support] workers or they're not feeling safe or comfortable with those workers coming in because it's a risk." Support workers may lack access to proper PPE and families have brought loved ones home from care centres to reduce the risk of infection.

Parents of children living with disabilities also report increased concerns. Statistics Canada conducted a crowdsourcing survey on the *Impacts of Parenting during the Pandemic* (Arim, Findlay, & Kohen, 2020, August 27). Nineteen percent of participants reported having one or more children with a disability, including a cognitive, behavioural or emotional disability (84%), physical disability such as deaf or hard of hearing (4%), other types of disabilities (7%), or more than one type of disability (6%). Results indicated:

- "About 7 in 10 parents of children with disabilities were very or extremely concerned about the amount of screen time their children were engaging in compared with 6 in 10 parents of children without disabilities.
- About 6 in 10 parents of children with disabilities were very or extremely concerned about loneliness or isolation for their children compared with about 5 in 10 parents of children without disabilities.
- 58% of parents of children with disabilities were very or extremely concerned for their children's school year and academic success, the figure was at 36% for parents of children without disabilities.
- A greater proportion of parents of children with disabilities reported to be very or extremely concerned for their children's mental health compared with parents of children without disabilities (60% vs. 43%).
- Just over three quarters (76%) of parents of children with disabilities were very or extremely concerned about managing their children's behaviours, stress levels, and anxiety and emotions compared with 57% of parents of children without disabilities."

Results from a crowdsourcing survey of individuals 'Living with Long-term Conditions or Disabilities' by Statistics Canada revealed a decline in self-reported physical and mental health among participants since the start of the pandemic (Yang, Dorrance, & Aitken 2020, October 7). Participants in the study "reported having a long-term health condition, difficulty or self-identified as a person with a disability."

Impact of COVID-19 on Marginalized Populations

Close to half (48%) of participants reported that their physical health had worsened since the start of the pandemic, while 44% responded that their health was the same and 8% noted their health was better. A higher number of participants (57%) reported that their mental health was worse since before the pandemic, while 36% reported their mental health was about the same and 7% reported an improvement. The study noted that “participants with mental health-related difficulties had the highest proportion (73%) of ‘somewhat worse’ or ‘much worse’ mental health since before the pandemic.” A majority of participants (77%) reported that they were unable to access some health services during the pandemic, which may have affected their reported physical and mental health. “The most common health service disruption reported was for regular medical or dental services (51%); followed by physiotherapy, massage therapy or chiropractic treatments (37%), regular medical testing (34%), and counselling services (18%).”

Impact on Children & Youth

The mental health of children and youth is also a growing concern during COVID-19. The impacts of the pandemic, such as being out of school, having to adapt to online learning, disruption to routines, and reduced time spent with extended family and friends, may have negative impacts on mental health of children and youth.

Through their survey series data, Statistics Canada (2020, April 23) has noted that teens and young adults are reporting higher levels of anxiety and decreased mental health. “Almost one in five Canadians reported symptoms consistent with moderate or severe anxiety. Youth aged 15 to 24 were more affected (27%) than middle-aged adults (19%) and seniors (10%).” Crowdsourcing data has demonstrated that self-reported mental health of Canadian youth is declining since COVID-19, “with over half (57%) of participants aged 15 to 17 reporting that their mental health was somewhat worse or much worse than it was prior to the implementation of physical distancing measures” (Statistics Canada, 2020, July 23).

Record high numbers of eating disorders among children and youth have been reported during the pandemic (Furey, 2020, January 5, 2021). Dr. Ronald Cohn, CEO of SickKids hospital in Toronto stated, “Our eating disorder unit has very high numbers that we have never seen before... I think we often don’t realize that the stresses of this pandemic — because children are exposed to media and social media and conversations around the dinner table — are having a huge impact.”

The Kids Help Phone reported that 4 million young Canadians reached out to their agency for help in 2020. The number of calls they received in 2020 was double the number of calls received in 2019 (1.9 million), indicating the increased need for support among youth during the COVID-19 pandemic (Yousif, 2020, December 13). Kids Help Phone stated that they receive 800 calls or texts per day from children and youth across Canada. They noted that approximately 10 of the calls “are active suicide rescues

where police are called for backup.” The agency has been keeping up with demand by hiring new counsellors and training 4,200 volunteers to provide text correspondence with teens.

Thulien et al. (2020) surveyed 188 service providers across Canada that support Youth aged 16 to 24 with lived experience of homelessness. The survey responses indicated an increase in anxiety, depression, and suicidal ideation among at-risk youth. Service providers have reported the following about the youth they support:

- “Over 90% report that youth have experienced a significant increase/increase in feelings of isolation, loneliness, and boredom. Additionally, providers report that anxiety (85%) and depression (75%) have significantly increased/increased among their clients. Just under 70% of providers are noting increases in sleep disturbances and acuity/symptoms related to pre-existing mental health concerns.
- Many providers are reporting significant increases/increases in the level of suicidal ideation (36%), incidences of self-harm (25%), and suicide attempts (15%) among young people since the pandemic began.
- The top three most common places providers report youth are going to access mental health services are: online supports (63%), hospitals (42%), and emergency shelters (36%). Only 20% of young people are accessing mental health supports through a primary care clinic.”

Their research has also noted that youth from diverse backgrounds were feeling a sense of increased loneliness and disconnection from cultural and community supports during COVID-19:

- “Refugee and Indigenous youth reported feeling especially marginalized – disconnected from familiar supports (e.g., specialized programming) and cultural experiences (e.g., sweat lodges), exacerbating feelings of loneliness.
- Providers noted the importance of young people in the aforementioned groups spending time in social groups where they feel a sense of belonging. Restrictions on movement (e.g., freedom to come and go from transitional housing) have made those sorts of connections difficult.”

Chanchlani, Buchanan, and Gill (2020, June 25) note that children experiencing adversity are more likely to face issues with both physical and mental health into adulthood. COVID-19 has exacerbated these adverse experiences for vulnerable children:

Adverse childhood experiences — such as maltreatment, poverty and food insecurity — have been associated with mental health problems, obesity and cardiovascular disease in later life. Such experiences are likely to be more common for children and young people experiencing mandated social isolation, particularly for new refugees, marginalized families and those living in Indigenous communities, who already live with inadequate housing conditions, financial strain and food insecurity.

Chanchlani et al. (2020, June 25) also outline the negative impacts of school closures, such as missed socialization and routine disruption, on children's mental health. Families may be struggling with supporting the educational needs of their children and work or financial troubles, leading to increased stress in the home. Children may also be more likely to have reduced physical activity and increased screen time, associated with "difficulty concentrating, sadness and irritability." These implications could be more extensive for children that have health issues or require developmental support.

The *Canadian Health Survey on Children and Youth* (CHSCY) from 2019 indicated that children struggling with mental health might exhibit physical symptoms such as headaches, stomach aches, and poor sleep. They may also have difficulty making friends and performing well at school (Statistics Canada, 2020, July 23). Parents should be aware of the ways mental health issues can present in children and that the pandemic may intensify these issues.

Dr. Rappaport is an assistant professor of psychology at the University of Windsor involved in a local research project, *The COVID-19 Child Mental Health Study*. He cautions that, "the global COVID-19 pandemic poses significant risks to public mental health that will persist long after the pandemic has subsided" (Charlton, 2020, June 30):

"Research on other large-scale traumas, such as natural disasters, documented extensive anxiety, depression, and post-traumatic stress. Most prior research has focused on adult mental health. The limited youth research indicates similar or worse outcomes among children whose safety, health, and psychological well-being depend on the safety and well-being of parents and caregivers." Dr. Rappaport stated there is a need to identify resources at both the public and individual level to "mitigate the widespread mental health consequences that commonly follow global disasters."

Impact on Canadian Families

Many families have been isolating at home due to the COVID-19 pandemic. Online school started for children at the elementary and secondary levels, leading to a lack in socialization with friends or classmates and an increase in screen time. Many working parents also faced lay-offs or had to stay home with their children. Other parents transitioned to working virtually and faced additional challenges with work-life balance.

Statistics Canada (2020, July 9) has been researching the impact of COVID-19 on Canadian families and children. Results have indicated that parents are concerned about the social isolation of their children and an increase in screen time:

Almost three-quarters of participants (71%) were very or extremely concerned about their children's opportunities to socialize with friends, and more than half (54%) of participants were very or extremely concerned about their children's loneliness or social isolation. Approximately

64% of participants were very or extremely worried about the amount of screen time their children were engaging in.

This research also revealed that 74% of parents were very concerned with “balancing child care, schooling and work.” Parental concerns of maintaining work-life balance will likely continue if children are unable to attend school during subsequent waves of the pandemic, or if parents feel unsafe sending their children to school. Increased worry and stress can have a negative impact on families. “Almost two in three parents were very or extremely concerned about managing their children's behaviours, their stress levels, anxiety and emotions, and almost half of parents were very or extremely concerned about having less patience, raising their voice, and scolding or yelling at their children.” These concerns were greater for parents of younger children (pre-school or young-school ages).

Research by Statistics Canada also found that women were more likely to report decreased mental health, symptoms of anxiety, and increased stress compared to men (Moysner, 2020, July 9). This research suggests women may report higher stress due to an increased share of childcare or housework during the pandemic:

Although the crowdsourcing did not collect information on marital status, the presence of children, or time use, it may be the case that some female participants reported higher levels of life stress than male participants because the quarantine has exacerbated the gender division of unpaid family work (i.e., caring for children and housework) within households. Data from the 2015 General Social Survey on Time Use show that women spent more time, on average, than men on caregiving for children (3.5 vs. 2.1 hours per week) and unpaid household chores (16.8 vs. 11.9 hours per week). With the closure of daycares, schools, and businesses like restaurants and drycleaners, women may be doing unpaid family work that their households would have previously outsourced to the paid economy, or with which their households would have previously received help from extended family or friends.

Many children and parents had to adjust to learning online while at home with the cancellation of in-person school. Many families struggled with online learning and some experts advise that it is not suitable for all students. In a Today's Parent article, many parents attempted online school but soon gave up or did not attempt it from the start (Leeder, 2020, July 15). Teaching experts have advised that older children may fare better with online learning. A professor with Brock University suggested children aged 8 to 13 may be more suited to this method of learning. A high school teacher advised that online learning for elementary school “isn't ‘pedagogically sound,’ nor is it sustainable in the longer term.” They also stated, “Elementary students need to engage with all their senses. They need face-to-face schools.” Other experts advised allowing children to explore their passions and interests to encourage learning from home, rather than just following the curriculum.

The school boards in Windsor-Essex County provided parents three options for enrolling children for the new 2020/2021 school year: online learning from home, paper home-schooling packages, or returning to the classroom. Schools also provided an opportunity for families to change their method of learning

in late-October. Families may continue to face the same issues outlined above if they are not comfortable with sending their children back to school in-person. School closures in Windsor-Essex continue to impact children and families in response to the second wave of the pandemic in late 2020 and early 2021.

Windsor-Essex OW case workers have observed an increase in stress for families and children, noting issues such as:

High stress levels due to online schooling for children and parents – low literacy skills for some parents, children’s behavioural issues, lack of parenting or time management skills. It is linked to family conflict.

Inadequate child care available to some parents – children caring for their younger siblings

Impact on Victims of Domestic Violence

Isolation and stay-in-place orders negatively affect individuals who feel they are unable to escape or report abusive home situations. It has been a concern that incidents of child abuse and gender based violence (GBV) could be going unreported during COVID-19. Bradbury-Jones & Isham (2020) address the increased risks of COVID-19 on families facing domestic violence issues:

Home is not always a safe place to live; in fact, for adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological and sexual abuse occurs. This is because home can be a place where dynamics of power can be distorted and subverted by those who abuse, often without scrutiny from anyone “outside” the couple, or the family unit. In the COVID-19 crisis, the exhortation to “stay at home” therefore has major implications for those adults and children already living with someone who is abusive or controlling.

Bradbury-Jones & Isham (2020) noted the difficulty many victims of GBV and domestic abuse face in seeking help. They stressed the importance of continued services, including “advocates, therapists and helpline practitioners working in specialist domestic and sexual violence services to support victims of domestic violence,” are very crucial during the COVID-19 pandemic.

Seventeen police departments in Canada have reported a 16% decline in criminal incidents during the pandemic compared to last year; however, there has been a 4% increase in the number of calls for wellness checks and domestic disturbances (Statistics Canada, 2020, September 1). “An increase in wellbeing checks and reports of domestic disturbances demonstrates the risks associated with social isolation and perhaps the concern of family, friends and neighbours.”

Immigration, Refugees, and Citizenship Canada (IRCC) have also noted that service providers across Canada have seen increased family and GBV. Women are heavily affected by GBV and Newcomer Women face unique challenges in accessing supports, such as language barriers and limited access to

resources outside of settlement services. The IRCC also indicated that LGBTQ2S+ individuals, seniors, newcomers with a disability, children and youth face increased risks of family violence or GBV.

Survey research by Statistics Canada found that Indigenous participants were more likely to report concerns about domestic violence during the COVID-19 pandemic, compared to non-Indigenous participants (Arriagada, Hahmann, & O'Donnell, 2020, August 14). "While most Indigenous and non-Indigenous participants expressed that they were "not at all" concerned, 11% of Indigenous participants reported some level of concern (somewhat/very/extremely) regarding the impact of the pandemic on violence in their home, more than twice the corresponding percentage among non-Indigenous participants (5%)." Indigenous women (13%) were more likely to report more concern compared to Indigenous men (9%).

In a local CBC article, "the Windsor-Essex Children's Aid Society [CAS] said there has been a 'considerable drop' in the number of referrals and investigations it would typically have at this time of year. Thirty-five per cent fewer calls are coming in to the agency" (Dodge, 2020, April 22). Derek Drouillard, the executive director of CAS stated, "The amount of stress and anxiety in families is really at an all-time high" and school closures have affected the number of child welfare referrals CAS receives. "It's a really tricky balance of understanding the vulnerability of the families we serve and trying to do our part to ensure the safety and wellbeing of the children, our staff and the community."

The CBC article also noted that Hiatus House experienced a decline in calls. Tom Rolfe, Executive Director of Hiatus House stated, "Some women may be hesitant about leaving their current situation and coming to a communal living area during this crisis" (Dodge, 2020, April 22). The shelter has made accommodations to meet physical distancing requirements for women and children seeking help. Staff at Hiatus House expressed concern over the availability of space for women and children at the beginning of the pandemic (CBC News, 2020, March 20). The increased risks of elevated stress in the home and increased risk of abuse during isolation, as well as increased anxiety about the availability of supports, were also issues of concern.

Local OW case workers expressed concerns over increasing familial tensions during the pandemic:

Family conflict is something we are seeing. Increased arguments and tension amongst members of a household.

I think the biggest concern we are facing is CAS referrals are down (because their main source are schools and agencies) yet domestic abuse is on the rise. We don't know the extent of what is going on in all of these homes. I'm concerned about our youth, without school they have no escape.

Impact on the LGBTQ2S+ Community

LGBTQ2S+ individuals may face additional hardships if they are in living situations with unsupportive family members and may have challenges accessing mental health or other healthcare supports. Many

of the service providers surveyed by Thulien et al. (2020) mentioned the adversity faced by at-risk LGBTQ2S+ youth, as they may be spending “more time with non-affirming family members because they had to move back home for financial reasons and/or limited access to supportive friends and spaces.” Providing access to social connections and support for LGBTQ2S+ individuals would help to mitigate feelings of isolation.

Survey research by Statistics Canada has shown that gender diverse participants were more likely to report poor mental health compared to participants that identify as male or female during COVID-19 (Moysner, 2020, July 9): “Almost 70% of gender-diverse participants reported fair/poor mental health, compared with 25.5% of female participants and 21.2% of male participants. The proportion of gender-diverse participants who reported symptoms consistent with moderate/severe GAD⁵ [generalized anxiety disorder] was double (61.8%) that of female participants (29.3%) and tripled (sic) that of male participants (20.5%).”

The research suggests that LGBTQ2S+ respondents could be experiencing mental health issues because many participants were youth or young adults, a population that is demonstrating poorer mental health compared to older adults. “More than half of gender-diverse participants (54.7%) were under the age of 30, compared with 21.6% of female participants and 20.7% of male participants.”

More gender diverse participants also reported financial hardships and loss of work due to the pandemic compared to male and female participants, which may harm mental health (Moysner, 2020, July 9).

Gender-diverse participants were also more likely to report that they had in fact lost their job or business in the last four weeks (14.6% vs. 8.6% [female] and 7.7% [male]). Consistent with this finding, a greater proportion of gender-diverse participants (39.5%) than female and male participants (23.5% and 23.8%, respectively) reported that COVID-19 has had a “moderate” or “major” impact on their ability to meet their financial obligations or essential needs, such as rent or mortgage payments, utilities, and groceries.

Thulien et al. (2020) and the local W.E. Trans LGBTQ Community Health and Wellness Centre (Wilhelm, 2020, May 2) have noted the negative impact on mental health for LGBTQ2S+ individuals that may be isolating at home with unsupportive family members. The centre has also expressed concern over the mental and physical well being of LGBTQ+ community members, stating in a media release:

Our community members are more likely to have compromised immune systems, as LGBTQ people have higher rates of HIV and cancer than the general population. The LGBTQ population is 50 per cent more likely to use tobacco and have a 77 per cent rate of substance use disorder.

⁵ GAD is a condition characterized by a pattern of frequent, persistent worry and excessive anxiety about several events or activities.

Tobacco and drug use also impact the immune system and coronavirus is a respiratory illness that can especially be harmful to these individuals.

A caseworker in Windsor-Essex has also addressed mental health concerns that may be faced by some LGBTQ2S+ individuals during isolation:

Gender affirming surgeries have been postponed causing an increase in symptoms of depression and Gender Dysphoria. [There is] limited access to resources for clients who are not “out” to their family members – will not access counselling because they do not have a safe place to do so.

Impact on People Living in Homelessness

People experiencing homelessness face an increased risk of infection. They are less able to practice physical distancing measures and follow health directives, such as keeping hands and surfaces disinfected, using PPE, and staying home when feeling unwell. Individuals experiencing homelessness are also more likely to receive tickets for violating physical distancing by-laws (Gaetz, 2020, July 9; Hyshka et al., 2020, May 17; Perri, Dosani, & Hwang, 2020, June 29).

Gaetz (2020, July 9) noted the increased vulnerabilities of homeless sub-populations, such as Indigenous individuals that may avoid shelter spaces and services due to experiences with discrimination. Perri et al. (2020, June 29) state that COVID-19 health directives should ensure “the unique needs of Indigenous people experiencing homelessness are met.” Another subpopulation includes people living in homelessness that are also reliant on substance use because they face comorbid physical and mental health issues, as well as a risk of overdose. Hyshka et al. (2020, May 17) suggest shelters and temporary housing providers “should consider adding or bolstering strategies for accommodating active drug and alcohol use, and make concerted efforts to support people who use substances to stay as safe and healthy as possible.”

It is important for shelter service providers to continue to build relationships with the people they serve and “take a trauma-informed approach to care, to persuade individuals to follow advice” (Perri et al., 2020, June 29). Keeping shelter spaces open is imperative to limiting risks for people experiencing homelessness and support vulnerable populations facing issues with GBV or substance abuse.

The summer time heat waves added additional risks for people experiencing homelessness, and for people living in homes without air conditioning. Many cool, indoor spaces remain closed to the public during the pandemic, such as malls, libraries, and coffee shops. The City of Windsor opened up access to the atrium of the Aquatic Centre during heat waves and many splash pads across the City. The Windsor Water World day program remained open to the homeless population during the summer months. In an article by Carleton (2020, July 20), a Toronto social worker has expressed concern over the lack of access to clean, drinkable water for the homeless population in Toronto. The City of London has also opened cooling centres and they have been passing out bottled water during heat advisories. Their local

Salvation Army has also been sending out water trucks to homeless encampments. One concern is communicating the supports that are out there for people affected by the heat that may not have access to information.

Cold weather during the wintertime has also posed challenges for individuals living in homelessness and those without adequate access to heat in their homes. The increased risk of outbreak in congregate living settings, such as shelters, remains high during the second wave of the pandemic. The Salvation Army had declared an outbreak in late December 2020. The City of Windsor redeployed staff to assist at the Salvation Army and the Downtown Mission shelters. The Homelessness and Housing Help Hub at the former Windsor Water World also remains open during the daytime, seven days a week in the winter.

Impact on Individuals Turning to Substance Use during Isolation

A rising concern is the impact of isolation on individuals that struggle with substance use and increased use of alcohol to cope with the stress of the pandemic response. The Windsor-Essex region has observed an increase in substance use and overdoses during isolation.

Many Canadians have turned to alcohol to cope with the pandemic. The *Canadian Perspectives Survey Series: Monitoring the Effects of COVID-19* is a three-part longitudinal survey conducted by Statistics Canada. This research noted an increase in the consumption of alcohol as 19% of Canadians reported a rise in alcohol use in May 2020, compared to only 14% that reported an increase in alcohol use in April 2020 (Statistics Canada, 2020, June 4). The WECHU has warned against turning to alcohol as a coping mechanism as “alcohol is a depressant and can also harm not only our health, but cause problems in our relationships and at work” (Campbell, 2020, July 18).

A report by Hyshka et al. (2020, May 17) explores the unique supports needed for the shelter population that use substances. Authors note the COVID-19 border restrictions may have affected the illegal drug supply, leading to increased risks of withdrawal for addicted individuals or the use of other, potentially more dangerous substances. Many jurisdictions across Canada have also observed an increase in overdose numbers. The research conducted by Thulien et al. (2020) found that 69% of service providers have noticed an increase in substance use among their youth with experience of homelessness. There is also concern for increased risk of overdose among this vulnerable population.

A Windsor Star article from early July reported that opioid overdoses are on the rise in Windsor-Essex during the pandemic (Campbell, 2020, July 8). The WECHU has noted that opioid overdoses within the first quarter of 2020 show an increase compared to the same period in 2019 and 2018. Campbell (2020, March 23) reported, “Stress, anxiety, and isolation experienced during the COVID-19 pandemic ‘can have a negative impact on substance use, including relapse, increasing use, and risk of overdose,’” according to Dr. Ahmed of the WECHU. “Combine these stressors with less access to services including mental health and addictions and primary care providers, and positive social support, individuals struggling could quickly develop problematic use that could result in an overdose.” A WindsoriteDOTca

(2020, July 13) article reported police had responded to nine overdoses over a weekend in mid-July. Each of the overdoses involved fentanyl. The Windsor Essex Community Opioid Substance Strategy (WECOSS) reported another spike in opioid overdoses, with 11 occurring during the week of October 13 to 20 (Chen, 2020, October 24).

Another increase in opioid overdoses was reported in mid-January 2021, during the Stay at Home order issued by the province: “According to WECOSS, there were nine fentanyl-related emergency department visits between Jan. 18 and Jan. 20. Over the same period, there were six opioid overdoses, all involving fentanyl, and one overdose involving methamphetamine” (Campbell, 2020, January 24).

A local OW social worker noted the impact of isolation and the pandemic on coping for people that struggle with addiction and substance use:

I would say that coping has been an issue for people. Some people seem to be turning to drugs and alcohol to cope. For those who had already been struggling with addiction, this crisis has exacerbated those issues.

Patrick Kolowicz, director of mental health and addiction services at Hotel Dieu Grace Healthcare (HDGH) noted that admissions to their residential withdrawal treatment program had declined during the first few months of the pandemic (Battagello, 2020, August 22). The demand for addictions services has increased at HDGH as pandemic restrictions began to ease later in the summer. Karen Waddell, executive director with the House of Sophrosyne noted the difficulties keeping up with demand on programming since the COVID-19 pandemic began:

The need across the board has increased. Our call volumes are increasing, our waitlist has grown longer and the number of deaths related to addiction has increased. With COVID, the isolation it has created has left people with more anxiety, depression. With that, substance use has increased as a means of coping. (With addictions) that can involve a whole number of issues that can be magnified under the existing situation and it makes everything worse.

Impact of COVID-19 on Diverse Populations

Research shows disproportionately higher rates of COVID-19 and poorer outcomes among more ethnically diverse populations (Public Health Ontario, 2020), which may have implications for the Windsor-Essex region.⁶ Public Health Ontario compared COVID-19 case data for neighbourhoods with varying “ethnic concentrations” using the Ontario Marginalization Index (ON-Marg) and census data on dissemination areas (DA) in Ontario. Research results indicated that:

⁶ The City of Windsor is recognized as one of the most culturally diverse communities in Canada, where 27% of the population is foreign born and over 100 cultures are represented.

Impact of COVID-19 on Marginalized Populations

- “The most ethno-culturally diverse neighbourhoods in Ontario, primarily those concentrated in large urban areas, are experiencing disproportionately higher rates of COVID-19 and related deaths compared to neighbourhoods that are the less diverse.
- After adjusting for differences in the age structure between neighbourhoods, the rate of COVID-19 infections in the most diverse neighbourhoods was three times higher than the rate in the least diverse neighbourhoods.
- People living in the most diverse neighbourhoods were also more likely to experience severe outcomes (hospitalizations, ICU admissions and deaths) than people living in the least diverse neighbourhoods.”

Impact on Visible Minority Canadians

In an article by CBC News (Cheung, 2020, July 30), Toronto Public health reported, “Black people and other people of colour make up 83 per cent of reported COVID-19 cases while only making up half of Toronto's population.” Kwame McKenzie, the CEO of the Wellesley Institute and a professor of psychiatry at the University of Toronto, stated, “racialized people [in Toronto] are more likely to live in poverty and poor housing, they're more likely to be victims of crime and discrimination, and they're more likely to have precarious work and have problems getting enough nutritious food.” The collection of racial and ethnic data is important to monitor the inequitable impact of the COVID-19 pandemic among diverse populations in Canadian cities.

Statistics Canada researchers reported 21% of visible minority participants “perceived that harassment or attacks based on race, ethnicity, or skin colour occurred sometimes or often in their neighbourhood,” compared to 10% of the population overall (Heidinger & Cotter, 2020, July 8). Certain visible minorities were more likely to report discriminatory behaviours happened sometimes or often, including Black (26%), Korean (26%), Chinese, (25%) and Filipino (22%) Canadian participants. It is possible that “their awareness or perceptions of discriminatory harassment or attacks occurring in their neighbourhood may contribute to their overall sense of personal and community safety.” Visible minorities were also more likely to report feeling unsafe while walking alone at night, with Korean (43%), Filipino (38%), and Chinese (31%) participants feeling the most unsafe. Victim's services may play a key role in providing assistance to an increase in calls from minority groups during the pandemic. Further research by Statistics Canada (2020, September 2) indicated that South Asian Canadians reported poorer mental health outcomes during the pandemic compared to other visible minority groups. South Asian and Filipino participants were also more likely to report symptoms of anxiety.

Polling results by the Institute for Canadian Citizenship (1,515 Canadians and 956 new citizens participated) revealed that half of those polled “are worried that discrimination and prejudice will increase in Canada because of COVID-19. This increases to over two thirds among new citizens (64%) and Canadians of colour (69%).” This research found:

Impact of COVID-19 on Marginalized Populations

- “Canadians of colour are much more likely to be concerned that discrimination and prejudice will increase in Canada because of COVID-19, compared to white Canadians (69% vs 47%). These numbers jump to 70% and 88% among new citizens of South Asian and Chinese origin, respectively.
- Canadians of colour who are also new citizens reported the highest level of concerns about discrimination and prejudice.
- 74% of Canadians of Chinese descent or origin, and 81% of new citizens of Chinese origin, said they are concerned about taking public transit due to discrimination and prejudice.
- Among those concerned about wearing a mask in public due to discrimination and prejudice, Chinese (49%) and South Asian (39%) Canadians are among the most concerned.
- About 1 in 10 Canadians and new citizens report that they, or a family member, has felt judged, targeted, or discriminated against in public since COVID-19 began. However, this increases significantly to 30% among Canadians of colour, and 17% among new citizens of colour.
- Among Canadians of Chinese descent or origin, reported experiences of being judged, targeted, or discriminated in public jumps to 53%.”

Visible minority Canadians have raised personal safety concerns as some have experienced increased overt racist behaviour during the pandemic, most notably among Asian Canadians (Gill, 2020, June 7). Sandra Hyde, from at McGill University, noted, “In a pandemic, where we have no cure and no vaccine, people are afraid. They want to place blame. It’s easier to place blame on someone different from you.”

Results from a study conducted by the Angus Reid Institute (2020, June 22) and the University of Alberta “underscore the extent and depth to which [Chinese Canadians] have been exposed to discriminatory behaviours, and the effect on their own sense of self and belonging in this country.” Researchers surveyed 516 Canadians of Chinese ethnicity; 44% of participants were born in Canada and 56% were born abroad. Results from the study indicated:

- “Half (50%) report being called names or insulted as a direct result of the COVID-19 outbreak, and a plurality (43%) further say they’ve been threatened or intimidated.
- Three-in-ten (30%) report being frequently exposed to racist graffiti or messaging on social media since the pandemic began, while just as many (29%) say they have frequently been made to feel as though they posed a threat to the health and safety of others.
- One-quarter (24%) say that they have been frequently treated with less respect [due to] their ethnicity: *I was at a local Loblaws in the queue to pay and a person behind me got too close. I requested that he back up to allow for social distancing and he stated, ‘shut up and go back to where you came from.’* – A man in his 50’s
- For close to one-in-five respondents, the abuse has been more direct. They have reported frequently facing insults or being called names (16%), while just over one-in-ten (13%) say they

have been frequently threatened or intimidated. For just less than one-in-ten (8%), the abuse has been physical: *[I was] spit at by a cyclist.* – A man in his 60's

- Six-in-ten (61%) say they have adjusted their routines in order to avoid run-ins or otherwise unpleasant encounters since the COVID-19 outbreak began.
- Two-thirds (64%) report feeling coverage from North American news outlets has led to negative views of people of Chinese ethnicity in Canada.
- Just over half are worried that Asian children are going to be bullied when they return to school due to the COVID-19 outbreak.”

The concerns and fears over being the target of racial discrimination and harassment have implications on mental health and perceived personal safety for visible minorities living in Windsor-Essex. Some immigrants and visible minorities in the area may be experiencing similar worries, leading to increased isolation at home or increased anxiety while out in public (e.g., riding the bus, grocery shopping, and running errands).

Impact on Indigenous Canadians

According to research by Statistics Canada, Indigenous Canadians are experiencing worsening mental health during COVID-19. Sixty percent of Indigenous participants reported their mental health was “somewhat worse” or “much worse” since the start of physical distancing, compared to 52% of non-Indigenous participants (Arriagada et al., 2020, June 23). Discrepancies in stress levels and reported anxiety were also evident. Forty percent of Indigenous respondents said most days were “quite a bit stressful” or “extremely stressful,” compared to 27% of non-Indigenous respondents. Forty-one percent of Indigenous respondents also indicated moderate to severe anxiety symptoms, compared to 25% of non-Indigenous respondents.

Further research also found that Indigenous participants were more likely to be concerned about family stress because of quarantine during COVID-19. “Among Indigenous participants, 41% reported that they were “very” or “extremely” concerned about the impact of confinement on family stress, compared to 28% among non-Indigenous participants. Indigenous women participants (47%) were more likely to report this concern than Indigenous men (33%)” (Arriagada et al., 2020, August 24). Seventeen percent of the Indigenous respondents also perceived that crime in their neighbourhood had increased since the pandemic started, compared to 11% of non-Indigenous respondents.

Elayne Issacs, Integrated Care Manager with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) location in Windsor-Essex, participated in the *Windsor and the Post-Pandemic Healthy City: A Community Conversation* webinar in late June. She stated that the region is known as “the dish with one spoon territory,” which was not traditionally separated by an international border. She addressed the impact of the border closure between the United States and Canada on Indigenous members of the

community, as they are unable to cross the border into Michigan to meet with Elders or participate in spiritual traditions.

Impact on Newcomers to Canada

Newcomers, including recent immigrants, refugees, and migrant workers, are vulnerable and face increased isolation during COVID-19. In a recent CBC News article, recent immigrants “have experienced exacerbated social isolation during the pandemic. That’s a challenge tied to the obstacles of arriving in a new country with few connections and often limited language skills” (Silberman, 2020, July 6).

Newcomers may also feel increasingly disconnected if they face challenges communicating with family members in their home countries (e.g., lack of access to technology, time zones).

In a recent study of the Healthy Immigrant Effect (HIE)⁷ by Statistics Canada, researchers analyzed data from the 2011-2014 *Canadian Community Health Surveys* (CCHS). They linked this data to the Longitudinal Immigration Database (IMDB). Ng & Zhang (2020, August 19) found that overall, recent immigrants were more likely to self-report higher levels of mental health:

[A]mong immigrants, self-reported mental health status varies based on region of origin and amount of time in Canada, even after controlling for socio-economic and demographic factors. Immigrants who arrived within 10 years of the survey, for example, were more likely to report high levels of self-reported mental health, while those who had been in Canada for 10 years or more reported lower levels of mental health, similar to their Canadian-born counterparts. These results support the healthy immigrant effect and its loss over time in the area of mental health.

Research during the COVID-19 pandemic has found that recent immigrants are reporting poorer mental health compared to other Canadians. Statistics Canada crowdsourcing research indicated that over 50% of recent immigrants (defined as 5 years or less since admission to Canada) have reported worsened mental health since physical distancing measures have been implemented (Evra & Mongrain, 2020, July 14). Twenty-eight percent of recent immigrants reported poor or fair mental health compared to 20% of established immigrants, and 24% of participants born in Canada. Recent immigrants also had a higher likelihood to report at least one symptom of anxiety (91%), compared to participants that are established immigrants (82%) and Canadian-born participants (86%).

Fear of job loss due to the pandemic is higher among recent immigrants (21%) than among other Canadians (11% for both established immigrants and Canadian-born respondents). Researchers noted that fear of losing one’s job correlated with higher prevalence of generalized anxiety symptoms. As

⁷ Immigrants are found to be healthier upon their arrival to Canada than the Canadian-born population—a phenomenon referred to as the healthy immigrant effect (HIE). However, this initial health advantage seems to disappear over time, partly because of stress and other integration challenges.

outlined earlier in the report, several data sources have indicated that newcomers are particularly vulnerable to the economic impacts of the COVID pandemic.

The WECHU report identified issues supporting the mental health needs of the Canadian immigrant and refugee population living in Windsor-Essex because many face cultural stigmas associated with seeking help. In an interview with Steve Joordens, a professor of psychology at the University of Toronto, it was noted that, “human beings naturally seek out connection as a way of dealing with anxiety.” He further said that “immigrants from certain cultural backgrounds, such as the Middle East, also face the added challenge of cultural stigma around mental health and seeking help” (Silberman, 2020, July 6).

Statistics Canada has also published reports on the fear of COVID-related stigmatization (Hango, 2020, July 15). Immigrants (29%) were more likely to state “they were afraid of being the target of unwanted behaviours” compared to participants that were born in Canada (17%). For the participants that reported fear of being targeted, they “were significantly more likely (42%) than the Canadian born population (9%) to report that they feared being stigmatized because of their racial identity.”

Impact on International Students

The number of international students has grown over the last 20 years to approximately 600,000 attending post-secondary programs in Canada, bringing “new cultural ideas and economic prosperity to the country’s shores” (Firang, 2020, July 14). In 2018 alone, “international students in Canada contributed an estimated \$21.6 billion to Canada’s gross domestic product (GDP).” Canada has developed policies to attract students from abroad; however, the COVID-19 pandemic may make this recruitment difficult. International students are a vulnerable population in Canada during the pandemic as they may be ineligible for government benefit programs, like CERB. “[M]easures like lockdowns and campus shutdowns are more likely to throw international students into a severe state of anxiety as many of them will likely experience social and psychological distress.” International students shared their experiences in a research paper by Firang (2020, July 14):

Our university was unexpectedly shut down in mid-March . . . at the time when we weren’t prepared. With no money on me, I am starving, I panic and experience anxiety every day.

After the lockdown, I couldn’t travel home to Ghana. I reached out to my relatives to send me money, but international money transfers have all been very slow during this pandemic. Every day, I go hungry and stress.

Locally, 21% of the student body attending the University of Windsor (approximately 3,360 students) and 4,200 students attending St. Clair College are international students. The Windsor Star reported there are many international students in Southwestern Ontario “who are struggling to survive and unable to go home because of the coronavirus. Many have turned to food banks and other charities to cope” (Moreton, 2020, May 4).

Impact on Government Assisted Refugees (GARs)

Government Assisted Refugees (GARs) are also vulnerable and experiencing increased isolation during the pandemic. A survey of Service Providers in the Settlement Assistance Program was conducted in April 2020 to assess the effects and challenges of COVID-19 on the GAR population. Thirty-three agencies from across Canada responded. Statements from service providers outline the impacts of isolation on their clients:

Refugees experience high rates of isolation and the social distancing requirements will increase this isolation and can trigger mental health problems for many of the people we serve. We are remaining in contact with people through phone and email to support refugees through these issues. For some of our families who are at risk for family violence, this can be a very difficult or unsafe situation. We are reaching out to families to ensure they have supports in place should they need to reach out for help.

Many of our clients are experiencing trauma, and because they are not able to seek professional help at the moment, we are trying to make sure they are not feeling too isolated at home and all the stress that comes with that.

Single mothers and families with many children are having trouble staying home. We fear that it is becoming increasingly stressful in the homes and could lead to some domestic violence issues.

Refugees to Canada are also facing exacerbated hardships during the COVID-19 pandemic. As noted in a CBC article, “Mental health challenges for people who have lived through ‘horrific trauma’ such as refugees is exacerbated by physical distancing measures implemented around the country, said Dr. Meb Rashid, medical director at the Crossroads Clinic at Women's College Hospital, Toronto's first hospital-based refugee health clinic” (Smyth, 2020, April 27). Hamzeh Alnas, a Syrian refugee to Canada interviewed in the article, reported being happy to be in Canada but also noted that the COVID pandemic “really triggers a lot of things. It scares me a lot. I think that's why it triggers the anxiety in me.”

Impact on Migrant Workers to Canada

Concerns over Canada’s food supply led the federal government to exempt migrant workers from border restrictions and allow them to travel to Canada as part of the Temporary Foreign Worker Program (Shields & Abu Alrob, 2020, July 24). This farm labor work has been labelled “3-D labour – Dirty, Dangerous and Demeaning – but now with the pandemic has been recalibrated as 3-D+E labour – Dirty, Dangerous, Demeaning and Essential – as this work has come to be widely recognized as vital to the smooth running of advanced economies.” Shields and Abu Alrob further elaborate, “Exempting temporary foreign workers from travel restrictions has made clear their essential role in the food industry and in ensuring food security in many high income countries. However, their vulnerability has

also been revealed, as well as their poor working and living conditions.” Advocates state that despite their consideration as essential workers, many of the migrant farm workers did not receive adequate protections in Canada.

Many migrant workers in Essex County have been afraid to speak out about their living and working conditions on local farms, as they are concerned about retaliation and being sent home (Schmidt, 2020, July 20). Migrant workers are supposed to return to their home country if they are terminated, as employment is tied to a specific employer/farm through the Temporary Foreign Worker program. Some migrant workers leave their employer and find undocumented work on a different farm, leaving them more vulnerable to poor working conditions and increased fears of seeking medical attention or COVID-19 testing.

In June 2020, The Migrant Workers Alliance for Change reported on the many concerns expressed by migrant workers. Several concerns include the inability to practice physical distancing in living quarters and while working, a lack of PPE to provide protection for workers, and the lack of information made available to the workers. Migrant workers had to quarantine for two weeks upon arrival to Canada, and many were not provided adequate food, hygiene items, or appropriate housing by their employers or the government to do so safely:

Workers could not socially distance and did not receive decent food, income or health information during quarantine: As of March 21, migrant workers were to be quarantined for 14 days immediately upon arrival, during which period they were to be socially distanced, paid 30 hours per week, provided with healthcare information, food, and basic supplies (as they were on lockdown on farms).

We received complaints from 316 workers who were either not paid for this period at all, had their quarantine incomes clawed back, or were paid less than the required 30 hours per week. In addition, 539 workers cited inadequate access to food. Another 160 complaints were from migrants not able to maintain social distancing.

Housing conditions worsened dramatically after quarantine and greater limits have been placed on worker mobility: While the primary complaints about quarantine were about living conditions and crowding, we received another 109 complaints about housing conditions not specific to or after quarantine. Such complaints included lack of essential supplies, cleanliness, cramped quarters, and the presence of animals and pests.

Migrant Workers did not receive relevant information about quarantine guidelines upon arrival in Canada and many were not able to reach out for more information and help. Many also face fear of retaliation for raising concerns:

No information about the quarantine guidelines or tip line was provided by the Federal government to workers on or before their arrival, and the Ontario government took no steps to provide information about provincial guidelines. Most significantly, migrant farm workers have

work permits that tie them to their employers - this means that workers who speak out or complain can easily be terminated and deported, and banned from returning to work in Canada in the future. This makes it impossible, in practice, for workers to be able to complain about their working and living conditions.

Many migrant workers were not able to set up phone lines upon their return or arrival to Canada. This affected their ability to reach out for help, access information about COVID-19, and access the Employment and Social Development Canada (ESDC) tip line to file complaints. Many workers from Spanish speaking countries were unable to report their concerns to the tip line, as they did not speak English or French:

Quarantine protocols have been developed with the safety of Canadian citizens and employers in mind, and do not respond to the specific experience of workers who may not speak English or French, may not have access to a Canadian telephone number or internet, and were not informed of their rights in quarantine upon arrival.

Employment and Social Development Canada (ESDC) has a tip line that workers are encouraged to call to make complaints about employers who are not complying with quarantine guidelines. But this service is only available in English and French, and as such many workers cannot use it. Many workers do not have local Canadian phone numbers, and rely on WhatsApp to communicate with anyone off farm, and cannot call the tip line. Those who do use Canadian numbers were in most cases not able to activate them upon arrival because they were placed directly into isolation.

The report on migrant care workers in Canada by the Migrant Rights Network (2020, October 28) also outlined negative impacts of the pandemic. Many care workers reported an increase in employer control over their ability to leave the home they worked and lived in. “Over a third of respondents that kept working (37.5%) reported not being allowed to leave the employer’s home during the pandemic. Workers reported difficulty in getting groceries, sending remittances or accessing healthcare as a result. Similarly, a third of the respondents that kept working reported being banned from using public transportation.” Many care workers were also concerned with their access to health care services and impact on well-being: “Access to basic healthcare is dependent on having a fulltime job, an active work permit and an active Social Insurance Number, as well as the ability to visit a doctor. Most care workers face barriers at one or more of these points. But the cumulative stress of family separation, job loss or labour intensification, and fears about the future, is taking an enormous toll on care workers.”

Other Challenges Posed by COVID-19

The April 2020 WECHU report indicated “access to the internet and technology to connect to the internet was identified as a key issue facing clients by 61% of respondents, and 57% of respondents said that support with online access to information would be helpful for them and their clients at this time.”

Challenges Accessing Technology and Internet

Impact to Low-Income Families

The reliance on technology and internet to participate in online learning and connecting with others contributes to a growing “digital divide” among marginalized and low-income families. An article written by Jack Graham (2020, April 16) addresses the digital divide exacerbated by COVID-19:

Canada’s digital divide is making it increasingly difficult for marginalized populations to stay connected during the COVID-19 crisis, and therefore for the social impact sector to support them. Many rural, remote, and Indigenous communities in Canada struggle to access a good connection, largely due to the challenges of building digital infrastructure for communities with small customer bases. Meanwhile, Canada’s high prices – often attributed to a lack of competition in the industry – mean more than one third of Canadians have to make sacrifices in order to afford home internet, forgoing spending money on other essentials like transit or even food, according to research by ACORN Canada [Association of Community Organizations for Reform Now].

The digital divide has the potential to increase a divide in the education system. A report by the Wellesley Institute acknowledged that the attempts by school boards in the GTA to provide low-income families with devices is helpful, “but lack of funding has left many students without access to the devices they need, potentially contributing to existing educational achievement gaps between lower and higher income students” (Afful, 2020, May 14). Students may not have the same learning environments or supports at home, which may lead to further disparities in learning and achievement. The initiatives to distribute technology and contributions from large internet companies to help people have access need to be more “wide-spread” and inclusive, to make sure that “no one is falling through the cracks.”

Statistics Canada released a report in mid-April on *School Closures and the Online Preparedness of Children* that outlined the impact lack of access to technology can have on children in lower income families (Frenette, Frank, & Deng, 2020, April 15). The report indicated that a higher proportion of low-income families were without internet services than families in higher incomes. “While only 1.2% of households with children do not have access to the internet at home, the figure is somewhat higher for households in the bottom 25% of the income distribution—4.2%—than for households in the top 25% of the distribution—0.2%.” The report also noted that children in low-income homes are less likely to have access to their own device to be able to complete schoolwork from home: “58.4% of households that had internet access had less than one device per household member. Among households in the lowest income quartile, 63.0% had less than one device for each household member.” Lower income households were also more likely to access internet service using only mobile devices (24.1%) than the highest income quartile (8.0%), and both the second (14.7%) and third (13.8%) income quartiles. Researchers noted that mobile devices might affect the quality of the remote learning experience as “they are primarily designed for receiving information rather than producing information.” The lack of

access for children in low-income homes may translate to less instructional time, as well as affect their ability to complete educational assignments and participate in online activities.

Individuals and families receiving Ontario Works (OW) or that are on the Ontario Disability Support Program (ODSP) could also be facing challenges if they provide income reports online but do not have access to a technology at home. Duranni (2020) noted in March, “Many recipients may not have internet or phone access at home, and rely on computers in public libraries to report to the Ministry of Community and Social Services online. Public libraries are now all closed, leaving people with few options. Ministry computer systems automatically withhold payment if income reports are not submitted.”

Impact to Vulnerable Populations

Organizations that provide support to vulnerable populations are also facing challenges with inequitable access to internet and technology among the populations they support. Nasma Ahmed, director of the advocacy organization Digital Justice Lab, stated, “Technology in many ways replicates the same systematic inequalities that we have in our physical realities” (Graham, 2020, April 16). Individuals and families that rely on face-to-face support are impacted if they are unable to adapt to virtual methods of delivery:

Vulnerable populations, and organizations working to help them, often rely on personal contact and face-to-face support with service providers they can trust. Physical distancing, therefore, is making life particularly difficult for them. “For so many communities that are vulnerable in the best of times, the lifelines to their support are usually found through personal connection,” said Joanna Kerr, the CEO of Tides Canada. “Their sense of wellbeing comes from a feeling of not being alone and knowing that they have a trusted relationship with someone who’s got access to resources,” she said. “That’s a real anxiety-provoking impact when literally you get cut off.”

Results from a survey of service providers that support youth living in homelessness, or lived experience of homelessness, indicated that many (81%) were able to adapt to virtual service delivery (Thulien & Noble, 2020, August 13). An outstanding issue remained, as many homeless youth may not have access to phone or technology to connect with virtual mental health or substance abuse services. Many at-risk youth may not have a safe space to participate in online counselling, excluding them virtual services.

Many youth have not been able to access services because they have limited resources, like working cell phones or Wi-Fi so they have not been able to connect for services.

Many of the youth we serve do not live in a place where they feel safe to attend online groups for several reasons, including their partners or roommates don’t know they are in engaged in the sex trade.

Impact of COVID-19 on Marginalized Populations

Service providers noted the importance of keeping some in-person services available to support clients without access, address issues with loneliness, and “keep eyes” on the youth they support (Thulien & Noble, 2020, August 13).

Initially, clients seemed to be relieved to have continued access; however, over time they have been less engaged (missing appointments) and frequently requesting in-person sessions. Feedback [from youth] has been that they need more personal connection [because of] an increase in loneliness and feeling isolated.

Impact on Rural Communities

Canadian households in rural areas, like some areas of Essex County, may have a slow internet connection, which affects working from home, home schooling, and connecting virtually. A report from the School of Public Policy and the University of Calgary noted that internet carriers might not see the economic benefit of increasing broadband connections for rural areas with low population density, leading to further inequalities (Koch, 2020). “COVID-19 has once more revealed the impact of such inequality as small- and medium-sized businesses and students residing in rural and Indigenous communities face major challenges in satisfying the requirements of their customers or educational institutions.”

The Ontario government is working to address the connectivity issues. As announced in an Ontario News release on July 9, 2020, they are expanding access to reliable broadband and cellular service in underserved and unserved parts of the province. The \$150 million in funding for the Improving *Connectivity for Ontario* (ICON) program will help drive economic investment and job creation across the province, while allowing more people to work from home more efficiently, engage in online learning, and connect with family and friends.

Impact on Newcomers to Canada

The survey of Resettlement Assistance Program (RAP) agencies working with refugees across Canada identifies the challenges with connecting to GAR clients virtually (RAP SPO Survey, 2020, April 3):

Not all clients navigate their cell phone equally, some have harder time navigating technology (emails, texting) - clients do not understand their referral documents, if they don't have a family or friend that can assist them, they have difficulties in showing the documents to us via cell phone - taking picture, emailing it to us - this is complicated when clients are illiterate in their own language or have low life skills - and when staff are using their personal cell phones and using WhatsApp is a challenge.

One of the biggest challenge is our clients do not have access to laptops and cellphones. They also do not know how to use technology.

GARs and recent immigrants that do not have access or the computer literacy to use technology may face additional isolation by not being able to connect to family members back home or others in their community. It may also be difficult for service providers to connect and provide relevant COVID-19 information to their GAR clients.

Access to Information

A lack of internet access or access to news sources could reduce the availability and access to information for marginalized groups. The WECHU report addressed issues facing immigrant and refugee populations that may not have access to COVID-19 related information in their first language.

Impact of Language Barriers

Professor Jennifer Hyndman of York University's Centre for Refugee Studies suggests that "Newcomers who came to Canada as refugees may be especially vulnerable during the COVID-19 pandemic because of difficulty accessing good information about it or struggling to adopt to physical distancing norms, given lower than average incomes" (York University, 2020, April 14). "Many of these former refugees who are now permanent residents live in tight quarters on lean incomes and make frequent visits to the food bank. Often, they also don't speak English or French, at least at the outset. This may lead to lack of information or even misinformation about the virus or how it spreads."

In a CBC News Edmonton article, Huncar (2020, March 31) reports that language barriers prevent the communication of important information about COVID-19 to recent immigrants. Several of the provincial recommendations are only translated into some languages, such as Punjabi or Arabic. Many recent immigrants are also likely to live in close proximity with others in affordable housing units, limiting the possibility of physical distancing for extended families.

The survey of Resettlement Assistance Providers (RAP) for GARs to Canada reveals the challenges with preventing panic and the spread of misinformation among this vulnerable group:

The primary concern was to create access to relevant information pertaining to the pandemic. As this population already struggles with access to services (most often due to language barriers) we initially focused our efforts on removing some of those barriers by setting up access for clients to discuss and receive support via virtually through telephone, WhatsApp, social media and email. As well as translate communications from other sectors pertaining to COVID protocols and the availability of funding relief for families.

Providing information via phone, WhatsApp, etc. is a bit more cumbersome and takes longer than being able to speak with clients face to face. Many clients prefer to use pay as you go phone plans but then they don't pay and therefore aren't available by phone so are harder to reach.

Impact of COVID-19 on Marginalized Populations

The challenge is how to deliver the message in a timely manner. We use social media to share messages, phone calls or text messaging is another form of communication.

A core challenge is having simple information in multiple languages - particularly Arabic - that can be shared through WhatsApp or other tools using cell phones.

Making sure that recent immigrants and refugees to Canada have all the important information regarding COVID-19 information and precautions is necessary to make sure they are able to comply. According to their survey series research, Statistics Canada (2020, July 8) reported that immigrants were more likely to comply with COVID-19 precautions compared to Canadian-born participants, such as wearing masks (80% vs. 61%), avoiding crowds (93% vs. 81%), and social distancing (89% vs. 78%). In a study on the willingness to use contact tracing apps by Statistics Canada (Aitken, Turcotte, & Yang, 2020, July 31), a significantly higher number of immigrants (36%) reported they were “very likely” to use a tracing app than Canadian-born respondents (21%).

Discussions with the WECHU and WELIP addressed that settlement workers may be the first point of contact for GARs. Settlement assistance providers are also tasked with providing relevant COVID-19 related information to the people they support. Recent immigrants and GARs may not have access to information regarding PPE requirements in stores or public transit in their first language, and may face stigmatization for not complying with the requirements.

Impact of Reduced Access to Information

Vulnerable and marginalized populations that may not have appropriate access to information about the COVID-19 pandemic face a higher risk of exposure to the virus. A report from the Institute of Canadian Citizenship suggests that marginalized groups are also more likely to face consequences of violating physical distancing rules. Immigrants, people living in homelessness, and Black, Indigenous, and people of colour (BIPOC) are more likely to receive tickets (Rizvic, 2020, June 24).

Advocates rang alarm bells early, warning that physical distancing enforcement could have a negative impact on marginalized groups, including low-income people or those experiencing homelessness who are unable to pay fines, new Canadians with language barriers, or members of Black communities, who are disproportionately affected by police violence.

In Ottawa, a 21-year-old refugee from Syria with limited English language skills was fined \$880 for allowing his younger sibling to climb on playground equipment in a park while otherwise observing physical distancing rules. In Hamilton, a man experiencing homelessness was fined the same amount for sitting near a group of people outside a health centre.

Tools to Address the Impact of COVID-19

Several supports and initiatives were available at the federal, provincial, local, and community levels to assist Canadians with the impact of COVID-19 on their lives. The tools to address this impact included providing financial support, addressing food insecurity, accessible community and health supports, and providing families with access to technology and COVID related information.

Financial Support Programs

Federal Financial Support

The federal government implemented the CERB program for Canadians. This benefit provided \$500 a week (\$2,000 per month) for people that have stopped working due to COVID-19. The CERB transitioned into a modified EI program as of September 27, 2020. Other financial support programs included:

- The Canada Emergency Wage Subsidy (CEWS) provided both large and small employers with a subsidy based on employee wages, to help employers to keep their workers when they have had a decline in revenues;
- Families with children received an additional \$300 on their May Canada Child Benefit (CCB) payment;
- Seniors that qualify for Old Age Security (OAS) were eligible for a one-time, tax-free payment of \$300, and those eligible for the Guaranteed Income Supplement (GIS) received an extra \$200; and,
- The Government of Canada announced a one-time \$600 payment in recognition of the extraordinary expenses faced by persons with disabilities during the COVID-19 pandemic, anticipating that approximately 1.7 million Canadians would receive the one-time payment.

The Government of Canada also launched the COVID-19 *Emergency Community Support Fund* (ECSF). Announced in late July, 35 community programs in Windsor-Essex County shared \$1.3 million in emergency federal funding to help vulnerable people in Windsor and Essex County affected by COVID-19. The United Way, alongside the Community Foundation of Canada and the Canadian Red Cross, administered funding (Cross, 2020, July 29).

Provincial Financial Support

Financial support in Ontario included the following benefits:

- The Ontario government launched a *Support for Learners* benefit to support costs for children learning at home. Families could apply to receive a one-time payment of \$200 per child (or \$250 for children with developmental needs).

Impact of COVID-19 on Marginalized Populations

- An additional benefit was available per child in December 2020; Families with children aged 13-17 were also eligible to apply for the benefit in January 2021.
- A needs based discretionary COVID-19 Emergency Benefit was available for those receiving OW or ODSP benefits. Individuals were eligible to receive \$100 and families were eligible to receive \$200 monthly toward COVID-19 related costs. The benefit ended in July 2020.
- Ontarians in an emergency, and unable to pay for essentials, are able to apply for emergency assistance (as long as they were not already receiving assistance through ODSP or OW).
- The government provided a six-month temporary deferral of Ontario Student Assistance Program (OSAP) loan payments and interest accrual on OSAP loans from March 30-September 30, 2020.

The Ministry of the Attorney General also suspended residential evictions beginning in mid-March to allow those facing financial hardship to remain in their homes. The eviction ban lasted through July 2020. Ontario announced assistance to those struggling with utilities payments through the Water Rate Assistance Program (WRAP) and COVID-19 Emergency Assistance Program (CEAP).

Local Financial Support

The City of Windsor provided property owners with relief by waiving late penalties on property tax payments in March. April property tax payments could be deferred until June 30, 2020 and the July property tax installment was postponed to August 2020. Hiram Walker produced and donated hand sanitizer, which was distributed to the community by the City of Windsor. Transit Windsor paused fare collection when services resumed in May 2020 until late October 2020.

ENWIN Utilities offered relief to water and hydro customers whose accounts are in arrears during COVID-19 virus pandemic. ENWIN announced that they would not disconnect services and would reconnect water service to homes that had it recently disconnected, and they ceased charging interest on accounts from April 1, 2020 until June 30, 2020.

Addressing Food Insecurity

Several supports were set up and implemented across Windsor-Essex to support those vulnerable to food insecurity in the community. The United Way's WE COVID Care Coalition, in partnership with Green Shield, launched the *Windsor-Essex Food Helpline* (WEFH) to help vulnerable people in the community access emergency food support (the food help line later transitioned to 211). The Helpline provided information about open food bank locations or food hubs offering drive-thru or walk-through pick ups of food and/or grocery gift cards. People could also request delivery of a food hamper or prepared meals. The Windsor Essex Food Bank Association launched four drive-thru/walk-up model food banks in the

region, with two in Windsor and two in the County. The Unemployed Help Centre (UHC) also opened a food hub location at Adie Knox in West Windsor in September 2020.

The United Way launched the *Summer Eats for Kids* program to help fill the void left by the closure of many school nutrition programs due to the COVID-19 pandemic. The program provided a week's worth of healthy snacks, fruits and vegetables to approximately 4,500 families. The drive-thru program was located at six school locations in West Windsor, downtown Windsor and Leamington.

The *Families-to-Families* initiative provided \$100 grocery gift cards to families with children on Ontario Works (OW) and to community partners, Drouillard Place and the UHC, to distribute to families in need; helping approximately 3,500 families. Pathway to Potential provided financial assistance toward the initiative, along with the Solcz Family Foundation, the Windsor Spitfires "Family," and the WindsorEssex Community Foundation.

Other agencies provided assistance with food distribution and community groups organized food drives to help people in Windsor-Essex. These included, but were not limited to, the following:

- The June 27th Miracle food drive held in Windsor-Essex, in collaboration with the Goodfellows and Windsor Essex Food Bank Association. The community donated and collected over two million pounds of food.
- Windsor Essex Food Bank Association and Windsor-Essex Children's Aid Society assisted the United Way with coordinating volunteer drivers to deliver food to vulnerable residents.
- P2P community partners Drouillard Place and CUP have provided access to food pantries and dropped off food hampers to families in their communities.
- VON Windsor-Essex (Victorian Order of Nurses) announced new funding from the Ontario Community Support Association (OSCA) to provide food boxes for 400 clients in the VON's Windsor-Essex Community Support Service programs.
- The Kids First Food Bank renovated and reopened to provide no contact food distribution.
- The Harrow United Church hosted a drive-thru food drive to collect donations.
- Green Heart Kitchen in Kingsville partnered with the Ontario Student Nutrition Program (OSNP) to provide food boxes to local families.
- The Windsor Lifeline Outreach Food Bank provided over 1,000 food baskets.
- The Windsor Islamic Association set up a food bank and helpline for seniors.
- The Unemployed Help Centre of Windsor and Unifor Local 444 distributed emergency food boxes in Essex.

Existing Food Security Concerns in Windsor-Essex

The WECHU report, and discussion with members of WELIP, identified that food banks may not have access to culturally appropriate food for some residents of Windsor-Essex. People with dietary restrictions or food allergies may also face issues with food that is not appropriate for them. There may

also be language barriers for people accessing the food bank or calling the food helpline that do not speak fluent English or French. The WECHU report noted *We Speak* is an option to access translation services in support for people that speak other languages. The continued distribution of gift cards to local grocery stores helps those that have specific dietary needs.

The WECHU report also raised concerns over Transit Windsor's closure, leaving many people that rely on public transportation unable to travel to the store. As Transit Windsor resumed services, transportation might remain a concern, as it may be difficult for people without access to a car, or unable to afford a taxi, to pick up food boxes. It may also be difficult to limit trips to the store during the pandemic and transport a full two weeks worth of groceries home on the bus. Keeping a food delivery option available is important to support people with limited transportation or mobility.

The requirement of Personal Protective Equipment (PPE) in stores is important to limit community spread of COVID-19, but may pose concerns for vulnerable groups. Low-income families may not be able to access or afford PPE for themselves and their families. The needs based discretionary COVID-19 Emergency Benefit was available for people receiving OW and ODSP, but other low-income families may not be able to afford these items. Another issue is that not all shoppers are able to read the Instructions and signs posted in stores outlining the masking and physical distancing rules, for example, some people may not be able to see the signs, or read and understand the signs in English or French.

Community & Mental Health Supports

Providing Accessible Counselling and Health Services

The WE COVID Care Coalition launched the *Windsor-Essex Counselling Support Line* (WECSL) in mid-April to provide timely, safe and responsive telephone counselling support to people having difficulty coping effectively during the pandemic. In a media release for the support line, Joyce Zuk, Executive Director of Family Services Windsor-Essex (FSWE), stated:

Worry and anxiety are common problems at the best of times. As the impact of COVID-19 in the Windsor-Essex community and the need for physical isolation that can then result in social isolation continues, these feelings can become overwhelming. There is so much uncertainty with what is happening now with COVID-19 and what may happen in the future, that people are understandably feeling anxious. The Coalition anticipates a growing need for professional counselling support to ensure people are able to cope effectively during this challenging time.

The WECSL line provides those living in Windsor-Essex with 24/7 access to professional counsellors who are members of the Ontario College of Social Workers and who are experienced in providing personal counselling services. Programs such as the WECSL are very important to support the lower income and precarious workforce that may not have access to counselling benefits through their employer.

The Canadian Mental Health Association Windsor-Essex Branch (CMHA) has also provided increased services in the form of Pandemic Response Therapy. The CMHA and HDGH opened the Mental Health and Addictions Urgent Care Centre to reduce reliance on Windsor Regional Hospital emergency departments. The centre includes a multidisciplinary team of physicians, a nurse practitioner, an addictions worker, psychiatrists and social workers to assess, deliver and coordinate the most appropriate care to individuals. The CMHA in Windsor-Essex has also hosted ongoing webinars to support the overall mental wellbeing of the community and managed the *Bounce Back Program*, a free and remote skill-building program designed to help adults and youth 15 and up manage low mood, mild to moderate depression and anxiety, stress or worry.

The Essex County Nurse Practitioner-Led Clinic (ECNPLC) launched the *WE Health Project* as a response to the COVID-19 pandemic. The primary focus of the project is to successfully respond to community needs, with special attention to vulnerable populations whose pre-existing inequities are exacerbated by the pandemic. The ECNPLC recognized and held discussions with community partners to emphasize that the quick transition to digital services (virtual visits) for primary and allied wellness services fails to meet the needs of some of our most vulnerable populations. People with limited and no access to internet service and/or electronic devices cannot currently access the primary and allied services they need. This program is a critical ingredient for maintaining primary essential services that sustain the health and provide the care community members need, as well as prevent overuse of acute care settings.

Support for Seniors

In April, the United Way's WE COVID Care Coalition launched the *Windsor-Essex Seniors Call Assurance Program* (WESCAP) to address the isolation seniors may be feeling during the pandemic. The goal of the hotline is to help alleviate isolation by providing a meaningful social connection and support through regular telephone check-in calls and referrals to other community supports.

Local Caremongering⁸ groups on social media formed to offer community help with running errands and delivering groceries or prescriptions to seniors (or other vulnerable populations) that were self-isolating. Many grocery stores offered early morning senior's hours for shopping alongside fewer shoppers while the stores were clean.

Seniors may also be able to reach out to friends, family, and telehealth resources with the help of technology, but may lack the experience using programs to connect. The Town of LaSalle launched programming to help seniors, including the *Cyber Seniors* program to help teach seniors how to use technology, such as computers, tablets, and smart phones over the phone. Some seniors may not have access to the internet or appropriate devices to be able to participate in the program.

⁸ A movement rapidly spreading across Canada to spread kindness and help others in their communities, particularly those most vulnerable to #COVID19. (Definition from @futureofgood)

Impact of COVID-19 on Marginalized Populations

The Windsor Public Library (WPL) announced a new program making technology available to local special needs senior citizens, with funding from the *Emergency Community Support Fund*. The grant will assist with the purchase 16 Netbooks, accessories and mobile internet hotspots to be loaned out, similar to other library materials. WPL staff will also provide instruction on how to best use the technology, connect to the internet and communicate using the provided software.

The government of Ontario collaborated with *SPARK Ontario* to help seniors and the most vulnerable stay connected and healthy as they self isolate during the COVID-19 outbreak. The initiative launched to help connect community organizations to the volunteers Ontario needs. Community groups across the province recruited volunteers to help deliver food or medicines, run errands or check-up on seniors and the most vulnerable by phone or email while they self-isolated. Ontario also launched a new *Ontario Community Support Program* to expand existing *Meals on Wheels* services to reach low-income seniors and people with disabilities and chronic medical conditions across Ontario. The program also developed the capacity of community organizations to help deliver medication and other essentials.

Support for the LGBTQ2S+ Community

The W.E. Trans LGBTQ Community Health and Wellness Centre provided increased access to phone and online services such as counselling and peer mentorship. It is providing daily online activities, curbside and delivery services for its food bank and a hormone replacement therapy relief program. The centre also expanded the hours for its hotline service (Wilhelm, 2020, May 2).

Support for Substance Use & Addictions

The WECHU has launched a communications campaign to provide information to the residents of Windsor-Essex regarding the effects of problem drinking and the supports available to get help for alcohol dependence. The CMHA and HDGH also tried to increase public awareness that treatment remained available for people struggling with drug or alcohol use during the pandemic (Battagello, 2020, August 22).

Support agencies transitioned to providing counselling over the phone or to virtual group meetings. The transition to virtual and remote services was crucial for keeping support available, but may not be ideal as clients may also rely on in-person interaction and support. The House of Sophrosyne has provided virtual treatment and support groups for individuals struggling with substance use during the pandemic. The *Sobriety Through Accessing Group Education and Support* (STAGES) program offered by the CMHA transitioned to an online Google groups program a couple of months into the pandemic. In an interview with the Windsor Star (Battagello, 2020, August 22), one of the STAGES members noted:

When offered the service online I jumped right on it. It's not the same, but has been a lifesaver. I was feeling a sense of loss and loneliness. You were doing all the work (in the program) and then boom the plug is pulled from you. I fear for others who don't have the technology or ways to keep (receiving treatment).

Support for People Living in Homelessness

The COVID-19 pandemic has raised concerns for the health and well-being of the Windsor-Essex population living in homelessness that do not have the ability to isolate at home. The shelters within the City (Downtown Mission, Welcome Centre, and Salvation Army) implemented safety measures and physical distancing by increasing spaces between beds, screening people, and increased cleaning protocols. Street Help had also moved to a take-out method of meal service for clients (Campbell, 2020, March 23). In late March, the Downtown Mission and Street Help expressed concern over a decrease in the number of volunteers and increased expenses with providing COVID-safe measures.

Glenwood Church collected donations of toiletries and hygiene items to donate to the Downtown Mission. The Windsor-based Iraqi-Canadian Group Organization also donated more than 1,000 custom-made facemasks to the Downtown Mission for distribution to people who are homeless.

The City of Windsor provided temporary Isolation and Recovery Centres at local motels for people experiencing homelessness that were presumptive positive cases to self-isolate. The City also opened the Housing and Homelessness Help Hub program at Windsor Water World in late April to provide a place for people experiencing homelessness to go during the day. The day program provided light refreshments, activities, and staff from Family Services Windsor Essex (FSWE), the Canadian Mental Health Association (CMHA), and CommUnity Partnership (CUP) to assist and support attendees.

Support for Diverse Populations in Windsor-Essex

The April 2020 report by the WECHU further illustrated issues with assisting Windsor's immigrant and government assisted refugee (GAR) populations. Many Newcomers to the Windsor-Essex region rely on several agencies to acclimate to the area, receive settlement services, learn English, and enter the workforce (among many other services). Several agencies have had to move services online, over the phone, or continue to provide services with physical distancing and health related measures in place.

Many virtual programs and courses are available with the Women's Enterprise Skills Training of Windsor Inc. (WEST), the Multicultural Council of Windsor-Essex County (MCC), the New Canadian's Centre of Excellence (NCCE), Windsor Women Working with Immigrant Women (W5), the South Essex Community Council (SECC) and the YMCA.

Impact of COVID-19 on Marginalized Populations

The WECHU report further addressed language as a barrier to accessing counselling support, as some members of the community do not speak fluent English or French. The WECSL media release noted that translation services were available. Other agencies have also implemented mental health services over the phone to the newcomer population. W5 started offering Newcomer Mental Wellness Support Services in the form of a crisis phone line, with support also offered in Arabic and Mandarin. One other barrier to accessing services by phone is that low-income individuals may not have regular access to a phone line, or enough funds to increase their minutes on a pay-as-you-go cellular phone plan.

Indigenous Community in Windsor-Essex

SOAHAC provided COVID-19 testing for First Nations persons living in Windsor-Essex. They also provide options for traditional Indigenous healing, and mental health and addictions services. SOAHAC remained open to provide essential services during the pandemic.

Migrant Workers in Windsor-Essex

COVID-19 has had negative implications for the many migrant workers in the agri-food sector, especially in the Windsor-Essex County region. According to the WECHU website, the migrant worker population in Windsor-Essex made up 41.7% of the total cases in the region (statistic is current as of November 5). Making sure that migrant workers received COVID-19 testing and proper accommodations for self-isolation became top priorities for Windsor-Essex.

The WECHU, Erie Shores Health Care, the City of Windsor, and grass-roots organizations have provided support to the migrant worker population in Essex County, including testing workers, providing shelter for isolation, and donating food and hygiene products. Local community members and activists worked to deliver appropriate food and supplies, including PPE, to migrant workers in the region. The group Conquer COVID-19 donated 120,000 pieces of PPE to migrant workers in Essex County.

The Federal government agreed to provide funding toward an Isolation and Recovery Centre for agricultural migrant workers impacted by COVID-19. The City of Windsor has been running the centre. The government also announced an investment of \$58 million to support the Temporary Foreign Worker (TFW) program in Canada, with \$6 million directed toward migrant worker outreach by support organizations in July 2020.

Making Technology & Information Accessible

Providing Access to Low-Income Families

Ensuring that families and their children had access to technology to complete online learning from home became a growing concern early in the pandemic. Social Policy and Planning staff held discussions with Pathway to Potential (P2P) funded community partners. Partners indicated that many of the low-income families they serve were unable to access online learning (Drouillard Place) and were unable to connect with community supports virtually (CUP). Online learning is a challenge if families do not have internet access or appropriate devices to take part in the Learning at Home programming.

The Windsor-Essex school boards and P2P funded community partner Computers for Kids were able to provide low-income families with a laptop or tablet so children could have access. Families received one device each, to ensure there were enough to distribute. The Windsor Essex Catholic District School Board (WECDSB) provided approximately 1,700 devices to facilitate online learning. The Greater Essex County District School Board (GECDSB) reported receiving 1,600 requests for technology (Caton, 2020, April 2). Some families with multiple children faced challenges, as they would have to share one device to complete online learning activities. Several virtual day camps and online activities launched in Windsor-Essex County to keep children entertained over the summer months from home, but access to technology and internet were required to participate in these activities.

In late July, the Windsor Public Library (WPL) began reopening certain branch locations for computer access only, which was helpful to individuals that do not have access from home.

The Ontario government announced a partnership with Rogers Communications and Apple to help meet the educational needs of students and families. In late spring, Ontario announced that over 21,000 devices with free data plans would be available until the end of June.

Other municipalities, such as London, Ontario, have worked with Rogers to provide affordable or no-cost internet service to low-income families. The City of Toronto also launched a *Free WiFi Pilot Project*. “To help extend free internet to low-income neighbourhoods, the City received generous donations to help connect 25 large residential apartment buildings in low-income neighbourhoods with temporary free internet access for one year.” Programs to provide free internet access to lower income areas of Windsor-Essex would assist families and children learning online from home.

Providing Access to Newcomers

Programs such as *RentSmart* have been adapted to online methods of delivery, with agencies such as WEST having success with the transition. While virtual programming is a great alternative, it requires access to technology and the internet that not all households are able to afford.

Impact of COVID-19 on Marginalized Populations

The Community Refugee Fund and Diocese of London Refugee Ministries and YMCA of Southwestern Ontario purchased refurbished laptops for refugee claimants who otherwise could not afford to purchase one on their own.

With the help from the Windsor Essex Emergency Response Fund and the WindsorEssex Community Foundation (WECF), South Essex Community Council (SECC) was able to supply kits to seniors, children and adult students. Refurbished laptops were to be provided to support families in the community who do not have access to a computer to assist with homework, and help support access to Google classroom and Zoom for adult learners who want to maintain their attendance and participation in virtual language and literacy classes.

The WECHU provided unique multilingual resources and links at the provincial and federal levels, as well as a user-friendly translation feature with *BrowseALoud*. The Government of Canada has also provided relevant COVID-19 information and instructions in multiple languages. Individuals were able to access information about financial support, such as CERB eligibility, and COVID-19 health procedures, such as proper mask wearing.

Other Tools

Studying the Impact of COVID-19 in Windsor-Essex

The impact of the COVID-19 pandemic on isolation and mental health has become part of a growing number of research studies in the Windsor-Essex region. The WE Spark Health Institute is conducting a research study on *Exploring Coping Mechanisms in Dealing with Quarantine and Social Isolation during COVID-19 Pandemic*. WE Spark includes partnerships with the University of Windsor, St. Clair College, Hotel-Dieu Grace Healthcare (HDGC) and Windsor Regional Hospital (WRH).

The University of Windsor and WECHU invited Windsor-Essex residents to participate in the *COHESION* study on the affect of COVID-19 on daily activities, social interactions, and the mental health of Canadians throughout, and following, the pandemic. A team of researchers across Canada will evaluate the impact of the COVID-19 outbreak on individuals aged 15 and over. Survey participants will be asked to complete online surveys and can install a smartphone app to track their activity.

Local researchers are also assessing the impacts of the COVID-19 on children in Windsor-Essex through *The COVID-19 Child Mental Health Study*. A team of researchers in the Department of Psychology at the University of Windsor collaborated with the Windsor-Essex Catholic District School Board, the Centre for Addiction and Mental Health, and Virginia Commonwealth University to survey families with children aged 9 to 13. The longitudinal study (which includes surveys each month in July to December 2020, and a follow up in March 2021) will explore how the COVID-19 pandemic has affected children in the Windsor-Essex region.

Long-Term National Responses

Responses to the COVID-19 pandemic have the potential to address long-term, progressive solutions to eradicate poverty and address inequity across Canada, setting communities up to better withstand future crises. Advocates have noted that CERB has made a case to support a Universal Basic Income (UBI) in Canada (Yousif, 2020, July 8):

[T]he economic salve of the CERB has changed attitudes about income assistance as COVID-19 has exposed fragility in many facets of the Canadian economy, casting people out of work while leaving others desperate to transition out of struggling industries, like oil and gas. In doing so, it has reignited the slow-burning debate over a universal basic income (UBI), with advocates, workers and some economists arguing in favour of a minimum financial support to replace the CERB after the pandemic. The added safety net, say proponents, will help lift many out of poverty for generations to come.

The Canadian Alliance to End Homelessness (CAEH) has launched a *Recovery for All* campaign to address ending homelessness and providing safe, affordable housing as part of the COVID-19 recovery in Canada. A current research poll indicated 8 out of 10 Canadians support or somewhat support this investment (NAEH, 2020, August 12). The Council of Canadians has also launched their call for a *Just Recovery* that puts people first, strengthens resilience, prioritizes communities, and builds equity.

Long-term solutions also exist to address the vulnerability of migrant workers entering Canada through the Temporary Foreign Worker Program. Providing agricultural workers with a pathway to permanent residency status in Canada could reduce their vulnerability. Ensuring stringent employer requirements, as well as improving working and living conditions, would benefit workers (Alboim & Cohl, 2020, August 15). The Migrant Rights Network also identifies the importance of ensuring permanent resident status for migrant care workers in Canada. “This will give migrants the ability to protect themselves against labour exploitation, ensure access to emergency income supports and universal healthcare, and reunite families” (2020, October 28). Shields & Abu Alrob (2020) further stress advocacy and addressing the inequity faced by migrant and newcomer populations in Canada:

It is important that migrant rights groups, settlement agencies and their umbrella support organizations, and other progressive forces, engage in vigorous public advocacy for policies and programs that support open multicultural societies, anti-racism, protection of the most vulnerable migrants, and robust social programs that address deep structural inequality.

Addressing discrimination and systemic racism is also a long-term solution as COVID-19 has disproportionately affected visible minorities and has led to increased incidents of anti-Asian racism. Anti-racism campaigns and advocacy groups such as #HealthNotHate and #BlackLivesMatter are working to increase awareness and education surrounding racism against visible minorities in Canada (Little & Hua, 2020, May 22).

Conclusions

As Canadian cities move into recovery, we need to have an honest dialogue about the layered impact of COVID on people in various life circumstances. The heightened impact of isolation and distancing on people living alone, or in unsafe situations, or who are experiencing housing precarity, has been exposed over the past 100 days as a call to action.

COVID has revealed the many ways in which our current social safety nets are not designed for this scale of crisis. How we live has changed, and will likely continue to change over the 100 days ahead. We need to define recovery as more than simply a return to the old “normal.” We need to pay close attention to whose lives have been affected, and how, during the crisis; and appreciate the highly uneven starting point at which we entered this pandemic. We need to imagine a future ahead which involves a new normal for how we live which is better, more equitable and just, and allows for a higher quality of life for more people in Canada’s cities.

- COVID Signpost 100 Days Report, the Canadian Urban Institute

The COVID-19 pandemic has had an impact on everyone within the Windsor-Essex County region in some way and has exposed several hardships faced by the most vulnerable within our community. The responses to address these needs and keep our community safe have helped many; however, responses may still leave some people at a disadvantage. For example, the closing of transit services may have helped to decrease the spread of COVID-19 in the city but affected the ability of people without other means of transportation to get to essential workplaces or food. The switch to virtual services and online learning was beneficial to staying connected, but excluded those without access. Furthermore, the increase in online education, support, and activities in place of in-person interaction may still contribute to feelings of isolation.

The post-pandemic recovery effort should continue to support all residents of Windsor-Essex County. As we learn lessons about the impacts of COVID-19, and the responses implemented to address the impacts, it is important that policy decisions should reflect the continued needs of vulnerable populations to ensure no one is left behind.

The table in Appendix A provides a summary of the impacts COVID-19 has had on marginalized populations addressed throughout this report. It also includes many of the community and policy tools utilized thus far to address the impacts.

A full list of sources referenced in the report is available in Appendix B.

Please direct any questions regarding the report to Teresa Falsetta Aflak at taflak@citywindsor.ca.