

COVID-19 PANDEMIC VIRTUAL SERVICE IMPACT & PROCESS EVALUATION REPORT

JULY 2022

NATIVE CHILD AND FAMILY
SERVICES OF TORONTO'S
PANDEMIC RESPONSE REPORT



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Context

Native Child and Family Services of Toronto (NCFST) closed its doors in March 2020 to much of its in-person services and piloted many virtual programs. These virtual programs were designed to meet the mental health and cultural needs of urban Indigenous families, children, and youth during the evolving COVID-19 pandemic, including their mental health and cultural service. Child protection services remained operational in-person and was scaled back and adapted to pandemic safety protocols; these services were not covered in this report. The services that became virtual in March 2020 that were assessed for this report include:

- Child and Family Wellbeing Services
- Holistic and Support/Prevention Services
- Youth Virtual Programming
- Early Years Virtual Programming



Given that new information and practices have emerged and been evolving through the pandemic as Toronto continued to face multiple waves of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (WHO, 2020), commonly referred to as COVID-19, there was an urgency to begin reopening and recovering from pandemic public health restrictions in spring 2021. The purpose of this evaluation is to create an evidence-based Indigenous response and recovery plan for NCFST, which documents and evaluates the services that were provided during COVID-19 pandemic and identify recovery and reopening needs and issues, including those relating to vaccination policies and procedures.

Context

This report encompasses a goal to ensure that NCFST is prepared to meet the evolving needs of its clients and staff at all phases of a global pandemic. Objectives of the evaluation are to:

- Evaluate NCFST pandemic programs and services using Indigenous methods
- Review current literature on Indigenous pandemic responses
- Create best practices for NCFST during emergencies
- Develop an Indigenous model for pandemic response that includes services, testing, and reopening, with a focus on urban child welfare and cultural mental health.



Deliverables and Outcomes

A major deliverable of the evaluation includes this final report, which documents the program evaluations conducted. Other future deliverables include policy reports and recommendations that will be made to all levels of government and be presented in a policy forum in spring 2022 to ensure reuptake of results by policy makers and political leaders. A community report and practitioners' tool kit on best practices on pandemic responses to all phases will be published in summer 2022. Community resources for mental health recovery will be created for staff and clients, and a training module for staff on pandemics and mental health will be created that can be delivered in an on-going basis.

Literature Review

COVID-19 & Mental Health

The COVID-19 pandemic has negatively impacted the wellbeing of populations globally, sometimes unrelated to the illness itself. The implementation of social distancing measures, stay-at-home orders, and the disruption of regular life, have affected the mental health of many individuals and communities. Primarily, people have experienced increased psychological stress, such as worry about getting or transmitting the virus, being apart from family and friends due to restrictions, grief from losing someone to COVID-19, and loss of jobs or financial hardship (Public Health Agency of Canada, 2020).

Negative mental health outcomes have been seen globally, with Indigenous populations disproportionately affected compared to non-Indigenous peoples. Prior to the COVID-19 pandemic, the mental health of Indigenous peoples was a concern for many communities worldwide. Although public health restrictions during the pandemic are well-meaning, the link between the implementation of these measures and mental health was observed almost immediately at the onset of the pandemic in Canada. In a survey conducted in 2017 assessing the mental health of Indigenous peoples in Canada, 16% reported fair to poor mental health (“The Aboriginal Peoples Survey”, 2017). As the pandemic began, the rate of fair to poor mental health substantially increased to 38% (Arriagada et al., 2020). Sixty percent of Indigenous peoples in Canada surveyed rated their mental health as “somewhat worse” or “much worse” since social distancing measures were put in place compared to 52% of non-Indigenous people (Arriagada et al., 2020). Forty-one percent of Indigenous peoples have experienced symptoms of moderate to severe anxiety due to the pandemic compared to 25% of non-Indigenous people.

Literature Review

Mental Health Services During COVID-19

Due to public health restrictions put in place to limit the spread of the virus, many mental health services for Indigenous Peoples have been adapted, beginning in April 2020, to virtual delivery via online video or by telephone (i.e., Telehealth/Telemedicine). There have been benefits to this shift in service provision, including more flexibility and the ability to reach more people in distress despite geographic or transportation barriers (Wendt et al., 2021). For example, substance abuse clinics that serve Indigenous clients have benefited from adapting to online service provision, as they have been able to increase their out-patient telemedicine services (Wendt et al., 2021). The pandemic has allowed for more flexibility for pharmacists to prescribe and deliver medications for opioid use disorder (MOUD), and this has increased access and continuity of MOUD use.

In addition to mental health service adapting to virtual provision, communities have created services to provide cultural coping skills that promote community cohesion. Tribal Navajo Nations in the United States began hosting an online Power Hour via Facebook to bring healing and wellness to Native Americans (Urbatsch & Robledo, 2020); they provide programming that embodies the teachings and traditions of their ancestors. However, there are barriers to accessing virtual services. A significant barrier is limited internet access (Wendt et al., 2021). In the Navajo Nation, 58.1%-87.7% of households reported not having broadband Internet service, compared to 19.6% across the US (Graves et al., 2020). This is not only specific to the Navajo Nation but also in many rural Indigenous communities across North America. Other barriers include privacy concerns, and difficulties in creating and maintaining provider-client relationships (Wendt et al., 2021).

Literature Review

Gaps in the Literature

The literature on Indigenous mental health services (especially culture-based programming) during the COVID-19 pandemic is quite limited and scantily addresses how specific services have adapted to be provided virtually. More specifically, it is unknown whether programs are running as intended virtually or how well-received virtual mental health services are for clients. This is especially important for culture-based healing programs that were offered in-person individually and in group settings.

In non-Indigenous populations, such studies have been done. For example, Hawke et al (2021) examined the attitudes and experiences of youth who used virtual mental health and substance use services during the pandemic. As the pandemic continues and the reduced capacity to have in-person/group services in many organizations also continues, evaluations of the efficacy of virtual programming and clients' attitudes towards virtual services are important to tackle the mental crisis seen in both Indigenous and non-Indigenous populations.

This evaluation at NCFST addresses the gaps in the literature regarding culturally based virtual services and culturally based mental health services for urban Indigenous populations during the COVID-19 pandemic. Importantly, this evaluation uses an Indigenous framework and mixed-methods Western procedures and tools to address the pressing issue about what is effective in meeting the mental health needs of Indigenous peoples.

Research Methodology

Impact and Process Evaluation

This evaluation aimed to determine if programs at NCFST operated as planned and, if not, to delineate any deviations. The focus of the process evaluation is on the clients' experience of service (such as: Is the program reaching NCFST intended clients?) and program operations (such as: Is the program implemented as intended and in an integrated manner?). This evaluation gathered information from both NCFST clients and NCFST workers regarding their experiences of NCFST's virtual cultural and mental health services and activities.



Research Methodology

Evaluation Procedures

In conducting the evaluation, eight procedures were developed and implemented for our Indigenous systematic program evaluation. The procedures were developed from guidelines from the Centers for Disease Control (Centre for Disease Control, 2011), the World Health Organization Workbooks 1 and 2 (WHO, 2000), and adapted to local urban Indigenous contexts at NCFST direction. The procedures (depicted in a Table 1. One Year Evaluation Procedure Timeline) are:

- Engage people affected by the program and evaluation (stakeholders such as clients, workers, community members, Elders/Healers, leadership).
- Create an Indigenous Evaluation Team of NCFST frontline workers, managers, Elders/Healers, leadership, clinical experts, and WBIH evaluation research experts.
- Describe the program or evaluation and develop a visual representation of the program that will contextualize the evaluation in an Indigenous knowledges framework based on NCFST philosophy.
- Identify the evaluation needs and assess the evaluation resources.
- Determine an evaluation design: Define evaluation questions and determine our measures and methodology. This is to be done by the evaluation team and led by the researchers from the WBII. All measures and methodologies are to be grounded in Indigenous knowledges and scholarship as determined and guided by the Elders/Healers on the evaluation team.
- Gather credible evidence from the clients, from data collected by the program throughout its life to date, from workers in the program, and from internal and outside experts in Indigenous healing.
- Justify data conclusions and recommendations by ensuring the validity and reliability of evaluation results using Indigenous evidence-based practices and methodologies.
- Disseminate the results of our evaluations to all stakeholders and clients at NCFST, and Indigenous communities locally, provincially, and nationally to set the standards for excellence in Indigenous helpline and healing services and responses in a pandemic specifically and generally for health care needs.

Research Methodology

Participants & Data Collection

For this evaluation, a survey was created and offered to clients, and individual interviews with clients and service providers were also conducted. These were used as the main tool for measuring ongoing client wellness, as defined holistically by NCFST values and principles. The survey and interview questions were based on the NCFST's philosophy (influenced by the Seven Grandfather Teachings). Clients and service providers were recruited through NCFST's social media posts and presentations that were given to their community councils and at NCFST staff meetings.

The online survey was shared with clients that have used services at NCFST during the pandemic. The survey consisted of 28 questions, which included three questions that gathered background information about what services were accessed, how often services are attended, and whether the participant was mandated to access services at NCFST. The main survey questions were divided into five sections that explored spiritual, emotional, physical, mental, and integrative dimensions of client experience of service. Questions in the first four sections were assessed on a Likert scale that ranged from 'very poor' to 'excellent' or 'very low' to 'high'. The last section, integrative, was open-ended.

Table 1.
One Year Evaluation Procedure Timeline

Activity	Date
Assemble Team	November 2020
Create Evaluation Tools	December 2020
Create Recruitment Materials	February 2021
Begin Ongoing Process & Impact Data Collection	March 2021
Data Analysis	August 2021
Final Report First Draft	January 2022

Research Methodology

Participants & Data Collection

The sample size was initially set at 100, and 73 participants took the survey, however, after removing incomplete surveys and fraudulent responders, the final sample size was 29. 12 interviews were conducted with NCFST staff and clients. Interviews were scheduled to take an hour and consisted of four questions assessing mental health in general during the COVID-19 pandemic, NCFST's mental health services, and housing and homelessness as many clients accommodated by NCFST face housing insecurity. The interviews were conducted by WBIIH graduate research assistants and were recorded and transcribed by the research team. The initial sample size was set at 20 individuals in total (10 staff and 10 client). The final sample for the interviews was a total of 12 individuals: 6 staff and 6 client interviews. The total number of participants' data that were included from both the surveys and qualitative interviews for this evaluation was 41.

Table 2.
Data Collection Instruments and Participants

Data Collection Tools	Participants NCFST Staff	Participants NCFST Clients	Total
Survey	--	29	29
Individual Interviews	6	6	12
Total	6	35	41

Research Methodology

Participants & Data Collection

Considering the large population that NCFST services, the sample size and subsequent interpretation for this evaluation warrants addressing. Recruitment for this project was extensive and ongoing for several months outside of the outlined data recruitment and collection period, in hopes to gather as many community voices as possible. Recruitment efforts included the circulation of recruitment posters through NCFST social media, e-mail to NCFST staff, and attendance of evaluation staff to both community and staff events to advertise the project, promote participation, and advertise recruitment (see Appendix A). Due to COVID-19 protocols, in-person recruitment at drop-in centres, culture nights, and on-location events was restricted.

While the final sample size is conservative in comparison to the total population served at NCFST, several factors contribute to the total included data for this evaluation. Firstly, online recruitment, while in adherence with COVID-19 protocols, can significantly impact the reach of advertisement to the total client population, as many serviced community members may not have ongoing access to technology, or may have not been subscribed to NCFST e-mails or social media. Secondly, community voices that participated in this evaluation identified seeking NCFST for core supports in survival, such as housing, technology, and mental health crisis services. It is well appreciated by the evaluation team that, in a time of great global uncertainty and personal survival, community members were likely to be over extended, that participating in online evaluation surveys or interviews was low in relative priority levels when seeking safety, security, and connection. A third consideration posed by the evaluation team is the role of NCFST in the urban Indigenous community as a provider for health, housing, and child services. It is important to appreciate that community members may feel reticent to provide honest feedback to service providers when aspects of their stability are intricately involved in their care. Criticism or suggestions for future service provision may be challenging to elicit honestly from community members that rely heavily on NCFST services, despite advertisement of the evaluation team as an external, confidential research process.

Research Methodology



Data Analysis

For the survey data, R Studio software was used to analyze the four domains (spiritual, emotional, physical, and mental) of the survey administered to clients. The questions in these sections used Likert scales, which were re-coded and treated like ordinal data. The Likert Package in R Studio was used to calculate descriptive statistics such as the frequency of responses, mean responses, and pie and bar charts that showed the distribution of responses. As this is an exploratory study, after conducting the descriptive analysis of the overall data, questions of interest were identified and explored.

For the qualitative data, thematic inductive analyses using an Indigenous narrative methodology were conducted on the client and service providers' individual interviews, as well as the qualitative responses that were given in the integrative section of the survey. Themes were extracted from each respondent for within participant analysis. Themes from each participant were also used in a meta-analysis across participants to identify meta-themes for the qualitative data as a whole.

Results

Data Analysis

This evaluation showed an overall highly positive and impactful programming at NCFST during the COVID-19 pandemic. Specifically, programs were reaching their intended clients, and there was a high level of satisfaction and meaningful and ongoing engagement in virtual service, including spiritually based activities. Staff and clients agreed that there was major impact around creating access to traditional knowledges, providing concrete mental health coping skills for the pandemic, creating a sense of community, and enhancing cultural identity and family/caregiver/child relationships. Areas for improvement in virtual programming were challenges with technology for virtual service, challenges with access and availability of programming and staff, needing increased support to address behavioural change in day-to-day life, and a need to increase housing/homelessness supports. Details of these results are presented in the Survey Data Findings and Narrative Interview Findings sections below.



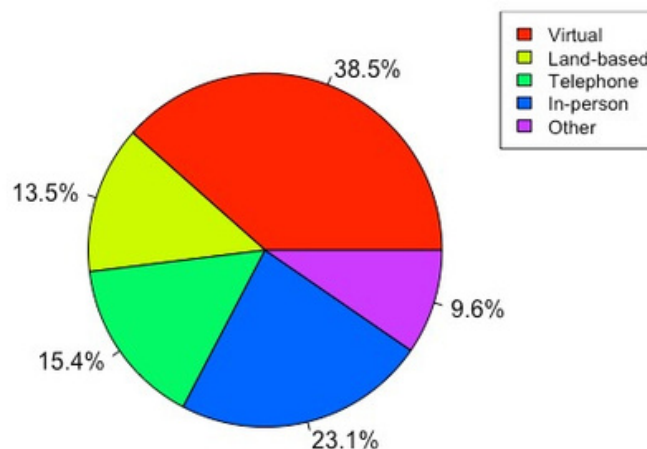
Results

Program Reach

Is the virtual programming at NCFST reaching its clients? Twenty-nine clients completed the impact evaluation survey. Participants that received virtual services was the largest group (38.5%), followed by in-person services (23.1%; see figure 1). Almost all (95%) of participants voluntarily accessed services. Overall, NCFST service were well used; those surveyed reported using NCFST's services frequently (daily/weekly; 75.9%) or often (monthly; 17.2%). Of those who received virtual or telephone services (72.4% of participants), most reported that they use services frequently (90.5%). Thirteen percent of participants surveyed reported that their risk of homelessness was "Moderate" to "Very high" (n= 4). Out of those participants, three were able to access virtual or telephone services. Thus, NCFST programming does reach its intended clients (i.e., those in need or those seeking service) in terms of high frequency and at a high rate.

Figure 1.
Percentage of Services Used by Clients

What type of services do you access/receive from NCFST?



Results

Satisfaction

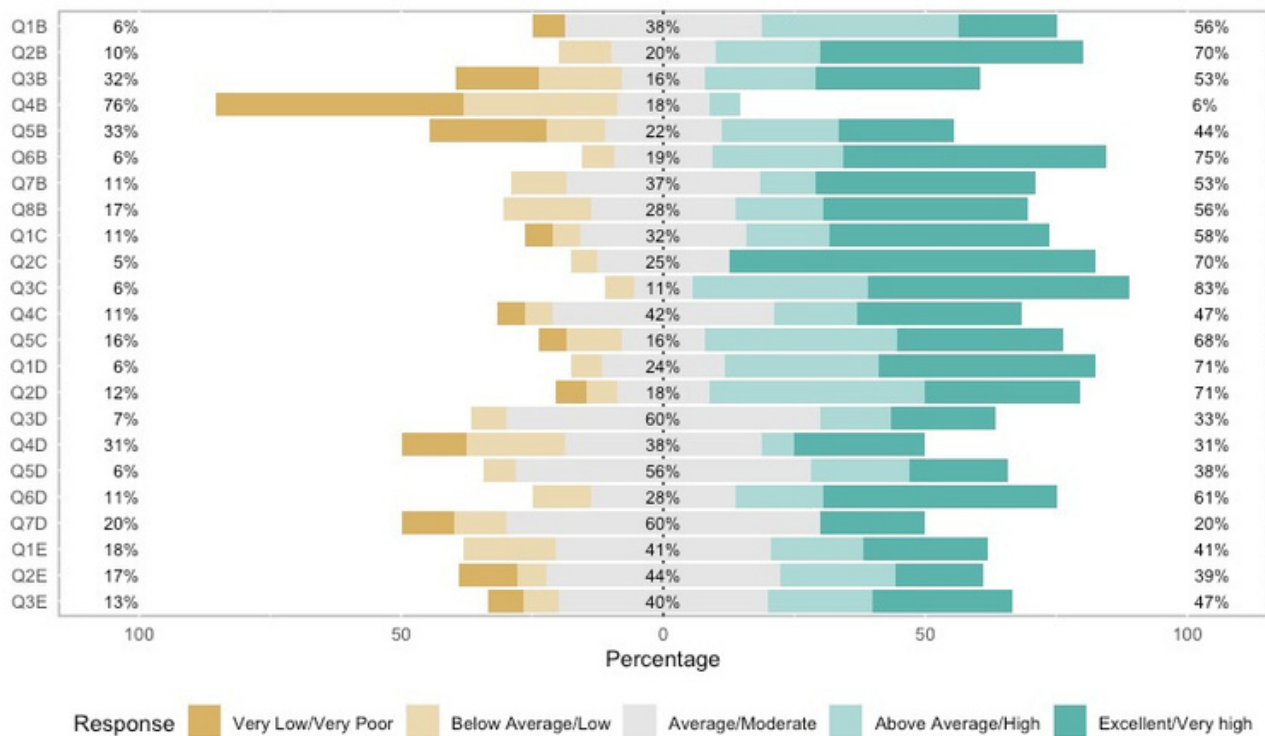
Overall, clients were highly satisfied with the services received during the pandemic. This evaluation is interested in those who received virtual or telephone services during the pandemic, therefore, the data was sub-setted to investigate these predictions. Twenty-one participants indicated that they used virtual or telephone services. The overall trend in the Likert data in the spiritual, emotional, physical, and mental domains was examined.

Figure 2 is a bar chart that shows the trend in responses by grouping them in low (“Very poor/Very low” and “Below average/Low”), neutral (“Average/Moderate”), and high (“Above average/High” and “Excellent/Very high”). In Figure 2, many of the questions are in the neutral/high range except for question 4B which skews more towards the low range; that question asks about the individual’s risk of homelessness, indicating that most of the participants rated their risk as low. The overall mean response for all the domain questions was “Above Average/High”. Within the domains, questions assessing the mental aspects on the impact of NCFST’s services were rated more positively than the other three domains (“Above Average/High” vs “Average/Moderate”). Most clients expressed an interest in spiritual activities. In the spiritual domain, participants were asked whether they would like to attend spiritual ceremonies or see a traditional Healer. Sixty-nine percent of all participants survey said yes, they would like to. Of those who accessed virtual or telephone services, only 66.7% selected yes.

Results

Satisfaction

Figure 2.
The Trend in the Likert Domain Questions:
Spiritual (QB), Emotional (QC), Physical (QD),
and Mental (QE)



It was expected by the researchers that overall, the virtual services (including telephone services) were well received and rated positively. However, it was also expected that there would be some room for improvement in virtual service delivery and the impact it has on service users. The main findings indicate that across the domains it is generally positive (“Average/Moderate” to “Above Average/High”) but it is not perfect (overall ratings of “Excellent/Very High”).

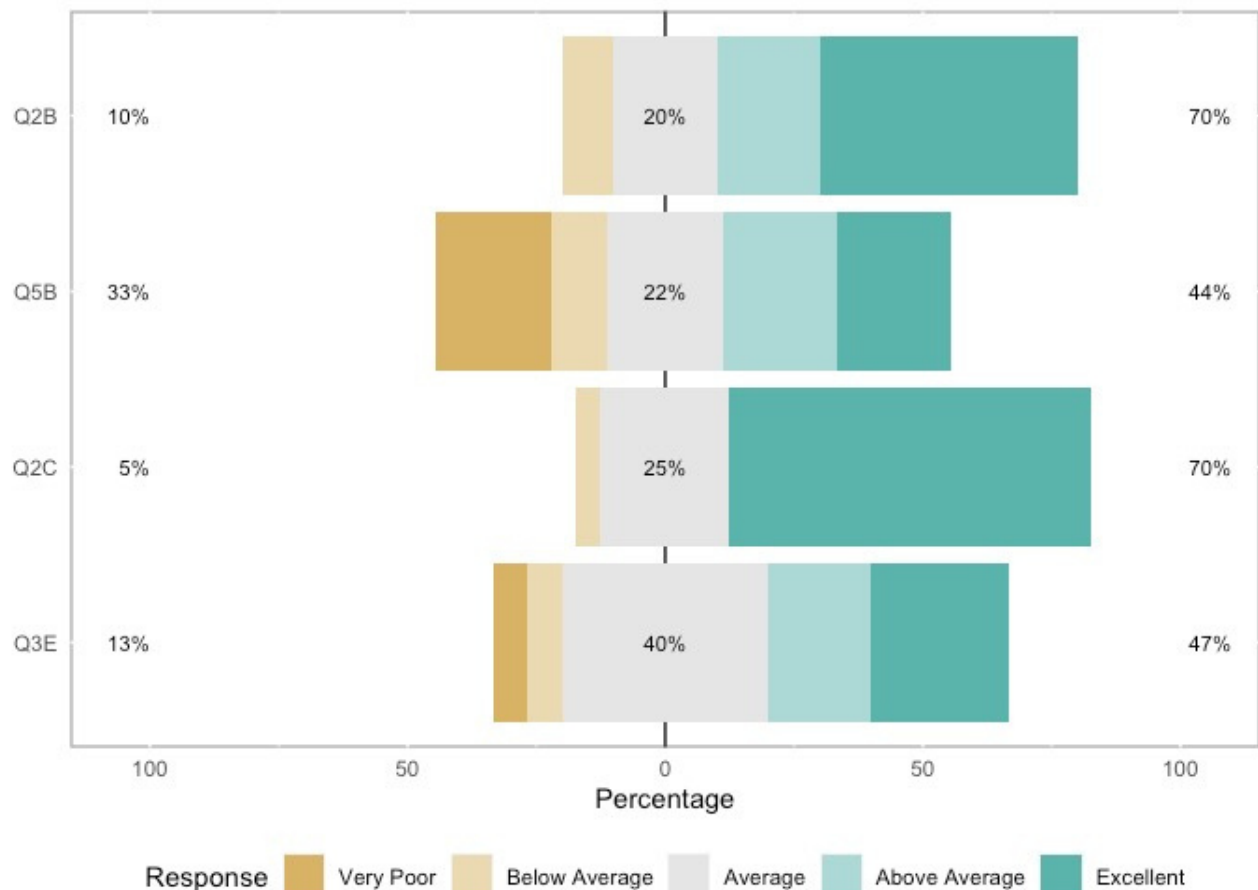
To identify the areas for improvement, three questions of interest and client opinions were explored on the virtual cultural services offered by NCFST. The following sections will discuss these questions and include a thematic analysis of the client’s opinions of those who used virtual/telephone services.

Results

The Quality of Virtual Cultural Services

Participants were asked four questions about their perspective on the quality of NCFST's services. These questions were in the spiritual, emotional, and mental domains. Figure 3 is a bar chart showing the trend in responses.

Figure 3.
The Trend in the Quality of Virtual Services



Results

The Quality of Virtual Cultural Services

The mean response for the questions assessing the quality of services was “Above Average”. Seventy percent of participants endorsed “Excellent” with the question about the quality of relationships with the workers in the program. This was an important finding as research has shown that having a good client-service provider relationship is beneficial for positive therapeutic outcomes (Ardito & Rabellino, 2011). Positive relationships between client and service provider are also a key component of NCFST's therapeutic services. The mean response regarding the quality of community support received at NCFST was “Above Average” compared to a mean response of “Average” for the community support received outside of NCFST's services. This finding shows that **NCFST can enhance a client's sense of community within the services they provide, which is a goal of the organization.**

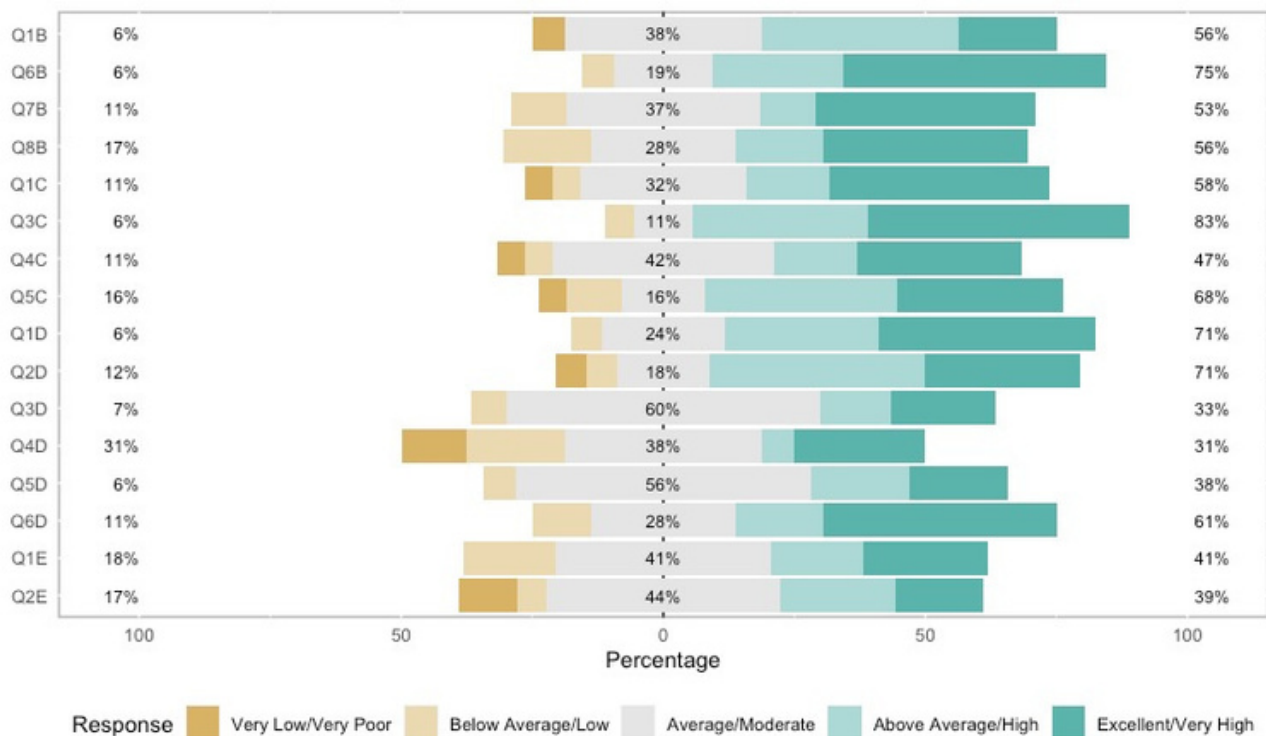


Results

Benefits of Virtual Cultural Services to Clients

Participants were asked 16 questions about the benefits of receiving NCFST's services in the spiritual, emotional, physical, and mental domains. Figure 4 is a bar chart showing the trend in responses.

Figure 4.
The Trend in the Impact NCFST's Virtual
Services has on Clients



Results



Benefits of Virtual Cultural Services to Clients

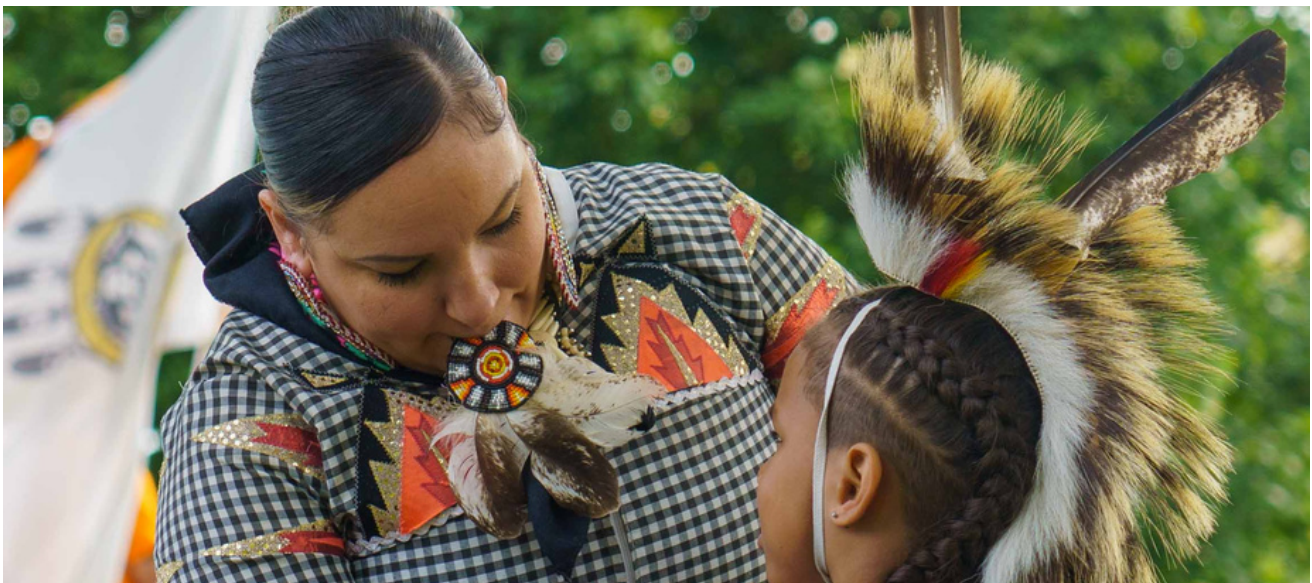
The mean response of the questions assessing the benefits of NCFST's services is "Above Average/High". Two questions that many clients rated highly were about the quality of relationships with their children and the ability to understand their Indigenous identity because of NCFST's virtual programming. This finding is important as these two domains are paramount to NCFST's mission. The organization focuses on providing Indigenous people, their children, and their families by promoting wellbeing through culture-based programs that are grounded in and respect Native values and knowledges. Knowing that clients can connect more with their children and identity as an Indigenous person shows that their programming is meeting its stated goals.

Areas of improvement for virtual programming would be to better help clients with controlling their thoughts, actions, and behaviors. This was rated lower than the above questions. NCFST offers therapeutic services that should address these concerns and this finding indicates that clients would need support in these aspects of emotional wellbeing.

Results

Homelessness & Housing Support

All clients surveyed were asked about how they would rate the housing and homelessness support they received at NCFST. Of those who rated their risk of homelessness as “Moderate” to “Very High”, they reported that the support they received was “Very Poor” (50%) or “Average” (50%). NCFST provides services that help those with housing insecurity, through transitional housing and connecting clients with housing case managers. The results show that NCFST homelessness and housing support is insufficient to meet clients’ current needs.



Client Overall Perspectives

In the Integrative section of the survey, clients were asked to write about their opinions about NCFST’s programs. An across-participants thematic analysis was conducted to identify themes (see Table 2). Although most of the comments were positive, there were some concerns about how NCFST services are running and how funding is being used. Participants gave detailed insight into how NCFST can improve services and areas in which there are gaps. Below, the qualitative questions are listed followed by themes generated across all participant surveys.

Results

Q1. What Do You Like About the NCFST Healing Program?

The surveyed participants were asked about what they liked about the healing programs and two themes emerged: Centre Care and Program Content.

Positive Caring Experiences (Centre Care)

This theme encompasses the responders' opinions on the care received at the centre, in which they shared that they had positive experiences in terms of usefulness of service, caring nature of staff, feeling supported thought difficult times, consistent service, innovative interventions, and helpfulness of holistic service, and feeling good as a direct result of service.

Figure 4.
The Trend in the Impact NCFST's Virtual
Services has on Clients

Question	What do you like about the NCFST healing programs?	What do you dislike about the programs?	What are the challenges of online services for you or your family? And what could help with these?	How would you identify success in the program for yourself? For your family or children?	What are your greatest hopes for your future?
Theme	Centre Care Program Content	Virtual Logistics Programming Connections	Issues with Technology The Need for Additional Supplies	Connection Family Coping Inclusion in the Process	Traditional Teachings Family Connections Services Personal Improvement COVID-19

Results

Program Content Experiences

This theme encapsulates the opinions of clients about the content of the healing program. Most participants experienced the programming in positive ways, which included that it helped them cope with the mental health impacts of the pandemic while being in lockdown, provided them with needed interactive community support online, exposed them and their families to traditional medicines previously not known about, and had a high level of accessibility.

Q2. What do you dislike about the programs?

Most of the participants reported that they had no dislikes of the programs. For a few participants, three themes regarding challenges of the programs emerged: Virtual Logistics Problems, Relationship Challenges, and Need for Consultation.

Virtual Logistics Problems

This theme is centered around issues with the logistics of virtual programming, specifically regarding timing, flexibility, and technology. The participants felt that programs were sometimes limited in availability and accessibility due to scheduling times and technology needs, and that there was a lack of consistency regarding these issues in programming generally.

Results

Relationship Challenges

This theme focuses on the nature of relationships or human connections with others in virtual group activities within online programs. Some participants indicated they did not like speaking with strangers, that is, people they had not previously formed an in-person relationship, that they did not always want to share personal thoughts/feelings/experiences with a group of people with whom there was not an established relationship outside of online interactions. It was also reported by participants that sometimes some of them experienced a low mood after the program, due to its emotional content and their experience of it.

Need For Consultation

In this theme, participants reported that clients should be consulted in the development of programs to ensure that the programming does not set them up for failure and that virtual programming meets their virtual needs. Participants also indicated that consultation with clients in creating programming would include increasing NCFST's holistic services that meet their specific needs; for example, that there should be arts-based programs or those that address food insecurity.

Q3. What are the challenges of online services for you or your family? And what could help with these?

Four participants reported no challenges with the online healing program. However, one of those participants commented that virtual programming in general was challenging for social events. For those who indicated that they or their family had challenges, two themes emerged: issues with technology and the need for additional supports.

Results

Issues with Technology

Issues with technology were a concern for many participants. This theme is broad as it includes technical issues with both hardware, software, and internet service, lack of or poor internet service, the need for increased technology to access services, difficulty in using the phone when internet was not available, and difficulty in genuinely connecting with others online or on the phone and the difficulty of engaging children in an online format.

The Need for Additional Supports

This theme covers some of the gaps in the supports available. Participants expressed that client with disabilities could not always access virtual service, there was a lack of communication about the availability and schedule of programs, timing of programs did not fit for clients, and lack of peer support services.

Q4. How would you identify success in the program for yourself? For your family or children?

Based on the participant's responses, four themes emerged: Connection, Family, Coping, and Inclusion.

Connection

The theme of connection incorporates feelings of positive relational connectedness to others (staff, family, or other clients) or themselves as a form of success in the program. Participants expressed that they felt more connection to their Indigenous identity, had developed strong new relationships with staff and other clients, provided much needed social interaction when this was otherwise lacking in their lives.

Results

Family

In the family theme, participants see success in the program as an improvement in the relationship with their family members. It also includes how participants can share what they have learned in the program with their families. Participants expressed that their families were better able to cope with the stress of the pandemic and other challenges, that they were able to enjoy being with their families more and put more of what they learned into practice.

- “My family is able to cope better.”
- “The success of the programs for me is to enjoy them and put into practice the knowledge they offer. I enjoy all programs and like to share them with my grandchildren.”
- “I enjoy the camaraderie among the staff, and the interaction for my granddaughters. It provides them some structure during these hard times.”

Coping

The theme of coping includes personal feelings of growth due to engagement in the programs. Participants said that:

- “Growth as a father and a person. Learning different ways to cope with my mental health, always having someone to talk to when I need to talk and/or having issue.”
- “Finishing projects and feeling a sense of accomplishment.”
- “I’m healthier. The programs help me make a schedule. [I] have something to look forward to.”

Inclusion in the Process

In this theme, one participant defined success as having the community be involved in the process of developing programs and activities. They said:

- “Ask the community what we want!!!! Create opportunities to listen to the community.”

Results

Q5. What are your greatest hopes for your future?

The final question asked in this section of the survey has to do with participants' hopes for the future. Participants commented on their hopes for themselves, their family members, and NCFST's programs. Five themes emerged from the participants' comments: traditional knowledges teachings, family connections, NCFST services, personal improvement, and COVID-19.

Indigenous Knowledges Teachings

The Indigenous Knowledges teachings theme includes one participant who hopes for youth to be more exposed to traditional teachings. Their comment was:

- “More traditional teachings for young minds...”

Family Connections

In this theme, participants made comments about their hopes for greater connectedness with their families and better circumstances for their families. Some participants said:

- “Being together with family.”
- “I can visit my family again.”
- “Healthy, successful children.”
- “The child to live happy healthy successful lives.”

Results

NCFST Services

In this theme, participants expressed hopes about how NCFST's services will continue to run and how they will continue to benefit from their services.

Participants said:

- “To continue to work with Native Child to learn and to give back what they have done for me.”
- “That programs are continued. I always look forward to them.”
- “My greatest hopes for your future are to further develop a relationship with NCFST and establish all the items listed as enablers to further myself and further deepen my knowledge for the Indigenous Peoples.”
- “Continue participating in the programs and in the future be able to receive them personally.”

Personal Improvement

The theme of personal improvement includes participants' hopes for their own growth and wellbeing. They said:

- “Health, happiness, success.”
- “To grow.”
- “Improvements to current housing situation!”
- “Respect.”

Ending COVID-19 Pandemic

The final theme is about participants' hopes about the future of the pandemic.

Two participants said:

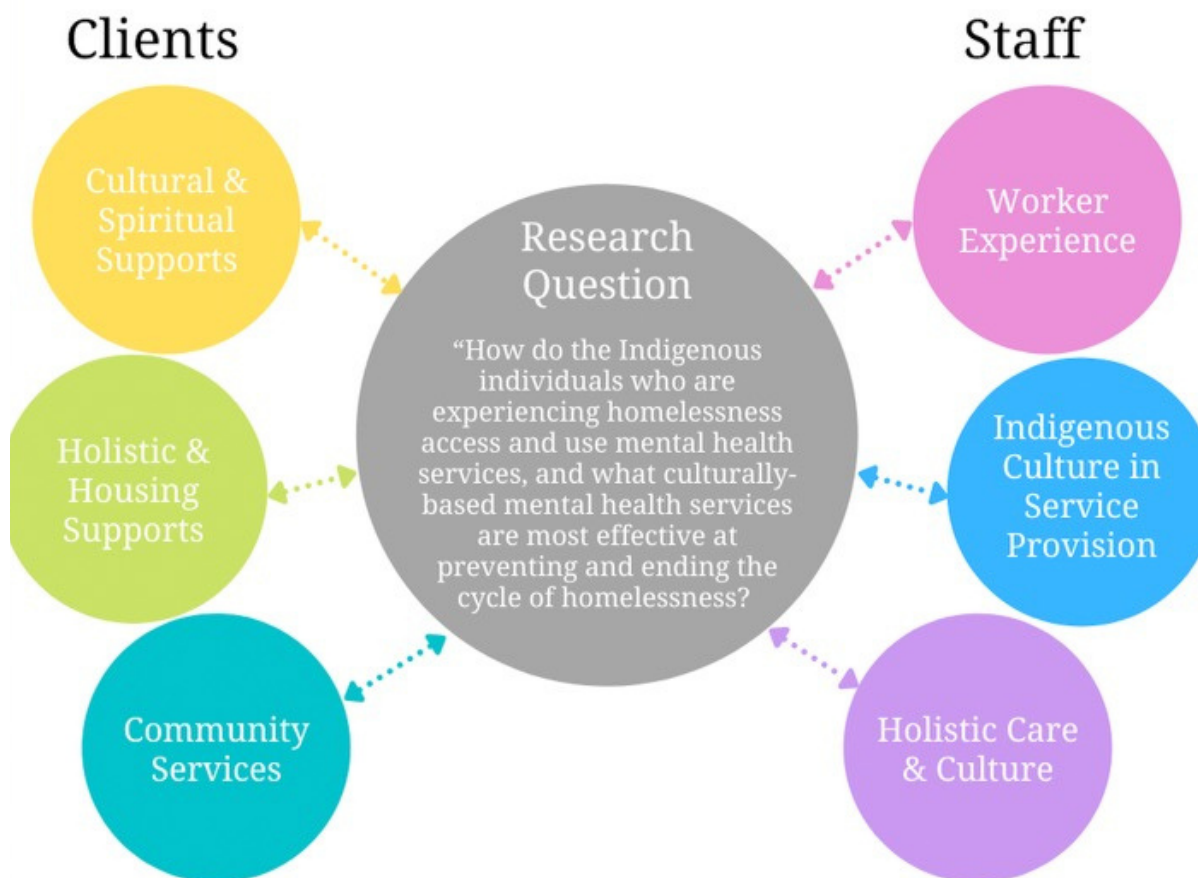
- “No more pandemic.”
- “COVID to end.”

Results

Narrative Interview Findings

A total of twelve individuals were interviewed for this project, including six community members who identified being connected to NCFST, or utilized services over the COVID-19 pandemic, as well as six NCFST staff, whose roles ranged across departments for childcare, case work, and management. Recruitment was completed through community referral, or by advertisement (Appendix A). Individual interviews were conducted in a semi-structured format by one of the research participants of this project, after which they were transcribed and analyzed for core messages, metathemes, and themes. Participants were provided with consent materials and interview questions in advance of the interview (Appendices B, C). Figure 5. Diagram of Narrative Interview Findings is a visual presentation of the overall results, in metathemes, from all the interviews.

Figure 5. Diagram of Narrative Interview Findings



Results

Metathemes & Themes: Clients

Table 4.
Metathemes and themes of community
member interviews.

Metatheme	Cultural & Spiritual Supports	Holistic & Housing Supports	Holistic & Housing Supports
Theme	<ul style="list-style-type: none">- Spiritual Service Engagement in COVID-19- Cultural Disconnection- Indigenous Identity and Spirit	<ul style="list-style-type: none">- Urban Health- COVID-19 Impact to Mental Health- Homelessness & Housing Supports	<ul style="list-style-type: none">- NCFST Services: Engagement & Barriers- Community & Boarder Services in COVID-19

Metatheme: Cultural & Spiritual Supports

This metatheme explored client perspectives of cultural and spiritual supports, as well as community experiences of spiritual connection and disconnection throughout the COVID-19 pandemic.

Results

Spiritual Service Engagement in COVID-19

Participants described varying engagement levels with spiritual and cultural programming across the COVID-19 pandemic at NCFST and described the importance of spiritual and cultural connection to their overall health.

Participant 6C promoted the importance of ease for access to Indigenous medicines and contacting Elders and ceremonies but found some barriers in connection. They recommended “easier access to medicines, easier access to their Elders. [If] somebody wants to go to a ceremony or a sweat, they don’t make that very accessible” (p. 3). Participants promoted the importance of having not only meaningful connection to Elders, but diverse teachings in available supports through NCFST. Participant 5C noted the additional benefit of learning various cultural teachings to support spiritual development from various cultures,

... there’s all different types of different people in the city now, with a diverse background with their tribes, and they don’t necessarily want to learn it from Ojibway culture ... when we subject ourselves to one way, it keeps a lot of people away from their culture. ... I think the more that [NCFST] keep on that way to bring in more knowledge keepers from different areas, then a lot more can be done. (p. 33)

The need and interest in diverse spiritual and cultural teachings was also supported by Participant 6C, who recommended that NCFST could better integrate Indigenous knowledges with service delivery by increasing tribal connections and teachings, “Everybody’s teachings are different, so to try to kind of adapt to different teachings, you know, it doesn’t have to be just that one way all the time” (p. 4). The benefit of gathering and connection, especially for cultural gatherings, was promoted by participants. Participant 5C later described the benefit of holding socially distanced cultural gatherings, such as sacred fires and drumming circles, that can be hosted concurrently to physical health events such as vaccine clinics,

I remember in the winter we had a sacred fire outside. ... that alone was welcoming to a lot of community members that came to get their vaccines, or they came there just for support. ... you have to find space anywhere, open up your services and your culture supports for your youth out there, or for Native people out there. Drumming circles. A lot of these things were done by community members in the city. A lot of community members that aren’t even a part of agencies or that, they just said, as long as these people social distance and we’re keeping each other safe, why not? Let’s just do it. (p. 43)

Results

Cultural Disconnection

Interviewed participants noted some cultural disconnection due to COVID-19 closures, which had subsequent impact to identity and mental health.

Participant 3C described how the closures of ceremony and cultural camps impacted domains of wellbeing,

So, it becomes difficult because, you have that feeling of disconnection towards, spirituality and Indigenous identity because of not being able to do things with other Indigenous people in person. I think that [has] affected my family's mental health, and I know other families' mental health, that disconnection towards cultural environments is Indigenous spirituality, which caused a lot of problems for many people. (p. 1).

Participants noted they required or needed more awareness of what cultural supports were available, and that knowledge of such was beneficial; still, others found that the virtual formatting of cultural programs impacted the positive, profound sense of interpersonal connection found through ceremonies, which impacted consistent connection to services. Participant 5C described the additional difficulty in accessing services in COVID-19,

It's way harder now. Before COVID you could just walk into a building and just be a worker or go see an Elder. Zoom doesn't have the same kind of feeling as when it comes to meeting someone in person; to me it's kind of pointless ... the reality is, if you really want to access those services, then you're going to do it either way, but ... a lot of times they need that guidance, they need someone to walk with them to do it, because it's – the anxiety in the city alone is pretty big. (5C, pp. 3-4).



Results

Indigenous Identity and Spirit

Indigenous identity and spiritual connection were complex and impacted by both their personal relationships and support of ceremony through the pandemic, as well as by external barriers. On an interpersonal dimension, participants such as 1C noted that ceremony supported feeling grounded, “I don’t let anything bother me It’s not worth it – to let it bother you. And I just try not to do that and just smudge everything. And I smudge my apartment and myself” (p. 4). Still other clients described difficulty in navigating in-community barriers within the Indigenous community, such as those falsely claiming Indigenous identity; participant 4C described an event in which she felt she had to “prove” her Indigenous identity, “I felt that I had to prove myself, so I have to wear my Indigenous earrings, or my hat. And just to say hey, I’m one of these. ... It was the subtle things, the subtle things that I found the barriers” (p. 2).

Participants also noted impact to Indigenous identity related to cultural trauma, rejection from communities, and the barriers that can create for healthcare. Uniquely, it was Indigenous history and identity that was promoted to support wellness and access to vaccinations in Indigenous communities throughout COVID-19. Participant 5C described, “I think that we could have brought more cultural knowledge into opening up the community more to getting vaccinated, or understanding what pandemics are. Because our community, the Native people, when it comes to pandemics, you can name a hundred different diseases that run through our bloodline. I think that more knowledge upon that could have been implemented to – a historical knowledge, that show Native people, this is what we’ve been through, and this is what we can do to keep each other safe. (p. 25).

Results

Metatheme: Holistic & Housing Supports

This metatheme included client perspectives and experiences of holistic health supports, and experiences navigating housing in the urban centre and with NCFST.

Urban Health

Interviewed participants described the importance of community resources in maintaining their wellbeing, ensuring stability and wellness. All manner of holistic supports (physical; spiritual; emotional; mental) were recommended as needed for maintaining health, most notably, those foundational supports to ensure stability and survival in urban settings, such as housing and rent support; food hampers; medicines; referral for resources; and support in accessing additional resources. Participant 5C described holistic supports during housing navigations as crucial, “you can't just meet someone's needs daily, you've got to meet them in every way around the circle” (p. 11). Having urban access to holistic supports, such as ceremonies and cultural socials and activities, were noted to be especially important for those that were unable to return to their home communities. Participant 6C describe the importance of attending and having access to cultural services in the city were important for maintaining cultural connection.

... because we live in Toronto and I don't drive, I'm not able to go home as often as I would like. So being able to attend a full moon ceremony or a naming ceremony, or even a drum social, being able to be connected to those things that I grew up with and now sharing that with my children, I really enjoy that. I like that there's a place I can go that's still, still go those things even though we live in Toronto. (6C, p. 1).

Holistic approaches to help support Indigenous participants were described as important to prevent health silo-ing of symptoms and support better, overall care. Participant 4C described treatment and cultural disparities from her family member's participation in mental health programming, [my family member] was in a mental health program ... And it was like herding cattle. Just tell me symptoms, there you go. Whereas I find the Anishnawbe treat mental health, my mental, my son's and my other children, is holistically. It's not just your brain. It's your spirit. It's, 'are you eating well?' When all these taken care of, you're in a better place. (p. 6)

Results

COVID-19 Impact on Mental Health

Participants described the negative impact on mental health due to the limitations to community, service closures, and program barriers due to COVID-19. Participant 5C noted that mental health had been exacerbated in the Indigenous community, and access to mental health supports challenged due to COVID-19,

I would say it's pretty bad right now. We're subjected to phones nowadays—phones or laptops – and a lot of people don't really have access to that, especially with the Native community. Most of us are on social services, where you can't really afford to buy a nice phone or a laptop. A lot of mental health, I find, goes on the wayside (p. 9)

Participants also described larger barriers not only in terms of connection with others as impactful to COVID-19, but also longer-term mental health concerns. Participant 5C again noted the negative impact of service closures and barriers had to the mental health and wellbeing of the Indigenous community's most vulnerable, “to me, it was bigger than a global health crisis. Now it became a mental health crisis. Even though all it takes is three months or a month or a week sometimes, for one individual to fall off completely” (p. 14). Service closures, especially of Indigenous mental health services during the early months of the pandemic, resulted in many youth “[falling by] the wayside”, as “you know how detrimental that can be, especially to a Native youth that doesn't have a job and a service they can go to? Everybody was closed. They go to these services for a reason because that's their safe place. ... A lot more could have been done” (p. 14).

While culture was seen as supportive methods for coping, closures to cultural supports and ceremony were additionally impactful to mental health. Cultural aspects, such as ongoing community connection and ceremonial attendance, promoted positive benefits of mental health coping. Participant 1C noted that NCFST's mental health services and cultural supports have existing services provided for clients for when clients may wish to engage culturally, “There's always challenges and barriers for any kind of Native organization that deals with mental health services and that, but especially the Native Child Family Services agency. It's hard for them to get anybody interested in cultural support, but it is there if they do need it” (p. 1).

Results

Homelessness & Housing Supports

Interviewed NCFST clients and community members described increased risk of homelessness during COVID-19, both in terms of service limitations and closing, access to care, and ongoing service barriers. There were various responses from participants based on their experiences and the benefits received from accessing NCFST services. Participant 6C described positive housing and financial support for a recent move, “They were able to help me. I had to move in the summer, so they were able to help me with first and last month rent” (p. 3). While this was a positive support for this participant, Participant 2C described feeling “let down by [NCFST]” due to needed, but unmet supports, “I was supposed to get housing through Native Child, but they never ended up helping me in the end. ... that was a really big struggle for me, in the end that I had to pay my first month’s rent and move into my apartment, which they said they would help me with” (p. 3). To address negotiating this risk, participants echoed the need for consistent support from housing workers, “definitely having a housing worker that is consistently checking up on you, or giving you updated housing papers” (2C, p. 3).

Participant 5C noted that outreach workers may provide immediate supports for clients, but these were typically not long-lasting, “You can meet their needs daily, whatever they need, whether it’s tokens, or just meeting them and talking to them. But at the same time, a lot of people in the Native community, they need ongoing healing supports” (p. 10). Participant 5C suggested that primary caregivers and frontline workers, such as nurses and physicians, should have remained on site and supported opened buildings to further care for those navigating housing loss “from the get-go” (p.17), which could have prevented loss of life. He recounted knowledge of a community member who was evicted in COVID-19 and lost access to care supports due to closures, [This youth] was no longer allowed to live [in a housing unit], because he wasn’t a part of that program ... Now he ends up back on the street ... I remember seeing him the one day, and the next day he was dead – we found him dead in the tent. Eighteen years old. Had he received primary care, or had he had access to services so he could get housed, maybe he would be alive. (p. 17).

Results

Metatheme: Community Services

This metatheme included both the positive benefits and challenges of work and connection with NCFST services throughout the pandemic, alongside recommendations for further service development for NCFST and broader community services.

NCFST Services: Engagement

Prior to pandemic protocol implementation, participants described positive benefit to the holistic supports and approach to services, as well as the host of cultural events available for community members. Participant 5C described how NCFST's holistic approach to care and engagement were especially meaningful when fostering connections,

I think that everything that they had there before COVID, was a full circle. You had camps that you could go to – youth camps, cultural camps. But to me, you can go and do all these things, but working with someone one-on-one, talking to them, working through it with another person, to me it doesn't get more historical than that, because we're an oral people. I think the most important thing that Native Child offers is that the cultural grounding. (p. 30).

Similarly, Participant 6C described regular attendance of culture nights, drum socials, and powwows at NCFST and in the Toronto community. Following the onset of COVID-19, however, the closure and limitations of such events were profoundly impactful to many of the participants and their family members who enjoyed community closeness and engagement, “once COVID hit we just, we weren't able to do those things anymore. And I think as Indigenous people and people who, like someone who we did that all the time, it just really hit us hard” (6C, p. 1).

Results

NCFST Services: Engagement

Various interviewed clients described the benefit and help received from NCFST, such as food, cultural care, and supports for families, alongside support for clients in need, “I think what they do right now is actually pretty good with the – they help the community. And if somebody needs certain things or get things done or need vetting or whatever bit, they’re there to help them” (1C, p. 2). Of those services positively benefitting those interviewed, highly valued were in food and holistic supports, connection, and knowledge of provided services, or knowing that cultural services were available if interested. Participant 2C described positive engagement with various programs at NCFST, “[the healing program] was very useful. ... it’s very beneficial to what I just recently experienced. ... the program I did, [was] actually a really good program. I would actually recommend that to people” (p. 2). Participant 2C went on to describe the benefit of community gathering through programming, “Community Kitchen was actually a really good program – I actually liked that program. It brought families together in the community. So, stuff for community” (p. 2).

Barriers

While some interviewed participants described positive benefit of engagement and provision of resources, such as finances and technology to access services, others described service barriers within domains of worker consistency, connection, and accessibility. Clients described the importance of having ongoing access to workers, and that contact was maintained and easily reachable, even virtually. Participant 2C described the challenge of navigating a busy household, childcare, and the burden of additional difficulty of reaching NCFST supports, “with my kids, I’m having a lot of run around. So, I wish they were just straightforward instead of the runaround. ... it gets really exhausting and overwhelming. And sometimes I can’t think straight because I’m so all over the place with my visits and then my programs, it’s unbelievable” (p. 4).

Results

Barriers

Participant 6C recounted varying levels of support from NCFST. A particular barrier came from a lack of connection between this participant's daughter and her NCFST worker; she noted the importance of ongoing connection in the maintenance of care in difficult situations. She described, [during COVID] my daughter ran away. I reached out - she has a support worker and I use that term loosely at Native Child, because she's had some issues before, so I've asked them to kind of help her, for their guidance or their help. She's had a worker for some time, and when she ran away, I reached out to him. I think he's contacted her twice since then, so I found her support elsewhere. I just find for my personal experience – like this is just what I experienced with my daughter – unless she was in a crisis and I reached out to them, they would never just check on her. It was only while she was in crisis. And even then, it would take me reaching out to them. (pp. 2-3)

Participant 6C went on to describe how high staff turnover and maintenance of connection, especially for youth, was important, “[my daughter's] had three of them in the year and a half that she's had a worker. Connection is important and, I wasn't happy with the fact that only in a crisis they were there for her. When she's having a good day, she needs somebody there to support that as well” (p. 3). While Participant 6C noted positive supports in navigating housing, she found difficulty in subsequent child welfare investigations following discussion of their family's needs, “...after a week of me calling them for help I got a phone call from the Child Welfare Department saying they got a report ... I wasn't too happy with the fact that I reached out to you for help and then they went around and called Child Welfare on me” (p. 5). Participant 6C described the difficulty in reaching out for service, and its impact on seeking NCFST support in future. She again noted, I have a son... he was about 15 he got mixed up with the wrong crowd, was drinking and doing drugs. I asked them for help. What could I do? I needed help. Again, I had Child Welfare at my door, saying they got a phone call because my two younger ones are just infants at the time – that it wasn't a safe environment for them due to my son's alcohol and drug abuse. Personally, I would not ask them for help. (6C, p. 6)

Results

Barriers

Participant 5C also described the great detriment that can occur for establishing firm age limits for services at Indigenous service centres in the city, most especially related to trauma and housing loss. He described that many youth and young adults can be struggling with traumatic effects of their early lives (i.e., substance use, housing loss), are not met neatly within an age bracket; however, when they're ready to engage in programming, they're met with additional barriers,

... the biggest thing is also their age bracket. Because we've got so much trauma in our own lives that we're still living. You could be 24 years old, but the reality is, you can still have the mind of a 15-year-old. Most agencies are pushing it to 29 now, because a lot of agencies are realising, 25 isn't a good number. your brain isn't fully developed by the time you're 25, it takes a couple more years after that. (5C, p. 53).

He also noted that these age brackets limit engagement with Indigenous service providers once they age out of programs, "they have to access white programs in a way, because they cater to their age. So why are our people accessing white programs, white agencies, when we have the agencies out there to help us?" (p. 53). Adjusting age limitations was strongly recommended to better support the lived realities of community members, their life trajectory, and support their life transitions, regardless of when they begin their path to stability and change. Recommendations for service provision of NCFST included increased food security and supply, "I think people right now are struggling with food and transportation. So, I think those two things are definitely needed in the community right now" (2C, p. 5), alongside increased accessibility for community gathering, "my wish is just more open doors for our community" (1C, p. 4).

Results

Community & Broader Services in COVID-19

This theme detailed how COVID-19-related closures were significantly challenging to community members, both in terms of limited provision of services, as well as broader accessibility needs with regard to accessing hospitals and mental health supports. Identified needs for clients included ongoing and connected supports; cultural needs in services; and that the quality of these connections be marked by cultural approaches, strong communication, and transparency. The limitation and losses of community-based programming was also identified by participants, and that the duration of the pandemic had the potential to cause incalculable difficulty to the Indigenous community, “it’s in a matter of a year and a half, I can’t imagine the damage that it’s brought onto a lot of Native people out there” (5C, p. 5). Most significant was the barriers to mental health and holistic health service treatment, as well as community-based programs, that were closed throughout the pandemic. Participant 5C also noted that the significant delays in pandemic services arrived much later, “during COVID, when it just started, there was nobody out there ... There was no mobile healing, there were no vans. There was nothing out there whatsoever. And that went on for months, and now you’re just starting to see it just at the eleventh hour” (p. 13).

Highlighted needs included service and support transparency, increased communication, and further development of cultural activities, especially for land-based supports which can be done with respective social distancing. Participant 5C later questioned the roles and relationships between the Canadian government and Indigenous service agencies, “The government mandates that you can’t have more than five people in a building, so there wasn’t really much that the agencies could do. But at the same time, what happened to this talk of being a sovereign nation?” (p. 19). He promoted the importance of Indigenous agencies directing the protocols and supports for the specific, unique health needs of their communities.

Results

Accessibility & Online Transition

Participants found mixed benefits for virtual programming. Participant 5C described that accessibility was especially difficult for housing insecure youth, I speak a lot from the perspective on where a lot of youth are on the street, where they don't have access to phones or to laptops. I find a lot from what I've been experiencing ... a lot of the youth that I've been finding are pretty much just falling to the wayside because of the lack of services or the lack of openings, or their lack of understanding when it comes to finding where the services are. (5C, p. 3).

Some activities to outdoor programming was described by community members as beneficial and suggested to continue services with appropriate social distancing measures. Key needs included ongoing need for increasing the accessibility of programs and services, both online and in-person, as well as recommendations/suggestions regarding changes to mental health services provided.

As noted, participants described the importance of accessible services, not only by way of technology, but in consistent connection with their NCFST workers and resources. Consistency and responsivity of resources were identified as most important by participant 6C, and that deficits in consistent worker support came from the NCFST organization and support for their employees, with recommendations to better support employees in effort to avoid high turnover. Responsivity was identified as most helpful for community members, as requesting support was seen as difficult. Participant 6C described, Somebody is reaching out to you asking you for help, I don't think there should be no ifs, ands or buts about it. Sometimes it takes somebody a lot to be able to ask for that help, and when it's not received right away, or somebody's got to hum and haw about it they're not going to be so quick to ask you next time or ever again. (p. 8)

Interviewed participants shared similar sentiments in the fragility of connections and the need for immediate, responsive requests for support to avoid interpersonal rupture and disconnection (5C, 6C).

Results

Metathemes & Themes: Staff Experiences

Table 6.
Metathemes and themes for staff interviews.

Metatheme	Worker Experience	Indigenous Culture in Service Provision	Holistic Care & Culture
Theme	<ul style="list-style-type: none">- Employee Service Provision- Systemic Issues- Virtual Transition	<ul style="list-style-type: none">- Indigenous Lens in Service- Bridging Two Worlds	<ul style="list-style-type: none">- Wellness is Connection- Approaches to Holistic Care- Culture

Results

Metatheme: Worker Experience

This metatheme included staff experiences in providing care and service provision during the COVID-19 pandemic in their respective roles at Native Child and Family Services. Employees included working across a diverse array of roles, including outreach, child and family support, and case management, among others.

Employee Service Provision

This theme highlighted the deep investment of staff in their roles in providing care for clients. Across this theme, two crucial elements emerged in client care: advanced advocacy for client care in service connection, and strong interpersonal connection and flexibility in client care. To support clients' diverse and evolving needs throughout COVID-19, staff described the importance of flexibility to ensure client care outside of work hours; they noted that the care their clients required often did not meet within normal work hours, and this investment and flexibility was not well understood by family members outside of the Indigenous community. Participant 1S described a recent experience of the need for flexibility,

Last weekend I had a community member I was concerned about with a shady landlord, and so I kept my work phone on all weekend. That's not a very good practice, but she's a human, it doesn't end at five o'clock. So, I checked in on her over the weekend. Some people don't understand it if they don't work with community. ... you build relationships with people, you got to help take care of community. (p. 6)

Results

Employee Service Provision

Additionally, advocacy was seen as a key aspect to staff's working roles, especially within the domains of housing, care, and mental health support. Participant 4S noted ongoing advocacy for ensuring an Indigenous youth received mental health support that integrated traditional aspects to ensure rapport,

... I really put in a good word saying someone who's connected to their culture, someone who includes traditional teachings or healing in their clinical work. I kind of advocated for a specific therapist to be able to do that because I knew that they would mesh well together (p. 10).

Staff described that knowledge of Indigenous history, stigmas, and current barriers were well recognized among employees, and especial effort for advocacy and flexibility resulted from the need to best support their clients through broader societal injustices and disparities. Alongside advocacy on behalf of clients, maintaining strong interpersonal connections and relationships to clients to ensure their overall wellbeing.

Systemic Issues

In this theme, NCFST staff described competing barriers that continued to challenge client stability, wellness, and secure transitions for those navigating homelessness. Participant 1S described the importance of societal understanding for Indigenous Peoples and better appreciation into the lived realities of Indigenous history,

... the stereotyping against Indigenous people still. I can't stand hearing it, but there's still so many stereotypes of drinking and drug use and not working or taking money. My dream would be for people to understand intergenerational trauma, to listen to Indigenous people on their past, listen to Indigenous people for the struggles that we still face today. I would dream for Indigenous people to, get to the front, get to the top, to shout it on a megaphone and like I don't know, just be heard. (p. 42)

Results

Systemic Issues

More specifically, staff described the especial challenges in housing Indigenous youth and larger, systemic barriers that prevent successful transitions and secure housing. 1S described encouraging a client to report discrimination due to their Indigenous identity from a landlord, elaborating that, “there’s a lot of racism and prejudice in the housing world ... Indigenous, ODSP, people on Ontario Works. There’s landlords out there that say, ‘I don’t want somebody with this kind of money, I want somebody with a real job’ and they’re bluntly saying this to community” (p. 47). Societal and systemic barriers such as these (i.e., rental limitations; funding issues; policies) challenged workers in supporting their client experiences.

Virtual Transition

Staff described both benefits and challenges in the transition to virtual programming in services from NCFST across a variety of domains. One of the primary barriers as navigating and ensuring client accessibility to technology in order to access online services. Participants noted the disparity of accessibility of Indigenous communities in having regular, secure, and private connections compared with that of the non-Indigenous population. However, an additional barrier included not only technological connectivity, but interpersonal connectivity barriers posed by COVID-19. Participant 4S described how virtual transitions were challenging without pre-existing mental health supports for Indigenous youth,

... the part that was the hardest was if they already had a therapist prior it was easier to transition too virtual. If they hadn’t seen a therapist, it was a lot harder to get them to engage or show up. A lot of my teenagers, it was difficult for them to join a Zoom to kind of engage in counselling. It just feels so foreign ... It was hard enough transitional to virtual with some of they already knew but introducing someone new was difficult. (pp. 3-4).

Results

Virtual Transition

Indigenous cultural values of interpersonal connection and community were greatly impacted by social isolation, distancing, and virtual connectivity required during the pandemic. As a result, barriers in fostering interpersonal connection through virtual means were noted as significant in supporting client wellness and ensuring retention to activities and services. Participant 4S again described how virtual services interfered with connection and referral for youth in need of support,

... the teenagers that I work with specifically, as they were struggling through COVID I said like, “I can connect you with someone, I can connection you with someone” and they weren’t open to it. [Before COVID], I would do a warm introduction, I would be like, “I know this person, come meet this person” and then the young person meets that person, gets a feel for them, and knows that I trust that person enough to introduce them. (p. 5).

Additionally, isolation was a common barrier for staff in ensuring the wellness of their clients, and in the absence of community gathering, virtual supports were provided to attempt to meet the connectivity and interpersonal needs of NCFST clients.

Participant 3S described the positive benefit for NCFST staff of working remotely and the accessibility of virtual services in the pandemic, “I feel that's opened a lot of doors, especially ... [if] there's a barrier even for transportation, to get access to services. ... If there's still a need for it, I think it's important to always touch base with the community or the population that you're working with and see what works and what doesn't” (p. 4). Participant 6S described that COVID-19 impacted all ages of community members, and as a result, virtual inclusion and connection for all community members was necessary. They described the benefit of virtual medicine in supporting community members of all ages,

Because Indigenous people don't live in isolation. It has become a lot worse. We have had to send a lot more smudge kits and more medicines. On Zoom, we have been making medicine bags with them, and I'm talking about all ages. I'm talking about from our young ones to our adults to our youth, to our seniors, and seniors have been drastically impacted by this. We've done drum making and drum socials and we've participated in Native Child's culture nights that are all on Zoom to be able to support. (p. 1)

Results

Metatheme: Indigenous Culture in Service Provision

This metatheme included collective staff responses and considerations of including and incorporating Indigenous cultural teachings, ceremonies, and aspects into service provision with clients.

Indigenous Lens in Service

NCFST staff described that when working with Indigenous clients from an Indigenous service provider, Indigenous cultural values and approaches were crucial; for example, understanding the community value of interpersonal connection was strongly highlighted for staff, both in terms of building relationships, supporting clients to remain engaged with provided services, as well as participating and supporting broader Indigenous community building. In terms of service provision, the Indigenous ‘lens’, approaches, and values were integrated into not only ways of being but in services provided.

As noted, technological and interpersonal barriers were significant in client engagement; Indigenous cultural knowledge and incorporation into provided services were seen as valuable ways of promoting client engagement in services to support their connection to services and service providers. Participant 1S described the technological adaptation of supports to connect clients with culture, medicine, and ceremonies, “... prior to this you wouldn’t really film smudging, you wouldn’t really film people drumming but you have seen it a bit more now. ... it’s a way to extend to the community that couldn’t be here or be there” (p. 10). Participant 1S also described increases to the requests for sacred medicines included with food and holistic care supports, including cedar for health and wellness promotions. While sacred and ceremonial fires were able to be attended in compliance with social distancing protocols, Participant 1S noted that sweat lodge ceremonies were unable to take place, despite community requests, due to concerns for COVID-19 transmission.

Results

Indigenous Lens in Service

Participant 1S later described the value of Indigenous perspective and lenses in work and navigating life on earth as a human being in need of connection and support. More specifically, they recommended an increase of Indigenous lenses used in ongoing services at NCFST,

Seeing things through an Indigenous lens is one of the most important things, and connecting to the land because in Indigenous culture, the land is very important to us, it's very grounding. It's medicine, there's medicine all around us. Our on-the-land program brought so many people out of dark places once we were allowed to meet outside again, and it could be just taking your socks off and standing on the grass. I think that it's very important to teach the children (p. 33)

Aside from an interpersonal level, it was also crucial to approach the broader urban Indigenous community as a whole with an Indigenous perspective; the values and meaning of community was important to include in supporting overall community members and the strength of the community. Staff also included recommendations for ensuring client care and success in incorporating Indigenous lenses and perspectives into their work, such as finding land-based techniques and community strength to support mental health, "I think that's just a matter of taking mental health like through an Indigenous lens. How community supports each other. It takes a village, that's important for mental health too for caregivers, for children and for everyone because, if you see somebody who's having a hard time then just swoop in as like the aunty or uncle and help out" (p.33).

Results

Bridging Two Worlds

As much as NCFST staff promoted the inclusion and incorporation of Indigenous perspectives into client service delivery, they also noted and described the challenges of working and walking between Indigenous worlds, that is, the unique, lived realities that Indigenous Peoples experience living and working in Canada, which included persistent and modern factors rooted in colonial and historical contexts. Participant 5S described the experiences of balancing Indigenous oppression, history, and current contexts, “I feel that there’s a lot of us acknowledging the repercussions of past oppression, residential schools ... but we’re also trying to work within a colonized or westernised view of things, because those are our funders. ... I’m working between two worlds” (p. 42). Participant 5S elaborated on the difficulty in navigating both traditional approaches for clients in present societal structures, “then also trying to teach these people to work within a westernised world, but that doesn’t really feel like a traditional way of approaching things” (p. 42). They expressed hope in ongoing, meaningful integration of Indigenous and non-Indigenous populations, both in terms of accessible supports and mutual understanding,

I do hope that there’s a mainstream shift to Indigenous services, healing modalities, without losing too much of what makes us special and what makes it good and feel good for everybody. Maybe that means going to the funders and the policymakers to not just create a beautiful building with Indigenous architecture. The reporting needs to be different. Maybe the funding needs to be distributed in a different way so that it doesn’t just look Indigenous, it truly is. It weaves, the very core, not just for show. (p. 49)

Participant 5S suggested that this integration should be at the service delivery level as well, “I hope at some point in the future it can become just as commonplace, regular, like Indigenous counselling versus counselling. I hope that more people become involved in the community, and even non-Indigenous people try and learn” (p. 46). Additionally, staff described their clients’ lived realities and community barriers, as well as broader society. This largely impacted and related to broader barriers of Indigenous racism and the impact that has to community members.

Results

Metatheme: Holistic Care & Culture

This metatheme included staff perspectives and approaches to supporting and promoting holistic care and cultural connection for clients. Staff described the critical importance of culture and connection in health and wellness considerations for Indigenous Peoples, as both an overall source of wellness, but promoting wellbeing during the pandemic.

Wellness is Connection

NCFST staff described not only the negative impact of COVID-19 on mental health for their clients and community members, but one crucial and fundamental aspect of support for Indigenous mental health services lay in strong community bonds and interpersonal connection between clients and workers. Participant 1S described the importance of strong community building as an employee within NCFST, “It’s very based on relationships in my opinion. I think to be successful working with community, you have to build relationships, otherwise you’re just a face that’s passing by in the grocery store” (p. 4). Community connection and supports was identified as a strong theme with supporting client mental health, especially for clients who were supporting children and family members. Participant 1S described, ... Indigenous communities [and] people like to gather, be with their families, their family is community too. ... kind of just like an extended family. I’ve seen a dip in mental health and definitely a rise in anxiety and in children too, and in parents struggling with missing supports for their children because it could be even that they did attend childcare and then COVID shut it down. Sometimes childcare is the only break for certain parents, for certain families that might not have the same support system. (p. 8)

Results

Wellness is Connection

Interviewed staff participants described that this was reciprocal from NCFST management and directors. Participant 1S described the benefit of institutional support, engagement, and meaningful discussion regarding coping during isolation, remote working, and need for flexibility in balancing their working roles and life at home. She noted,

Native Child has been so good to us ... our executive director has said before, “I know everybody has a different life right now. Your children are at home, they need more attention. I don’t want you to deny the children attention but if that means that you have to take a couple of hours off in the afternoon and you do your work on the kids, go to bed later, that’s fine. As long as we’re servicing the community and getting the work done.” ... We’re families and we serve families; we are families, and we don’t shut children down ever. (p. 18).

After community losses, Participant 1S described the grief and grieving ceremonies and circles in place to support staff, “I think that is kind of raising the needs of the culture and the people, still keeping it safe” (p. 20). Additional staff resources were available in turn to help support community members, ... we’ve learned so much about that over the year and that is to also share with community because everybody is hurting, and everybody has faced loss. ... loss of routine and the children and socializing. There’s a lot of loss and hurt that it was very good to have the supports and training to share with everyone. (p. 22) This theme most notably highlighted that not only did wellness come from community and interpersonal connection, but that for Indigenous community members, wellness is connection; from perspectives of interviewed NCFST staff members, connection and strong interpersonal bonds are critical foundations to Indigenous mental health.

Results

Approaches to Holistic Care

NCFST staff described the benefit of inclusive, holistic approaches for supporting their clients, typically outside of the roles they were employed in. As noted, staff endorsed advocacy and flexibility in supporting clients, and noted that across various employment rolls, connection, and provision of services to support holistic care was important, including overall health (mental, physical, emotional, spiritual), housing connection, financial care for rent, groceries, and medicines, as well as interpersonal supports. Participant 1S described their changeability in roles due to staffing shortages, “I will help families get support. If they need housing help or if they need mental health help or it could be something as even making a calendar to keep virtual stuff, I will help them with it” (p. 2). Holistic care also included supporting fellow staff and community through relationship building, “if there’s someone that needs assistance with the youth, then we’ll step up and we’ll help each other. ... you don’t lose that connection because you’re in a different position. So, we’re still all very well intertwined” (1S, p. 3).

This included health, housing, rent, grocery, medicines, and interpersonal supports. From a Western perspective, these may be seen as exceptional tasks outside of the working role, or potentially options for service workers to refer for additional services or service workers; however, staff endorsed personally supporting and investing in service provision, and coordinated resources for clients, often directly. NCFST staff described that these approaches are aligned with Indigenous health and holistic wellness, which requires collaborative and holistic approaches for clients that aligns with their worldview. Staff suggested the importance of connection to support later service provision due to the establishment of trust,

... like this person I just helped with housing, they’re going to be more comfortable to come to you and open up and unpack things with you in a different way which would be very helpful to you because there’s a lot of intergenerational traumas with Indigenous people. Even if you don’t really know what it is, there’s a lot of intergenerational traumas and you’ll get resistance, but building relationships would help fix that (1S, p. 42).

Results

Approaches to Holistic Care

Participant 6S described that holistic care, relationship building, and connection is fostered over time, and requires institutional supports from NCFST as an employer; specifically, they noted brief contracts limited the ability for clients to meaningfully engage with their workers to support spiritual and holistic wellness,

...Where in the Indigenous way, we know mental health is a crisis, regardless of what step you're in, because it's affecting your spirit. And the spirit can die before the body. And that's why having all those resources for mental health, having the people, having the finances to support staffing, and having those staff not be under contract. Because people just start building a relationship and their contract is coming out in two months. (p. 8)

Culture

This theme encompassed NCFST staff perspectives as they described the importance of connecting and healing clients, especially youth navigating housing/care transition, with ceremony and cultural connections. One staff member in particular described the importance and value of supporting Indigenous youths' cultural reconnection with Elders/knowledge keepers. Participant 4S described the importance of opening land-based options for ceremonies, as during more restrictive pandemic protocols, cultural introductions were lacking a felt sense and comfort of in-person connections, ... over video, connecting with culture and ceremony, something is just lost there. I don't know if my kids who have engaged have gotten as much as they would, [those] learning about their Indigeneity and not connected, didn't grow up smudging, it all like feels very new to them. To be introduced over video is difficult. There's just so much more you can do when you're sharing a space with someone, the energy transfer ... it just [has] a different feel to it. (p. 9)

Results

Culture

However, she further described those cultural supports were valuable in connecting youth with various holistic supports. Prior to COVID, she described how youth that would benefit from participating in mental health care, but were initially hesitant or opposed, would be willing to meet with an Elder, knowledge keeper, or participate in healing ceremonies, and that “cultural connection [was] a way to start and move towards healing” (p. 17). Participant 1S described the importance of Indigenization to mental health care, and the benefit of incorporating teachings and culture into supporting Indigenous Peoples,

... but I think one of the biggest things is to not do it in the colonized way. Not that there's anything wrong with going to therapy, that's perfectly fine, but you're probably less likely to get the average Indigenous community member to just come sit on a couch and talk. You have to connect, build a relationship, and do it through an Indigenous lens. So that could be activities, using the medicine wheel, it could be focusing on some grandfather's teachings but building relationships and doing it through an Indigenous lens. (p. 38)

Participant 5S further elaborated on the importance of cultural and land-based connections during the pandemic, which was described as “a saving grace for a lot of the families I was working with” as “that was really important, was something that was really good and involved the culture” (p. 17).

Staff described that traditional and cultural approaches were important for overall wellbeing for the Indigenous community, and crucial for the development of identity for Indigenous youth. While accessing cultural supports were limited in COVID-19, service workers promoted that culture and ceremony be placed as a front line for service delivery, a recommendation that was noted to continue to occur in NCFST. Participant 4S described her hopes for the future at NCFST in developing culture “at the centre” of care, including working relationships and mutual collaboration with traditional knowledge keepers towards the health, wellbeing, and healing of Indigenous clients, “we have that collaboration and relationship and shared sense of how we do the work we do” (p. 28). Further land-based opportunities and cultural gatherings were encouraged across staff desires for future, most especially for teaching and healing of youth, “the more we can foster connections with traditional people who can facilitate those or support with those, and that will be amazing if we could like make that something for our kids and our young people. I think that would help so much with mental health” (p. 28).

Discussion

It is clear from the results of this program evaluation that NCFST did an excellent job in pivoting responding to the pandemic with immediate adaptation of all in person cultural and mental health services to virtual services. There have been high levels of increased integration of virtual service for all cultural programming, including some spiritual ceremony—this remains innovative and sometimes controversial, as cultural, and spiritual knowledge keepers have differing and variable beliefs about ceremonial protocols. Also significant within the results are recommendations by clients to increase access to virtual services through multiple avenues and reduce technology barriers.

NCFST's virtual pandemic services have resulted in the acceleration of issues related to ceremonial protocol, clinical ethics, and both increased and reduce access to service; more needs to be done by NCFST in terms of strengthening service by engaging in increased transparent and ongoing consultation, collaboration, and communication with broader communities, including those of clients who use services, governments, and local and national Indigenous leadership. Evaluation results suggest there is sometimes a level of confusion by clients and staff regarding the accountability, program planning, and leadership into key processes of service delivery at NCFST. To surpass reliance only on organizational senior leadership, NCFST may need to entertain employing an Indigenist model of community-driven and traditional knowledge keeper/Elder driven methodology in its operations.

Discussion

It is important to note that the program adaptations made in 2020 occurred rapidly and in a responsive fashion during a very tumultuous and uncertain time for everyone in Toronto, and around the world. Despite the fear mongering and mudslinging that continued in social and political arenas related to COVID-19, NCFST continued with its business-as-usual approach to supporting urban Indigenous children and families on a day to day as best they could. Working throughout a crisis is not new to NCFST as an organization nor to many of its staff, who gave time and effort above and beyond their job descriptions to ensure clients' needs were being met during this unprecedented time of lockdowns and life/death scenarios that occurred to those living in the GTA. Furthermore, it is critical to understand that the context of NCFST as a child welfare organization that has been tasked with decolonizing and Indigenizing the crisis-laden arena of the child welfare system in Canada; the results of this evaluation speak to this daunting task, which includes addressing the intergenerational trauma of its clients and its workers. This means that results of this evaluation highlight a delicate nature of Indigenous child welfare service and practice, including the holistic services that NCFST offers outside of its child welfare mandate. NCFST, in its program goals, currently endeavors to address some of the traumatic history of child welfare systems by offering cultural and mental health services alongside child welfare services; the success of which is highlighted in these results, as are the ongoing challenges, which speak more to the systemic oppressions and barriers than to the shortcomings of specific programs and services offered by NCFST. It is clear in these results that Indigenous child welfare programs and services in general, and specifically at NCFST, need to continue to be held accountable to community needs, Indigenous Knowledges directives, and the highest ethical standards, such as the Seven Grandfather Teachings. Meanwhile, NCFST can celebrate its successes in offering virtual services to its community during a global pandemic and be held as a model for how to do so while continuing to self-reflect and refine its programing in ongoing community-driven Indigenous ways.

Recommendations

1. NCFST to continue to offer as much culturally based services as possible; this includes increasing engagement with Elders and Indigenous Knowledges programming for all client groups (children, youth, caregivers, adults);
2. NCFST to engage in formal community relationship building processes to ensure ongoing communication with community being served;
3. NCFST to continue to address systemic barriers, such as access, decolonization, and Indigenization, at leadership and program levels;
4. NCFST to consider what services it offers and focus on what it does well and how it can improve, expand, or reduce its service to ensure excellence is achieved in all that is offered, and;
5. NCFST to celebrate its success in COVID-19 services by sharing the results of this evaluation in ways that are useable to community, government, other agencies, and NCFST itself.



Summary & Conclusion



An evaluation of pandemic cultural and mental health services was undertaken at NCFST. Overall results of the evaluation are highly favorable for NCFST services, with most clients expressing high levels of satisfaction with mental health and cultural services delivered virtually during the COVID-19 pandemic. Broader systemic change regarding Indigenous culture, Western technology, Western mental health services, and government policy are the variables that mediate the effectiveness of NCFST's pandemic services. Broader system changes have not occurred in all sectors, particularly in government, where colonial and patriarchal models of funding, evaluation, and accreditation continue to limit and oppress Indigenous community organizations, including NCFST. This evaluation was conducted to provide NCFST with guidance to refine its COVID-19 virtual services; both strengths and challenges were identified in this report. These strengths and challenges are the responsibility of the NCFST leadership to address. NCFST should continue to develop and revise its programming according to client and community needs, which should be solicited on an on-going basis. Effective, culturally based, and transparent service models and delivery are the responsibility of all NCFST staff, in addition to supervisors and the executive leadership teams. It is the collective responsibility of all NCFST staff to work together to best serve its clients in culturally driven and Elder informed ways, including in its human resources, research, and program development within pandemic services. The success of the pandemic services can hold as a model and beacon to Indigenous agencies who respond to local and global emergencies using Indigenous knowledges and Western technologies that demonstrate excellence and success.

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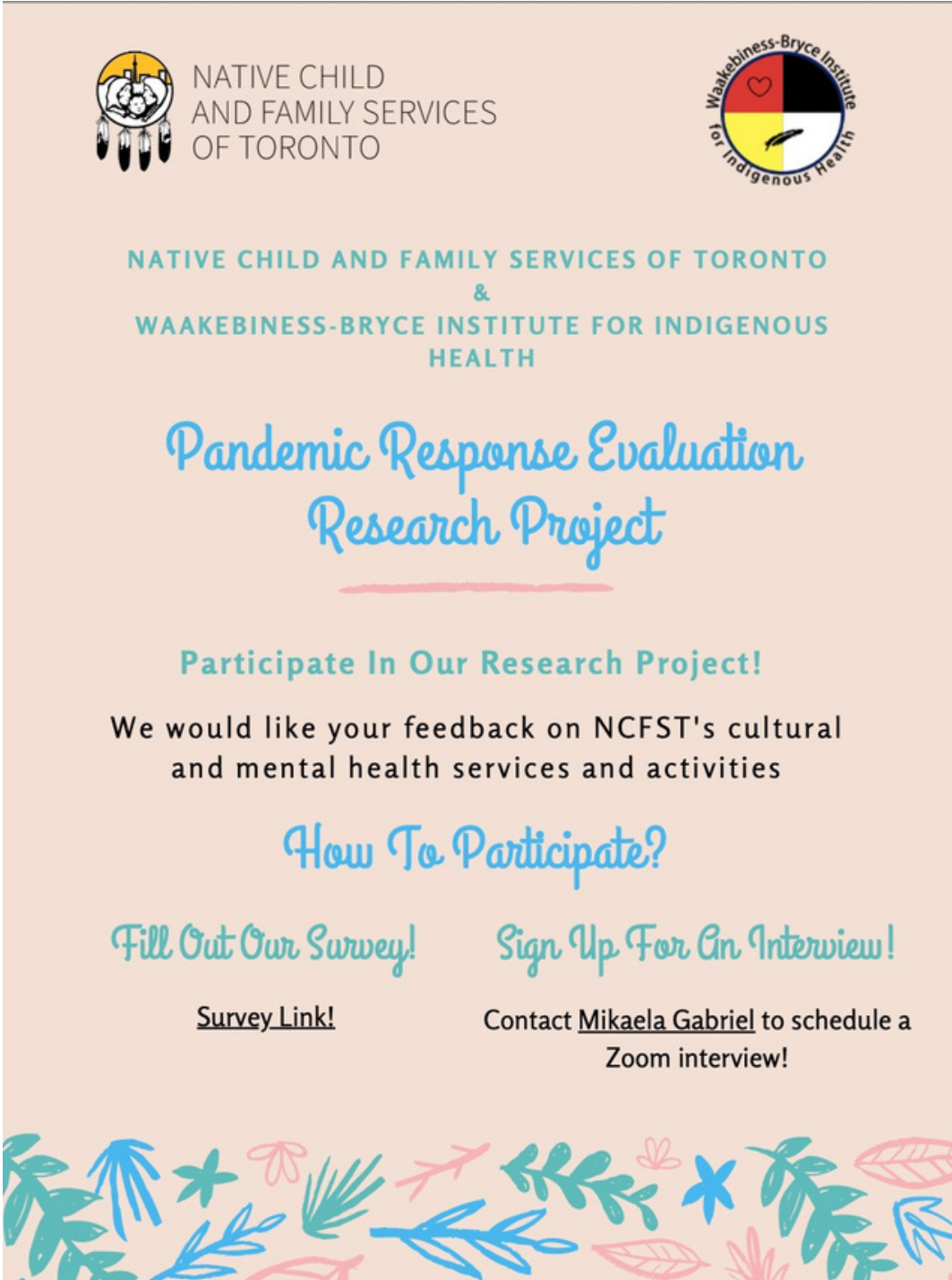
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Appendix A

Recruitment Poster



The poster is set against a light orange background. At the top left is the logo for Native Child and Family Services of Toronto, featuring a stylized figure in a circle with three feathers below. To its right is the text 'NATIVE CHILD AND FAMILY SERVICES OF TORONTO'. At the top right is the logo for Waakebusiness-Bryce Institute for Indigenous Health, a circular emblem with a heart, a feather, and the text 'Waakebusiness-Bryce Institute for Indigenous Health'. Below these logos, the text 'NATIVE CHILD AND FAMILY SERVICES OF TORONTO & WAAKEBUSINESS-BRYCE INSTITUTE FOR INDIGENOUS HEALTH' is centered in teal. The main title 'Pandemic Response Evaluation Research Project' is centered in a large, blue, cursive font, underlined with a red brushstroke. Below this, the text 'Participate In Our Research Project!' is centered in teal. A paragraph follows: 'We would like your feedback on NCFST's cultural and mental health services and activities'. Then, 'How To Participate?' is centered in blue cursive. Below this are two columns of text: 'Fill Out Our Survey!' and 'Sign Up For An Interview!', both in teal cursive. Under 'Fill Out Our Survey!' is the text 'Survey Link!'. Under 'Sign Up For An Interview!' is the text 'Contact Mikaela Gabriel to schedule a Zoom interview!'. The bottom of the poster features a decorative border of green leaves and pink flowers.

 NATIVE CHILD
AND FAMILY SERVICES
OF TORONTO



NATIVE CHILD AND FAMILY SERVICES OF TORONTO
&
WAAKEBUSINESS-BRYCE INSTITUTE FOR INDIGENOUS
HEALTH

**Pandemic Response Evaluation
Research Project**

Participate In Our Research Project!

We would like your feedback on NCFST's cultural
and mental health services and activities

How To Participate?

Fill Out Our Survey! **Sign Up For An Interview!**

Survey Link! Contact Mikaela Gabriel to schedule a
Zoom interview!

Appendix B

NCFST Survey Consent Form



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Survey Consent Form V2

Stopping the crisis in its tracks: Community driven, cultural evidence-based Indigenous mental health interventions with urban Indigenous homeless peoples

**This is document can be downloaded.*

You are being invited to take part in the study *Stopping the crisis in its tracks: Community driven, cultural evidence-based Indigenous mental health interventions with urban Indigenous homeless peoples*. The study is led by and Dr. Suzanne Stewart, Director of Waakebiness-Bryce Institute for Indigenous and faculty member in Social and Behavioural Health at the Dalla Lana School of Public Health at the University of Toronto (U of T) and community partner *Native Child and Family Services Toronto*. If you have any questions about the study, please contact, Dr. Stewart at suzanne.stewart@utoronto.ca or 416-978-6585 or research assistant Mikaela Gabriel at Mikaela.gabriel@mail.utoronto.ca or Sarah Ponton at sarah.ponton@mail.utoronto.ca. This research is being funded by the Canadian Institute of Health Research.

This project builds on the results from previous research that examined Indigenous people's experiences of the supports, challenges, and barriers they have faced in mental health and homelessness. Results from that study show that there are many barriers to mental health service for urban Indigenous peoples. The purpose of this research project is to explore some of the ways that these barriers can be challenged and changed into successes by using Indigenous knowledges to improve Indigenous mental health supports, especially for those who are at risk for homelessness during the Covid-19 pandemic. The research question is: "How do the Indigenous individuals who are experiencing homelessness access and use mental health services, and what culturally based mental health services are most effective at preventing and ending the cycle of homelessness? This research is important because it can help improve mental health support for Indigenous people who are homeless or at risk of homelessness with a focus on services during the Covid-19 pandemic. The research is being conducted in Toronto, Ontario. You are being invited to participate because you are a self-identified Indigenous person who has used mental health service at **Native Child and Family Services** and have shown interest in sharing your experiences of mental health services for urban Indigenous people in an online survey.

If you agree to voluntarily take part in the online survey, it will take 15 to 20 minutes of your time to complete. Your participation in this research does not involve any major inconvenience for you other than the time to complete the survey.

There are risks to you through participating in this research. As a participant in the survey you may experience a psychological/emotional risk of mild to moderate to severe feeling discomfort when discussing mental health services; if you should experience any psychological/emotional discomfort, such as feeling uncomfortable, embarrassed, anxious or upset, during the survey, you should stop the survey and reach out for support from a list of emotional and psychological resources at the end of this downloadable consent form, whom you can contact during or after the survey should you continue to experience such discomfort or begin to experience such at a later time.

Appendix B

NCFST Survey Consent Form

The possible benefits of your participation in this research include contributing to the knowledge and development of partnership practices in culturally based mental health. Your participation will provide new information on Indigenous knowledge and mental health services.

As a way to compensate you for taking the survey, your name and email will be entered into a draw for an iPad, which you will be notified of via email by _____ [date], then arrangements will be made for it to be sent to you via Canada post mail. It is important for you to know that it is unethical to provide excessive payment or incentive to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be the reason. If you would choose to not do the survey if the draw for the iPad was not offered, then you should not do the survey.

Your participation in this survey must be completely voluntary. If you do decide to do the survey, you may withdraw at any time during the survey by not completing the survey or refuse to answer certain questions without any consequences or any explanation within the survey. However, once your survey is completed with all responses made and submitted, your data cannot be removed for the study, as it is not possible to connect participants with individual survey data, once surveys are complete. In the event that you withdraw from this study before completing your survey, your survey will be removed from the data set anything associated with your survey will be destroyed. If you withdraw from the study your email address will no longer be entered into the draw to win the iPad.

Your confidentiality will be protected by survey data and all associated documents in an encrypted password protected electronic file on the U of T server only. Only the researchers will have access to the data. Data may be accessed for the purposes of an ethics audit and as provided for by law. The survey data will be destroyed by erasing from computer hard drives, the U of T server and shredding of physical data, five years from the date of your consent or by December 31, 2026.

To preserve your anonymity, your name will not be recorded on the survey data; a code or pseudonym will be assigned and used in place of your name on the consent form. There will be no list or key linking to the coded names to the consent forms or survey data. Consent forms and email addresses for the iPad draw will be stored separately from any data.

Research results will present only grouped data and/or anonymized quotes and will have all personal information removed. The research results will be shared with participants, local community members, and interested professionals through interactive workshops. The results of the study will be published in peer-reviewed journals, in various academic publications, and will be presented at professional and/or academic conferences, as well as organization/school meetings in your community. Summary results will also be posted on an internet website.

You can contact the researcher and/or research assistant as above, and you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Ethics Review Office, 416-946-3273 or ethics.review@utoronto.ca.

Appendix B

NCFST Survey Consent Form

Checking the box below and adding today's date shows that you understand what is involved in taking the survey and that you have contact information for the researchers so you can ask questions if you want to.



Date

Mental Health Support Resources

If you are in a crisis and require emergency assistance:

Visit your local emergency department or call 911

Contact one of the Crisis Response Programs serving Toronto for phone support:

Anishnawbe 24/7 Mental Health Crisis Management Service: 416-891-8606 (Aboriginal clients only)

Assaulted Women's Helpline: 416-863-0511; Toll Free 1-866-863-0511

Distress Centre: 416-408-HELP (4357)

Gerstein Centre: 416-929-5200

Kids Help Phone: 1-800-668-6868

York Support Services Network: 1-855-310-COPE (2673) 1-866-323-7785 (TTY)

Toronto Seniors Helpline: 416-217-2077

Toronto Rape Crisis Centre: 416-597-8808

Youthdale's Crisis Support Team: 416-363-9990

Appendix B

NCFST Survey Consent Form

Emergency Shelters:

Central Intake: 416-338-4766; Toll Free 1-877-338-3398

Streets to Homes Assessment and Referral Centre (129 Peter Street): 416-392-0090

Mental Health Information & Referral services in Ontario:

ConnexOntario offers province-wide information and referral services for those with mental health or addiction challenges. You can call the following numbers which operate 24 hours a day, 7 days a week:

Mental Health Helpline, 1-866-531-2600

Drug and Alcohol Helpline, 1-800-565-8603

Ontario Problem Gambling Helpline, 1-888-230-3505

Appendix C

Individual interview consent form NCFST



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Individual Interview Consent Form V2

Stopping the crisis in its tracks: Community driven, cultural evidence-based Indigenous mental health interventions with urban Indigenous homeless peoples

You are being invited to take part in the study *Stopping the crisis in its tracks: Community driven, cultural evidence-based Indigenous mental health interventions with urban Indigenous homeless peoples*. The study is led by and Dr. Suzanne Stewart, Director of Waakebiness-Bryce Institute for Indigenous and faculty member in Social and Behavioural Health at the Dalla Lana School of Public Health at the University of Toronto (U of T) and community partner *Native Child and Family Services Toronto*. If you have any questions about the study, please contact, Dr. Stewart at suzanne.stewart@utoronto.ca or 416-978-6585 or research assistant Mikaela Gabriel at Mikaela.gabriel@mail.utoronto.ca or Sarah Ponton at sarah.ponton@mail.utoronto.ca. This research is being funded by the Canadian Institute of Health Research.

This project builds on the results from previous research that examined Indigenous people's experiences of the supports, challenges, and barriers they have faced in mental health and homelessness. Results from that study show that there are many barriers to mental health service for urban Indigenous peoples. The purpose of this project is to explore some of the ways that these barriers can be challenged and changed into successes by using Indigenous knowledges to improve Indigenous mental health supports, especially for those at risk for homelessness during the Covid-19 pandemic. The research question is: "How do Indigenous individuals who are experiencing homelessness access and use mental health services, and what culturally based mental health services are most effective at preventing and ending the cycle of homelessness? This research is important because it can improve mental health support for Indigenous people who are homeless or at risk of homelessness with a focus on services during the Covid-19 pandemic. The research is being conducted in Toronto, Ontario.

You are being invited to participate because you are a self-identified Indigenous person who has used mental health service at _____ [the partner organization] or you are an employee of the organization who provides such services and have showed interest in sharing your views on traditional knowledges and mental health for urban Indigenous people either in a phone or video (zoom) individual interview.

If you agree to voluntarily participate in this research, you will take part two audio-recorded individual interviews:

One 60-minute interview

One 30-minute interview

Appendix C

Individual interview consent form NCFST

Both interviews will take place either on the telephone or online via zoom, depending on your preference, due to current pandemic restrictions. Our research team can provide technical support for the zoom meeting if needed. The focus of the first interview will be on your experiences in mental health services and traditional knowledges both in the past and at present; the second interview is to share the results of your first interview to see if they accurately represent what you shared and to give you an opportunity to review, revise, and approve these results. We believe that involvement in this research will be a major inconvenience for you other than the time to participate in the interviews.

There are risks to you through participating in this research. As a participant in individual interviews, you may experience a mild to moderate to severe psychological/emotional risk of a mild to moderate to severe feeling discomfort when discussing topics related to culture and housing/homelessness experiences for Indigenous peoples and community supports regarding homelessness during the Covid-19 pandemic. It is not anticipated that inter- or intra-personal difficulties or personal issues related to cultural identity or cultural supports will arise, however should inter- or intra-personal difficulties arise, research assistants who are trained in graduate-level cultural safety, graduate-level Indigenous Health, and graduate-level Indigenous research methodologies, will be able to utilize these skills to successfully resource the participant to calmness, and end the interview, and offer to connect participants to immediate mental health supports on the phone during the interview. You are given a sheet of emotional and psychological resources with this consent form whom you can contact after the interview should you continue to experience such discomfort or begin to experience such at a later time.

The possible benefits of your participation in this research include contributing to the knowledge and development of partnership practices in culturally based mental health. Your participation will provide new information on Indigenous knowledge and mental health services.

As a way to compensate you, you will get a \$25.00 gift certificate at the time of the interview, this will be sent to you via email or Canada post mail. It is important for you to know that it is unethical to provide excessive payment or incentive to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would choose to not do the interview if the honorarium was not offered, then you should not do the interview. If you withdraw from the study at any time the honorarium is still yours to keep.

Appendix C

Individual interview consent form NCFST

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time, or refuse to answer certain questions without any consequences or explanation. It may be difficult/impossible to withdraw your data after the data have been entered into the analysis. You can withdraw by contacting Dr. Stewart by phone 416-828-4715 or email Suzanne.stewart@utoronto.ca. If you chose to withdraw, there will be no consequence or explanation necessary in your services with the organization if you are a client, or if you are staff, no consequence or explanation necessary in your workplace. If you withdraw from this study, your interview will be removed from the data set and all field notes or information associated with you will be destroyed. In the event that you withdraw from the study part way through you will be asked if you want the data you have contributed to be part of analysis. If you agree your data will remain in the study, if not, your responses will be erased, and the transcript and all field notes or data associated with you will be destroyed.

Your confidentiality will be protected by storing interview audio files and the transcribed data in a locked filing cabinet or in an encrypted password protected electronic file on the U of T server only. Only the researchers will have access to the data. Data may be accessed for the purposes of an ethics audit and as provided for by law. The audio files from your interview, the transcribed data, and any notes taken during the interview will be destroyed by erasing from computer hard drives, the U of T server, and shredding of physical data, five years from the date of your interview or by December 31, 2026.

To preserve your anonymity, your name will not be recorded on the transcribed data; a code or pseudonym will be assigned and used in place of your name. There will be no list or key linking to the coded names to the consent forms or interview data. Signed consent letters will be stored separately from any data.

Research findings will present only grouped data and/or anonymized quotes and will have all personal information removed. Research findings will be communicated to participants, local community members and interested professionals through interactive workshops. The results of the study will be published in peer-reviewed journals, in various academic publications, and will be presented at professional and/or academic conferences, as well as organization/school meetings in your community. Summary results will also be posted on an internet website.

Appendix C

Individual interview consent form NCFST

You can contact the researcher and/or research assistant as above, and you may verify the ethical approval of this study, or discuss any possible concerns, by contacting the Ethics Review Office, 416-946-3273 or ethics.review@utoronto.ca.

Your signature below shows that you understand what is involved in participation in this study and that you have had the change to have your questions answered by the researchers.

Participant Signature

Date

Participant Name (please print)

A COPY OF THIS CONSENT WILL BE LEFT WITH YOU, AND A COPY WILL BE
TAKEN BY THE RESEARCHER

****My signature below indicates I received an \$25.00 gift certificate honorarium from a local
department store.**

Signature

****My email or mailing address for delivery of gift certificate:**

Appendix C

Individual interview consent form NCFST

Mental Health Support Resources

If you are in a crisis and require emergency assistance:

Visit your local emergency department or call 911

Contact one of the Crisis Response Programs serving Toronto for phone support:

Anishnawbe 24/7 Mental Health Crisis Management Service: 416-891-8606 (Aboriginal clients only)

Assaulted Women's Helpline: 416-863-0511; Toll Free 1-866-863-0511

Distress Centre: 416-408-HELP (4357)

Gerstein Centre: 416-929-5200

Kids Help Phone: 1-800-668-6868

York Support Services Network: 1-855-310-COPE (2673) 1-866-323-7785 (TTY)

Toronto Seniors Helpline: 416-217-2077

Toronto Rape Crisis Centre: 416-597-8808

Youthdale's Crisis Support Team: 416-363-9990

Emergency Shelters:

Central Intake: 416-338-4766; Toll Free 1-877-338-3398

Streets to Homes Assessment and Referral Centre (129 Peter Street): 416-392-0090

Mental Health Information & Referral services in Ontario:

ConnexOntario offers province-wide information and referral services for those with mental health or addiction challenges. You can call the following numbers which operate 24 hours a day, 7 days a week:

Mental Health Helpline, 1-866-531-2600

Drug and Alcohol Helpline, 1-800-565-8603

Ontario Problem Gambling Helpline, 1-888-230-3505

Appendix D

NCFST Survey

Native Child and Family Services of Toronto Client Survey V2

A. Spiritual

1. How would you rate your readiness for cultural mental healing as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very Poor	Below Average	Average	Above Average	Excellent

2. How would you rate the quality of community support you receive within the healing program at NCFST?

1	2	3	4	5
Very Poor	Below Average	Average	Above Average	Excellent

3. How would you rate the quality of community support you receive from outside the program?

1	2	3	4	5
Very Poor	Below Average	Average	Above Average	Excellent

4. How would you rate your current risk of homelessness?

1	2	3	4	5
Very Low	Below Average	Average	High	Very High

5. How would you rate NCFST's virtual programming services in helping you avoid homelessness or get better housing?

1	2	3	4	5
Very Poor	Below Average	Average	Above Average	Excellent

Appendix D

NCFST Survey

6. How would you rate your ability to understand your identity as an Indigenous person as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

7. How would you rate your knowledge of cultural teaching and healings as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

8. Do you feel that you have cultural ways of coping with life's challenges as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

9. Do you want to attend spiritual ceremony or see a traditional healer?

Yes_____ No_____

Please explain:

B. Emotional

1. How would you rate your self-esteem as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

Appendix D

NCFST Survey

2. How would you rate the quality of your relationship with the workers in the program?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

3. How would you rate the quality of your relationships with your children as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

4. How would you rate the quality of your relationships with other close family/friends as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

5. How would you rate your general sense of belonging in your current life as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

Appendix D

NCFST Survey

C. Physical

1. How would you rate the quality of the foods you eat as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

2. How would you rate the quality of your physical health as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

3. How would you rate the quality of your sleep as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

4. How would you rate your level of physical exercise as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

5. How would you rate your abilities to control your actions and behaviours as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

Appendix D

NCFST Survey

6. How would you rate the level of structure and consistency in your home life as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

7. How would you rate the housing and homelessness support you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

D. Mental

1. How would you rate your abilities to control your thoughts as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

2. How would you rate your general coping skills as a result of the virtual programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent
Poor	Average		Average	

3. What do you rate the quality of the virtual healing programming you receive at NCFST?

1	2	3	4	5
Very	Below	Average	Above	Excellent

Appendix D

NCFST Survey

E. Integrative

1. What do you like about the NCFST healing programs?

Please explain:

2. What do you dislike about the programs?

Please explain:

3. What are the challenges of online services for you or your family? And what could help with these?

4. How would you identify success in the program for yourself? For your family or children?

Please explain:

5. What are your greatest hopes for your future?

Please explain:

Covid-19 Pandemic Virtual Service Impact and Process Evaluation Report

**For further information please contact:
Dr. Suzanne Stewart,
Suzanne.stewart@utoronto.ca**



END