# Impact and Insights:

## COVID-19 and Alberta's Community Disability Services Sector

EXECUTIVE SUMMARY

**October 2020**

## Acknowledgements

## About ACDS

The Alberta Council of Disability Services (ACDS) is a non-profit association of community-based service providers supporting individuals with developmental disabilities.

**Vision**: People with disabilities live full lives as citizens supported by a vibrant network of services in their communities.

**Mission**: ACDS is the collective voice of our members, advancing excellence and best practices, advocating for effective public policy, and championing professional disability services.

# 1   Introduction

On March 17, 2020, Alberta declared a public health emergency due to the COVID-19 pandemic. Like many industries, the Community Disability Services (CDS) sector responded rapidly and creatively to unforeseen challenges. The pandemic also exacerbated longstanding problems in the CDS sector.

ACDS has produced a research report synthesizing how service providers in the CDS sector were impacted during the first six months since the public health emergency was declared. It documents the insights gleaned from those experiences, emerging learnings, promising practices, and chronic issues that must be addressed for the sector to be effective and sustainable in a challenging post-pandemic social and economic reality.

The information in the report is based on what we heard from March to the end of September 2020 through our participation in various provincial and regional forums, and from individual communications. Data sources number well into the hundreds, and include meeting minutes and notes; copies of emails sent by agencies or networks; regional pulse-check surveys, and emails or notes of conversations with service providers and government officers.

*This document is the Executive Summary to the full report which is available to ACDS members.*

# 2   Disjoint Between AHS and PDD

The most significant impacts on community disability services arose due to lack of clear boundaries between the Persons with Developmental Disabilities (PDD) program and Alberta Health Services (AHS). When public health orders began to be released on March 16, 2020, organizations struggled to understand if, and to what extent, the requirements applied to them. AHS' lack of understanding of PDD services, and the lack of CDS sector-specific information and guidelines, created undue stress on service providers already at their limits of trying to provide safe and meaningful supports.

## Insights

**Boundary barriers:** AHS' lack of understanding of the disability sector resulted in service providers having to bear the burden of interpreting the complex public health orders from the Chief Medical Officer of Health (CMOH). Earlier and clear guidance from Alberta Community and Social Services (CSS) and AHS/CMOH would have expedited organizational decision-making and reduced the sense of disorder across the sector.

**Inefficient system overlaps:** Issues arising from the overlap between PDD services and AHS were not unique to the COVID-19 crisis; the urgency of the pandemic, however, sharpened the sting of existing issues or created new hurdles. ACDS has already noted, for example, that the existence of a 'parallel system' – where PDD resorts to creating supports for individuals that should otherwise be provided through existing programs such as AHS – creates financial inefficiencies and gaps if one system believes the other is covering off responsibilities.[1]

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[1] ACDS. 2019. *Moving Forward: ACDS Vision and Framework for Impact*. Calgary, AB.

The parallel system also has implications for frontline workers. They have to learn to become pseudo-healthcare workers and navigate a very complex and highly regulated system.[2] These expectations are neither realistic nor sustainable. As was demonstrated during the last few months, learning to interpret and accommodate the strict protocols in orders written for the healthcare field was a stressful addition to many agencies' service demands.

**Intentional cross-systems solutions:** Clarifying AHS' overlap with PDD is a critical step in delineating PDD's scope and capacity. Determining which program possesses overriding authority, liability and costs in cases of system conflict is integral to developing sustainability and efficiency. In addition, sector-specific, or at least sector-sensitive, guidance in future public health orders as well as a better understanding of disability service models and approaches will significantly reduce the ongoing stress and burden on the disability sector should the pandemic crisis persist.

# 3   Service Delivery and Operational Changes

Like all organizations, disability service providers had to rapidly modify or, in some cases, cease part of their operations in response to the public health guidelines. There was no uniformity in responses: types of services provided, delivery methods, and supports for workers depended on several factors including the needs of individuals, the organization's range of programs, PDD's flexibility, and organizational agility and capacity. Several innovative practices were implemented, many with the use of technological solutions, that will likely be retained even after the pandemic ends.

## Insights

**Service innovations:** Many organizations managed to reposition their services to continue supporting individuals throughout the first six months of the pandemic. The ability to restructure program delivery gave organizations the opportunity to explore new, or previously overlooked, approaches. Organizations should be supported to evaluate these practices, and to refine and amplify successful ones by sharing their learnings with other organizations.

**Organizational expertise and capacity:** The pandemic demonstrated the deep expertise in many agencies, particularly those with more experience or large enough to have skills in diverse program areas. Some smaller organizations, too, exhibited agility, most likely because of flatter organizational structures and decision-makers more closely connected to frontline work.

However, several agencies also struggled in the pandemic's fluid and uncertain conditions. These organizations seemed less likely to have the financial reserves, staffing breadth, or leadership capacity to adapt to changing guidelines, manage unexpected expenses, and restructure at the speed required by the crisis. Despite these challenges, many of these agencies play a necessary role in the landscape of supports for individuals with disabilities.

As a sector, we need to strengthen organizational capacities in agencies that play valuable roles but may need some extra support during crises. Inter-agency collaborations, partnerships, and mergers should be explored as potential solutions to increase sector resiliency.

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[2] ACDS. 2019. *Developing a Comprehensive Human Resources Strategy for the Community Disability Services Sector: Discussion Paper.* Calgary, AB.

**Contract flexibility:** The pandemic necessitated increased flexibility with less oversight or perceived "micromanagement" of changes to agency contracts. Most agencies rose to the challenge and showed that both PDD and individuals benefit when organizations can organize and adapt their supports to meet changing individual (vs. rigid contract) needs. Some agencies, however, seemed shell-shocked by PDD's permission to structure supports as they saw fit; agencies had not seen this before, and they doubted both PDD's sincerity and their own ability to make sound decisions.

Increased flexibility can succeed if it is accompanied by a clear framework of outcomes and quality assurance standards, i.e., well-defined "goal posts" delineating the line between flexibility and accountability. Such a framework could consist of: a fixed contract amount for clear expectations; service codes used as budgeting tools (not as line items for accountability); flexible invoicing within total contract amount; and service provider ability to respond to individuals' changing needs without having to get approvals for supports within program criteria. This framework needs to be clear not only for service providers, but also for PDD staff responsible for contract compliance.[3]

# 4  Heightened Communication and Collaboration

Communication and collaboration activities were significantly increased during the pandemic. Primary means included existing mechanisms, such as the ACDS/CSS co-chaired Service Provider Partnership Committee (SPPC) and regional service provider councils, which served as sites to share information, discuss issues and craft potential solutions. As well, CSS Assistant Deputy Ministers (ADMs) hosted new biweekly videoconferences with regional service providers, and one ADM had daily briefings with ACDS' CEO until the end of June. CSS also produced Q&A documents to clarify emerging questions or directions. Regional councils created task forces to collaboratively address program-specific challenges by sharing expertise and resources. Outside of these structures, informal, ad hoc communication and collaboration between individual agencies also increased.

## Insights

**Formal structures:** Rapid response and problem-solving were possible because formal structures such as SPPC and regional councils existed, and could mobilize immediately when the need for clear communication and decisive action was imperative. These structures, and the videoconferences with CSS ADMs, became sites for information sharing, issue identification and management, and advocacy. Pandemic response would have occurred in the sector without these mechanisms; their existence, however, provided organized and efficient provincial and local connectivity.

**Trust through open communication:** The pandemic's uncertain, high-risk environment demands that decision-makers—both CSS and service providers—base their action on trusted communication, i.e., having the right information from the right sources at the right time. Frequent, and open communication kept all parties aware of emerging issues, and helped service providers prepare for potential actions from government. Most importantly, these forums facilitated collaborative problem solution and helped to build trust.

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[3] COVID Learnings Working Group. July 29, 2020. Report of lessons learned. Email by Tom Sutton on behalf of the COVID Learnings Working Group to SPPC.

**Access to data:** The availability of PDD data on the government's open data portal is a welcome direction. So far, CSS has controlled what data is shared every quarter. A more effective approach would be to collaborate with service providers to develop a comprehensive data strategy that includes not only current caseload, waitlist and program expense information, but also: demographic projections to ascertain future needs, identify service and cost overlaps with other programs, geospatially map service demands and gaps, and run models of different scenarios to assist in developing a system design to address program sustainability challenges.

# 5   Human Resource Issues

Across all sectors, the pandemic has impacted female workers more negatively than male workers. Women are more likely to: provide childcare during school or daycare closures; support children in homeschooling or online schooling; and, provide care for sick or quarantined family members. They are also more likely to be in lower paying jobs, and if receiving the Canada Emergency Response Benefit (CERB), less motivated to speed-up their return to work after temporary unemployment.[4]

## Insights

**Vulnerabilities of a low-paying, female-dominated sector:** In the CDS sector—with 26% turnover, 73% female workforce, and $21.27/hr average wage—the pandemic has exacerbated long-standing recruitment and retention challenges.[5] Managers were confronted by the prospect of permanent loss of workers as day programs closed. At the same time, single site restrictions, quarantining requirements, and workers' fears of contracting COVID-19 became significant obstacles for organizations juggling staffing resources to provide consistent services.

The additional layer of challenges created by the pandemic, combined with the province's economic crisis, significantly exacerbate the human resources issues in the sector. Service providers and government will need creative solutions to address program sustainability pressures while protecting one of Alberta's most vulnerable populations from loss of workers.

# 6   Mental Health Impacts

> *The mental health consequences of COVID-19 can be described as the "fourth wave"*
> *of the pandemic, and are projected to result in the greatest and most enduring*
> *health footprint.[6]*

Several researchers are reporting the negative impact of the pandemic on the mental health of Canadians. These include anxieties related to: job loss, economic uncertainty, physical distancing, housing and food insecurity, and demands related to childcare or school closures. While all Canadians are impacted, 48% of individuals with a disability, 59% of those with a pre-existing

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[4] Royal Bank of Canada Economics. July 16, 2020. "Pandemic Threatens Decades of Women's Labour Force Gains."

[5] ACDS. 2020. *ACDS 2019 Workforce Survey*. Calgary, AB.

[6] Jenkins, Emily, Anne Gadermann and Corey McAuliffe. July 31, 2020. "New Research: Mental Health Impact of Coronavirus Pandemic Hits Marginalized Groups Hardest."

mental health condition, and 44% of people living in poverty are experiencing more pronounced deterioration in mental health since the onset of the pandemic.[7] Most individuals with developmental disabilities intersect significantly with each of these demographic groups. As importantly, the sector needs to pay attention to the mental health impact on workers.

## Insights

**Profound mental health consequences:** These might be the most profound consequences of the global pandemic on marginalized populations such as individuals with disabilities and a large part of the workforce that supports them. At present, we have little more than ad hoc information on the immediate mental health impacts of the pandemic; this is an area that needs research investment. Policy solutions will have to heed the intersectionality of impacts through strategies that address poverty, food security, affordable housing, accessible transportation and equitable access to quality healthcare.

# 7    Conclusion: Sector Recovery and Growth

*The Recovery and Growth of the CDS Sector Requires:*

**Government supports for civil society organizations:** Federal and provincial governments have implemented numerous initiatives to support private sector employers to withstand and recover from the economic impacts of the pandemic. Automatically including nonprofits, charities and social enterprises in such initiatives will accelerate both economic and social recovery.

**Purposeful cross-system design and understanding:** AHS and other systems must understand the PDD program and the implications of their policies on PDD services and individuals. Additionally, the PDD program must be reviewed for how it duplicates the roles and responsibilities of other programs. A thoughtful system redesign will result in a more focused, effective and sustainable program of supports for individuals with disabilities.

**Contract flexibility and trust:** Trusting organizations to allocate approved resources based on their expertise and evolving circumstances permits service providers to generate solutions rather than wait for instructions. A clear framework with well-defined expectations for outcomes and quality assurance standards will free up service providers and compliance officers to focus their reporting and contract management efforts on activities that make a difference.

**Communication and collaboration:** There must be ongoing commitment to formal structures of collaboration (such as SPPC), and support for service providers to participate. In addition, a forum for direct communication (e.g., a regular "town hall") between senior CSS officers and service providers will strengthen relationships, understanding, and collaborative solution-building.

**Data and transparency:** Clear and current data, together with a comprehensive data strategy, will facilitate informed decision-making and policy development.

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[7] Jenkins, Emily, Anne Gadermann and Corey McAuliffe. July 31, 2020. "New Research: Mental Health Impact of Coronavirus Pandemic Hits Marginalized Groups Hardest."

**Strong, adaptive organizations:** Organizations with limited resources or adaptive capacity will need significant life support if the pandemic lingers. A strong recovery requires:

1. **Investment in organizational capacity.** Funders target funding to frontline services, yet expect organizations to have administrative resources and leadership sophistication to navigate uncertainty. Investment in organizational capacity will boost sector resiliency.

2. **Critical assessment of organizational viability.** Organizational boards and leaders must honestly assess whether their agencies have the capacity and culture to successfully navigate change and uncertainty. Strategies to mitigate risk of failure include: trimming services to a niche expertise; collaborating or partnering to address capacity gaps; and merging to strengthen or expand program reach. Dissolution should not be seen as failure if it results in individuals getting supports from a more viable and stable organization.

**Workforce stabilization and development:** The pandemic has made the CDS sector even less attractive than before. Immediate steps needed to stabilize the workforce include: wage top-ups, cost for backfilling staffing gaps due to sick leaves and self-isolation, and hazard pay for employees working in outbreak sites. Longer-term responses include: foundational training and professional development for frontline and managerial positions, leadership training, well-defined job profiles and career ladders, and post-secondary programs to develop the next generation of workers. [8] A committed, qualified, and well-compensated workforce is essential to support the recovery of the sector and its capacity to tackle future challenges.

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[8] ACDS. 2019. *Developing a Comprehensive Human Resources Strategy for the Community Disability Services Sector: Discussion Paper.* Calgary, AB.