



## Client Perspectives on the Impacts of COVID-19

Established in 1989, Access Alliance is a non-profit multi-service community organization that provides health, settlement, community development, and other services to underserved immigrant and refugee communities in Toronto. Our mandate is to improve health outcomes for the most marginalized newcomers and their communities by facilitating access to services and addressing systemic inequities.

We operate three clinics and two community hubs, as well as multiple satellite services. In addition to the direct client services, we have a robust community-based research department that generates evidence to inform our work and advocate for our clients. We also operate a social enterprise providing interpretation, translation, and language access initiatives in over 180 languages.

Recognizing the significant changes and challenges facing the centre and our community a year into the COVID-19 pandemic in Toronto, *Access Alliance Multicultural Health and Community Services* initiated a strategic planning process in the spring of 2021.

To fully understand the situation, we needed to engage directly with our service-users. We therefore conducted **seven virtual focus groups** between April 8 and 21, 2021 (using the Zoom platform). A total of 64 community members took part, including people of various genders, ages, education levels, sexual orientations, and cultural backgrounds. Participants were assigned to one of the following focus groups: women (2 groups); Food with Dignity East participants; Food with Dignity West participants; youth; seniors; and LGBTQ+. The facilitated discussions explored the following themes: Access Alliances' image; the COVID-19 context; Access Alliances' impact and role; service priorities; and trust and confidence. This report summarizes the key themes articulated by our clients.<sup>1</sup> The input received through the focus groups was instrumental in the development of ***“Centering Client Voices: Access Alliance Strategic Plan 2022 – 2024”***.

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<sup>1</sup> A full report entitled “Hearing the Clients’ Voice: Feedback from Focus Groups Discussions held with Community Members in Toronto” was prepared by Gemechu Abeshu and is on file with the Executive Director. The focus group discussion guide is included as an appendix to Abeshu’s report.

## How has COVID-19 affected our community?

Most participants in the focus groups emphasized **the significant negative effects of the pandemic on their mental and psychological health**, particularly due to becoming socially disconnected and isolated from their community, friends, and families.

**Themes of loss** were prevalent in the discussions regarding COVID-19 — illness, death, loss of relationships and human connection, of social support and programming, and of income and employment.

Some mentioned the **large numbers of people who had been infected and the lives lost**. The possibility of asymptomatic infection added to the distress felt about the possibility of contracting the virus. Some described being **reluctant to interact with others** because of fears related to viral transmission.

*“I don’t even see family. I’ve got kids, and I’ve got grandkids. Before the pandemic, I was eager to see them.”*

Many mentioned feeling the weight of **social isolation**, lack of enjoyment and fulfillment, and the absence of a social life and external activities. For seniors, immigrants and youth, social disconnection had particular resonance.

In contrast, some participants reported **taking advantage of the isolation** to think, exercise, meditate, and begin new hobbies.

A **surge in mental health problems** was identified as a significant impact of COVID-19, resulting from both social isolation and financial stress. Participants pointed to high levels of anxiety, depression, stress, feeling unsafe, loss of motivation, and fear about what will happen next — in themselves and throughout the community.

**Financial struggles** resulting from lost income and/or employment were also identified as a direct and difficult result of the pandemic.

*“The number one need is food. For a lot of people, it’s very hard to be able to pay for a meal,... especially given the pandemic time.”*

Virtual learning (i.e., children engaging in school from home through computers) had negative effects on both children’s education and their mental health — **too much screen time** was detrimental for the children. Immigrant parents also noted how difficult virtual learning was for parents whose first language was not English given the expectation that parents would help the students with their schoolwork at home.

*“As food or water, we also need a social life, a sense of belonging and sharing. It is important for our souls, for our body, and for our mental health.”*

Participants noted that the pandemic has affected everyone, but the **negative impacts on vulnerable groups have been disproportionate**, including those living in poverty, seniors, immigrants, LGBTQ+, children, the food insecure and those living alone.

The shift to **online or virtual provision of services** was recognized as a significant result of COVID-19, which poses access challenges because of the need to use computers and the limited human connection element of online engagement. On the other hand, virtual is preferable to some clients because it eliminates the need to travel for service access.

## How should service providers respond?

The greatest imperative for community services provision, in the view of the focus group participants, is **mental health supports**. Depression, stress, anxiety, and fear are pervasive: “the mental health issue is going to be big.”

The issue of **how services will be provided** (e.g., in person at the organization, over the phone, online, outdoors) has implications for both access and effectiveness. Some felt that having pivoted to **virtual**

*“the whole protocol of service provision is likely to change, and change for good.”*

**formats**, it is unlikely that organizations will return to in-person delivery. In addition to being a challenge for those who are not “tech savvy” or do not have reliable technology access, participants also noted that it is easier to understand information presented in-person, that it can be difficult to maintain interest when online, and that the human and physical connections are a big part of in-person programs. At the same time, virtual programming can be beneficial for expanding access and scope. Alternative forms of service delivery may be needed indefinitely due to ongoing physical distancing and the impulse to isolate from others, which has become ingrained.

*“even if there are things to do online, they are not fulfilling.”*

Given the unemployment and lost income caused by the pandemic and the “lock-downs,” **facilitating (re)entrance to the job market** is an area where additional and targeted programming will be needed, including supporting individuals to identify employment opportunities, complete job applications, and develop interview skills. Short contract positions that allow folks a “springboard” into the job market were identified as an option, as well as training programs for marketable skills.

**Food insecurity** was a major challenge before COVID-19. Programs to curb hunger, expand food availability, and support good nutrition have taken on even greater urgency.

Participants also highlighted providing **opportunities for immigrants and refugees** to build better futures. Language classes, interpretation services, and settlement and integration programs should be incorporated into program offerings.

**How to connect with community members**, many of whom are more isolated than ever because of the pandemic, was identified as an important consideration. Participants suggested using diverse forms of promotion, extensive community engagement, and prioritizing building familiarity and trust.

Suggestions were made to expand into **different types of programming**, including trips and outdoor events, gardening, sports, and confidence- and skills-building programs. Some mentioned the benefits of hands-on activities and opportunities appropriate for difference segments of community or different groups in parallel (such as children’s entertainment during a parent-focused workshop, or seniors and youth together).

*“I really hope they continue the seniors’ program, because I get so depressed alone. I’m a senior, approaching my pension, and I’m running out of investments, and I’m worried about how I am going to survive.”*

Participants mentioned that they know many people who do not want to be vaccinated against COVID-19. Ongoing **education about COVID-19 and vaccination** were identified as needed for a long-term solution to the pandemic.

## What is Access Alliance for you?

Participants stated that Access Alliance is an organization **that supports vulnerable segments of society**, including seniors, LGBTQ+, children, immigrants, and the food insecure.

*“a place where you can see people like you that are coming from either the same place or have the same experience as you.”*

The **range of programming** offered is a defining characteristic of the organization — from cooking tutorials, entertainment for children, and medical services, to language instruction, seniors’ exercise sessions, citizenship classes, and form-filling support.

Access Alliance is a **safe space** for connecting with peers, sharing experiences, and expressing feelings.

The organization offers a space to **give back to the community** by contributing one’s knowledge, skills, resources, and time.

Seniors and youth in particular see Access Alliance as a place to connect, **build community, and come together** with people who are similarly situated.

Some described the organization as **a critical support for their success**, helping clients develop confidence, integrate into Canadian society, and find direction.

## What has been Access Alliance’s impact during COVID-19?

*“Even when everywhere else was closed, Access Alliance was there.”*

Participants were **overwhelmingly positive** in their assessment of the services provided by Access Alliance, and the efforts made during the pandemic to maintain services. Participants

noted that the programs played a significant role in keeping them connected, relieving stress, facilitating friendships, and entertaining children.

Some expressed **concern** that after the pandemic, online service provision will continue, funding cuts may limit the organization’s ability to continue providing its full range of services, and that community needs will be very high.

Many participants expressed **appreciation for the personal phone calls** they received from Access Alliance during the pandemic, especially seniors, noting that the calls made them feel valued and connected, and made pandemic-related challenges more tolerable.

Participants noted that Access Alliance staff provide **services with care, comfort, and warmth**, which was particularly valued during the pandemic.

**Exercise sessions for seniors** over Zoom are a favourite program.

*“My week is filled with all favourite activities which Access Alliance offers: we do cardio on Monday; Tuesday we have physical exercise and yoga with Caesar. We also have cooking program. I have never laughed so much as I do during the cooking programs. And I enjoyed every minute of it. And then on Wednesday, we’ve got mindfulness. And then on Friday, we have more Yoga, ... It’s just wonderful.”*