

110  
'401' forms filled



\$219,813  
disbursed



61  
organizations

Report on  
**COVID-19 Vulnerable Sector  
Response**

in Saskatoon March-May 2020

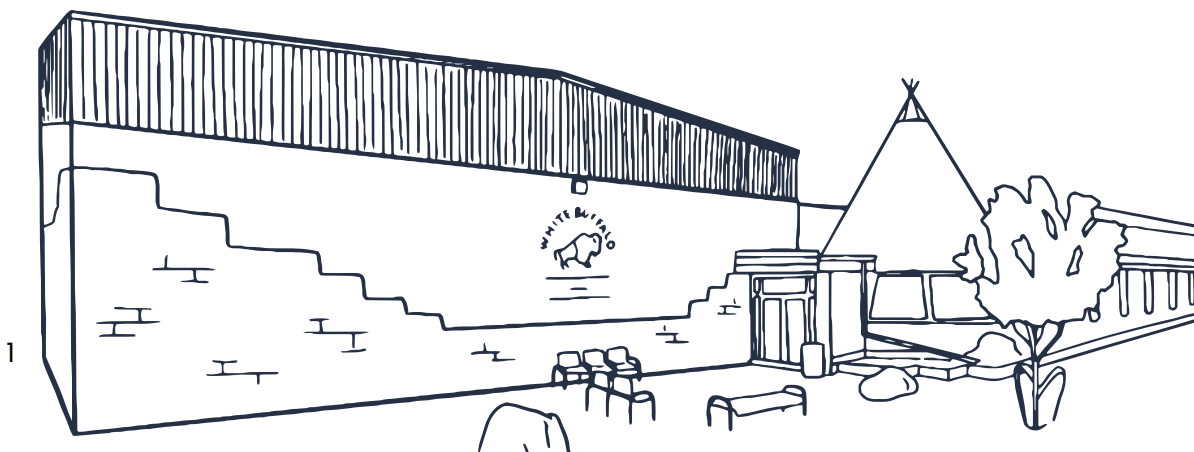
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**With Support from**  
Connor Morrison & Deb Davies+

## 1. Introduction/Background

The [Saskatoon Inter-Agency Response to COVID-19](#) (Inter-Agency Response) is a newly formed group of 50+ organizations including community-based organizations (CBOs) providing front-line services and representatives of government agencies. The Inter-Agency Response grew out of initial sector conversations hosted by the coordinators of the [Safe Community Action Alliance](#) the week of March 16th, 2020. Those meetings were called recognizing that the coronavirus pandemic would present unique challenges for agencies serving vulnerable residents and that collaboration would be required to navigate this unprecedented crisis safely. As the response to the pandemic became formalized locally through public health orders, the community's coordination responded in kind. Incident Command Structure (ICS), an emergency response structure, was adopted with support from the City of Saskatoon's Emergency Management Organization (EMO). Over time this structure was populated primarily by reallocated staff from frontline community and government agencies, resulting in a 35-person Inter-Agency Response command and general staff. These individuals, reallocated fully or in part to this work, operationalize the core components of the response, supporting agencies to respond to the COVID-19 pandemic safely.

The Inter-Agency Response prioritized the support of agencies working to assist residents experiencing deep food and housing insecurity. A COVID-19 Vulnerable Sector strategy was developed, charting a path of key supports on priority areas of vulnerability. Core work has consisted of maintaining situational awareness, responding to critical incidents, gathering safety information and considerations, sharing information, liaising with external partners, advocating for sector support, and providing logistical support through procurement and financial assistance. Financial capacity was generated through reallocations of existing donor or grant funds managed by partner agencies, as well as direct fundraising into a fund created by key partners Saskatoon Community Foundation and the United Way of Saskatoon and Area and administered by the Inter-Agency finance section.



## 2A) 401 form trends and organizations/sectors

As part of the ICS, the data management team (authors of the report) created a 401-reporting tool to facilitate information sharing between agencies, and the command team. The first two and a half months of this response were witness to a high number of organizations filling out 401 forms to provide updates, request resources and seek clarification on policy related issues as organizations sought to continue to provide services during the pandemic. One hundred and ten responses (110) were received from more than 61 organizations. Figures 1 and 2 below show trends in 401 response and financial allocations. The disbursement of funds occurred in blocks and so a fall in funding simply reflects the period before the next allocation.

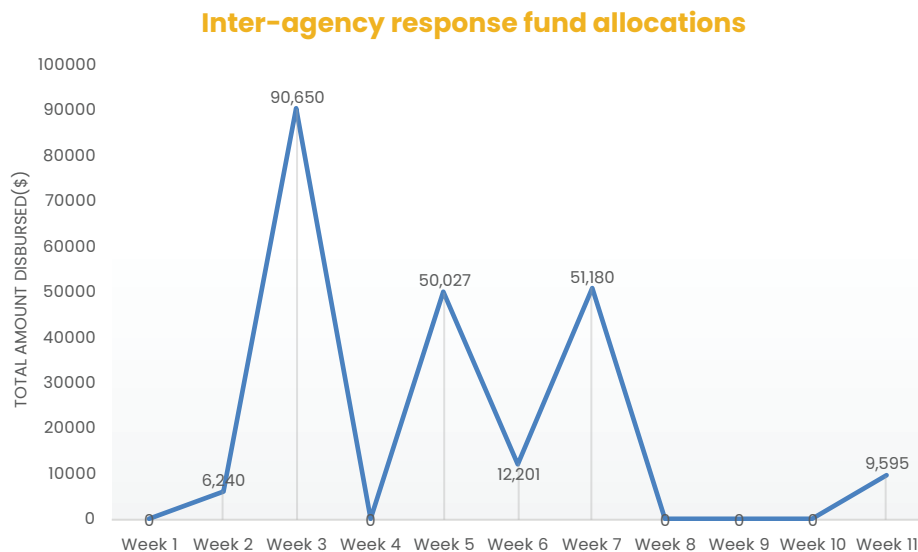
### What are 401 forms?

401 forms are emergency preparedness and response forms used by the EMO to enhance collaboration during emergencies. These forms were adapted to reflect the COVID-19 context. See appendix.

**Figure 1: Trends in 401 Responses**

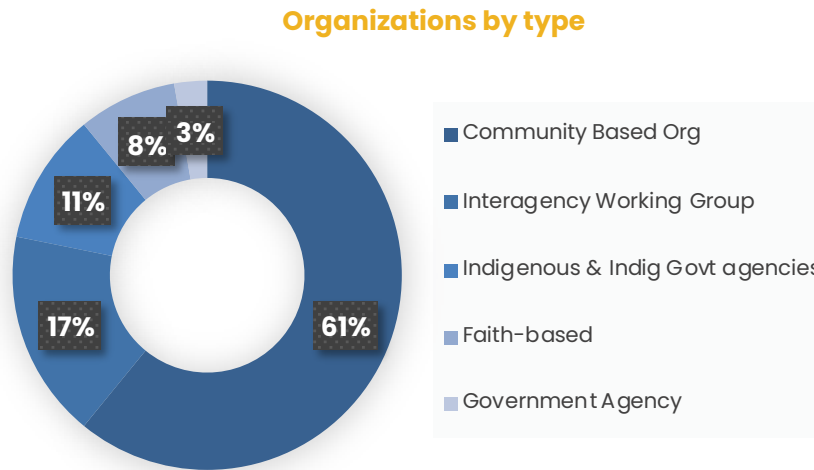


**Figure 2: Response Fund Allocations**

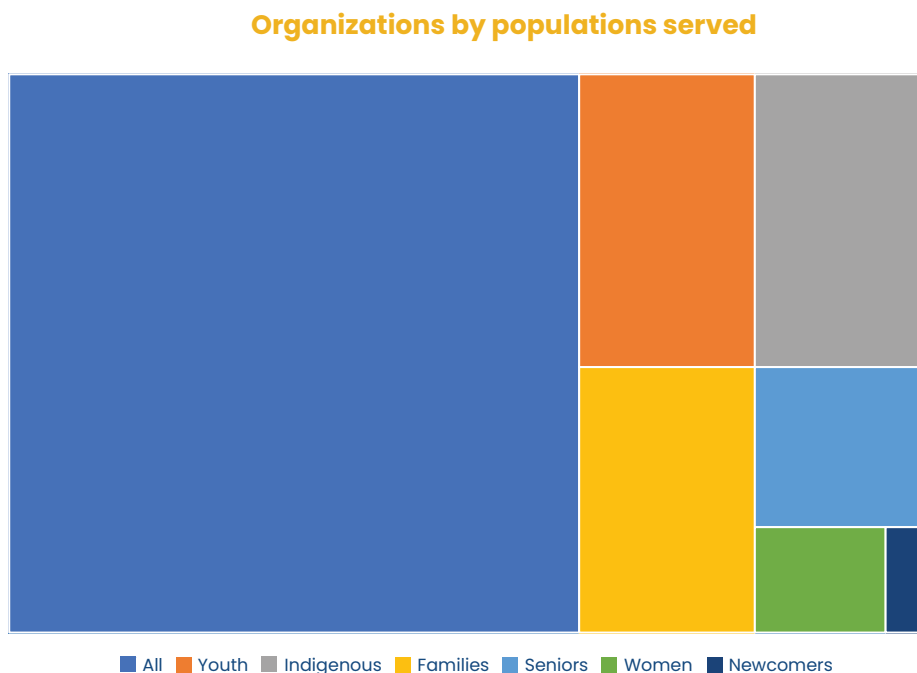


Over the eleven-week period from March 23 to June 5, 2020, a wide variety of organizations filled out 401 forms. These organizations vary by services provided, populations served, and type of organization as shown in figures 3- 5 below. Most organizations filling out forms have been CBOs although others including government agencies have filled out 401s.

**Figure 3: Organizations by type**

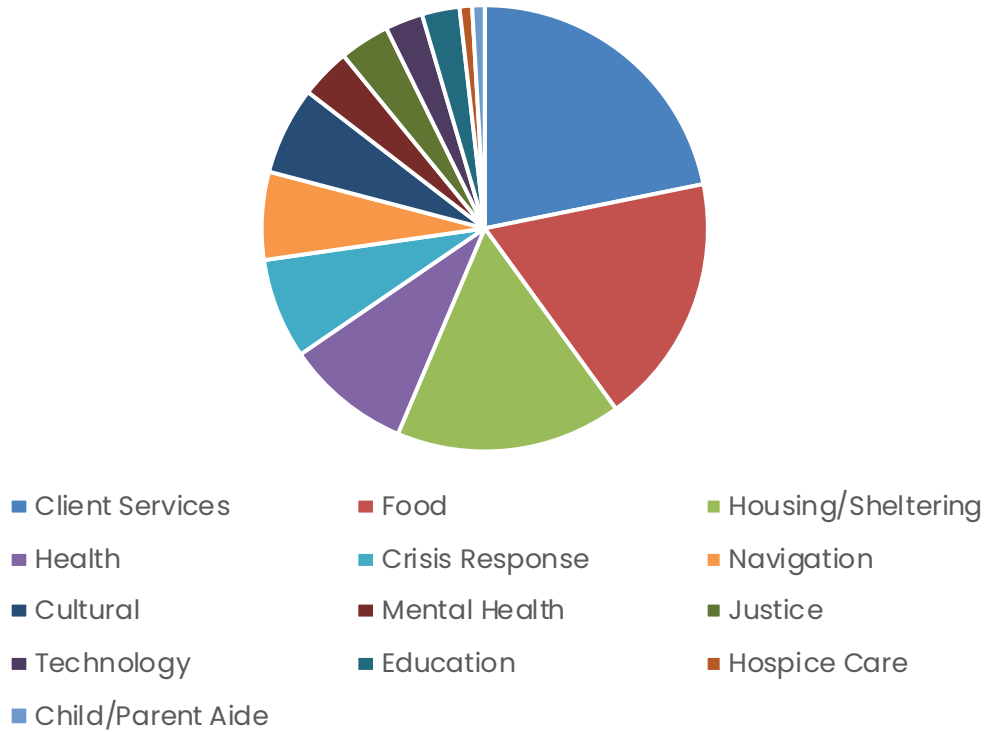


**Figure 4: Organizations by populations served**



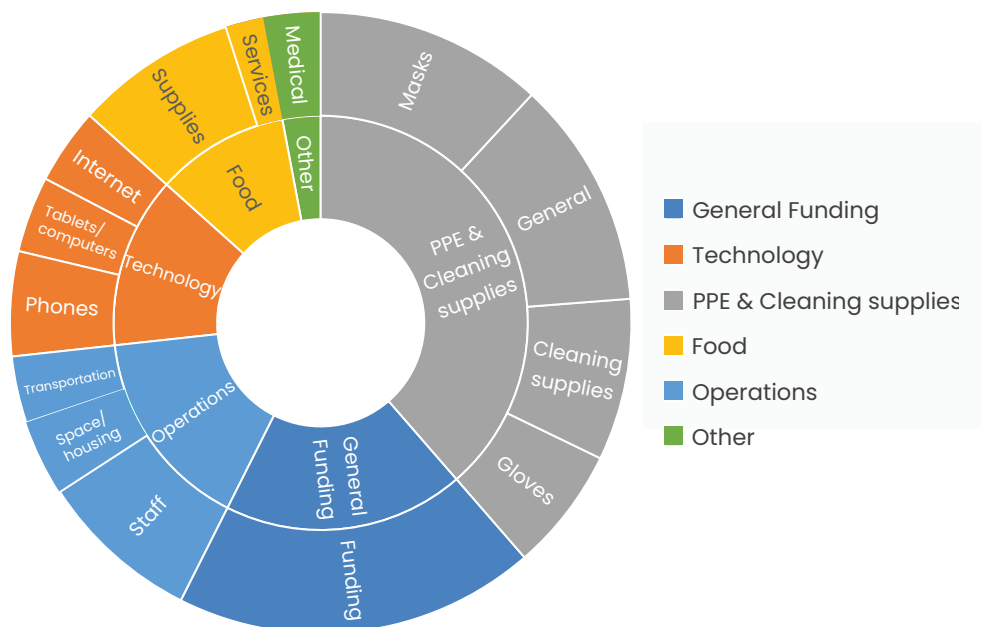
**Figure 5: Organizations by services provided**

**Organizations and working groups**



**Figure 6: Resource requests**

**Main Resource Requests**



## 2B) Resource requests and gaps identified

Over the last 11 weeks, organizations filling out 401 forms have made various resource requests, provided situational updates, reported critical incidents and discussed anticipated challenges. In the sections that follow we describe general issues emerging from the 401 submissions. The word cloud in Figure 7 captures the frequency of words used in the 401 forms to describe situations and needs.

### (A) Information sharing & service availability:

At the beginning of the pandemic, several organizations expressed challenges with the availability of information and opportunities for collaboration given that different CBO's faced an information deficit on policies, guidelines and opportunities for collaboration. CBO's also expressed concerns about a service availability information gap needed for directing clients in need of access to internet, phones, mental health and health supports, income assistance, food, housing and other services.

### (B) Housing:

Homelessness, sheltering and housing related policy and practice gaps emerged throughout the Inter-Agency response, particularly regarding vacant social housing units (from the Saskatchewan Housing Authority) and clear policy guidelines about access, approval, income assistance supports, direct rent to landlords, case management and harm reduction supports, in order to ensure successful isolation, transition to housing and ensure that COVID19 was kept out of the sheltering system.

### (C) Services for seniors and children

Figure 7: Word cloud of 401 responses



### in isolation:

As the pandemic progressed, the idea of “shadow” or “echo epidemics” emerged in various forms one of them being the problem of isolation especially for vulnerable seniors and children. More CBOs reported clients suffering from feelings of loneliness with possible negative psychosocial health outcomes. CBOs reported the need for additional connections to mental health services.

### (D) Technological needs:

Although identified at the beginning of the pandemic, close to the end of the sixth week, more CBOs reported a need for technological support as client-organization relationships have been drastically reduced or in some cases, severed completely. Gaps in technology needs were made evident through a lack of access to health services, income supports and other government programs. Additionally, there was a noted lack of access to information and opportunities for seniors feeling isolat-

ed or youth feeling disconnected, or families with children dealing with needs including boredom and access to educational services. CBOs also expressed concern that social distancing protocols may be broken as a result of decreased communication as clients attempt to find aide elsewhere.

### **(E) Food security and transportation:**

There was a reported dramatic increase in the number of people seeking food services from organizations that have a direct service model. There were concerns as well that because of shame, stigma or lack of information, the recorded increase in food insecurity may fail to adequately reflect the true extent of the problem. People with food needs may feel shame while accessing food resources or may be unaware of the availability of food. Additionally, reports of families needing to access food-bank and food resources noted that some were unable to do so, as they were fearful of the potential increased risk of COVID-19 infection associated with the use of public transportation.

### **(F) Mental Health:**

Many CBOs expressed concern that the mental health effects of the pandemic may last longer than the pandemic itself. Such worries relate to the different stresses and forced coping vulnerable populations may have experienced during the crisis and this calls for collaboration across sectors especially in the near future to continue to respond to mental health issues worsened by the pandemic which may continue beyond the pandemic.

### **(G) Discretionary Funding for unpredictable scenarios:**

In some cases, CBOs dealt with issues of “unpredictable barriers” where discretionary funds were necessary to enable organizations with more emer-

gent situations to respond effectively.

### **(H) Mobile/Multiple testing sites:**

Information deficits emerged regarding the availability of mobile testing sites, with some partner organizations unsure where to direct clients in need of COVID-19 testing. While the core neighborhood SHA testing site was a critical infrastructure component to ensure people had access to testing and isolation options, some vulnerable families were still unable to access testing. A model to bring testing to people was flagged as a gap.

### **(I) Inmates released into homelessness:**

There were also policy gaps and scenarios where formerly incarcerated persons (regardless of jurisdictions) were released during the pandemic without a housing plan leading to frustration as organizations were faced with community members needing support and unsure how to proceed.

### **(J) Social distancing protocols:**

Concerns were raised by organizations regarding social distancing as weather improved and more people started to go out in public. Organizations expressed concerns about possible re-emergence of cases, especially in CBOs spaces where vulnerable populations congregate.

### **(K) Reopening protocols:**

Many organizations have expressed concern about the loud silence of Saskatchewan’s reopen plan about how CBOs should proceed. This led to CBOs looking to ICS to provide plans, protocols and recommendations on how CBOs should proceed regarding reopening. There were also concerns on how to smoothly transition from the hubs model

(used at the beginning of the pandemic) to regular service delivery.

### **(L) Staff mental health post-crisis:**

Organizations have noted the potential for fatigue, burnout and mental health challenges faced by staff. Most conversations on mental health effects of COVID-19 have focused on isolating families with less attention to effects on health workers and CBO staff. Internal Inter-Agency response staff for example, have reported pressures associated with work-life imbalance due to the urgency of the pandemic.

### **(M) CBO funding and austerity:**

Respondents filling out 401 forms have described uncertainty and worry on future austerity (government budget cuts) as things return to normal.

### **(N) Potential for marginalization:**

Some CBOs have noted in 401 forms that as the province reopens, some population groups may face marginalization if they are perceived to be 'at risk'. It would be useful to consider this possible effect to prevent further marginalization of vulnerable populations post COVID-19.

## **3. Inter-agency efforts and response to resource gaps**

In the section that follows, specific actions and activities carried out by the Inter-Agency response and the associated gaps such actions responded to (alphabets correspond to gaps above) are identified.

In order to respond to emerging and otherwise unaddressed needs of the vulnerable sector and

those it serves the Inter-Agency response evolved frequently. The work can be categorized into several types of support activity each responding in some way to sector needs that are specific to, or heightened by, COVID-19.

**Response Coordination:** As the need for community to coordinate during the COVID-19 response in the sector was realized, consideration of the best way to do so began. Early partners were connected to the Saskatoon Emergency Operations Center planning team to learn about how the incident command structure could be used, and this system was adopted and adapted to community needs. Roles were filled by reallocated staff from government agencies and community-based organizations. Reallocations were primarily from the public health branch of the Saskatchewan Health Authority, and the City of Saskatoon, the Safe Community Action Alliance, and AIDS Saskatoon. Liaison roles to key partners such as the Saskatoon Tribal Council, Saskatoon Police Service, and others were established. Strategic direction was established early, prioritizing the support of residents experiencing deep housing and food security. (A)

**Information Sharing:** Information sharing was identified as a required service early on and was a core motivator for initial meetings. This function was formalized through a regular schedule of meetings, the establishment of working groups (see below), circulation of email updates, and development of a repository of reference material, now hosted on an internal website. A key component of information sharing has been the acquisition and distribution of safety and health information. With an unprecedented pandemic situation, best practice information and guidelines have not been available for the vulnerable sector. Dedicated efforts were required to seek out guidelines and resources for consideration and adaptation by frontline agencies. Regular safety information meetings were scheduled beginning in mid-April, and public health professionals were engaged to support the Q&A that formed part



of this meeting. A living document of safety resources and information was developed with reference to source material. This continues to be updated with new considerations as they arise. Regular safety meetings have now evolved to include mental health resources for agency staff working to respond to this prolonged crisis. (A)(F)(H)(J)(K)(L)

**Messaging:** A second component of information sharing was developed for the public. Specific messaging for residents made especially vulnerable by COVID-19 were created, recognizing the need for a harm reduction lens, and messages about safe practices during COVID-19 that resonate. Message formats have included print materials such as posters and handbills, as well as messaging on digital platforms. Existing social media channels were initially used, now replaced by dedicated @InterAgency response channels on Instagram and Facebook. In addition to messages for residents made especially vulnerable by COVID-19 messaging for the general public about the response is being created and shared. (J)

**Logistical Support:** The resource toll of COVID-19 was recognized early on and partnerships were struck to facilitate Fund Development. With leadership from the Saskatoon Community Foundation (SCF) and support from the United Way (UW), an Inter-Agency Response Fund was set up. Donations have been collected, and reallocated funds by the SCF and UW enabled a strong start for collaborative response from a resource perspective. A Logistics team was established to liaise with the Finance team around allocation of financial resources, and to locate and coordinate resources necessary through procurement and donations. This work has primarily centered on personal protective equipment, cleaning supplies, and other critical supplies needed to maintain safety and reduce the opportunity for transmission of COVID-19. The Logistics team has also served to coordinate volunteer capacity, however, due to public health barriers and coordination capacity limitations, this has played a

relatively small role in the coordinated response to date. (E)

**Service Coordination:** As the pandemic required the closing down of a variety of service spaces, and adjustments to the operation of others, coordination of services became a top priority in order to ensure sustainability of a suitable level of essential service. (B) (E) The first gap in service was in-person navigation. Two service hubs were established to safely provide housing and income support navigation. Working groups to coordinate emergency housing and food supports were also established with participation from key players in each service area.

**Housing:** Due to the lack of affordable housing, emerging pandemic-related homelessness, the reticence of landlords to rent to new occupants during the pandemic, and capacity constraints in shelters, sector leaders identified the need for isolation support in hotels and transitional housing access. CBO leaders worked through the Inter-Agency Response to collaborate with Provincial Ministries as they considered a provincial and local hotel strategy. Response partners offered and provided in person wraparound services to support successful isolation in hotels by residents without appropriate housing and to residents in transitional housing units when they can be secured. (B)

**Food:** Unprecedented coordination among existing food organizations has been established and continues to be strengthened. As new food services have emerged, or existing services have shifted, connection to working groups has limited unnecessary duplication while supporting provision by agencies meeting the needs of the community's diverse population. (B)(E)

**Special Population Supports:** Agencies and partners began raising concern about the potential and observed disproportionate impacts on population subgroups as an area in need of attention. A working group to explore and address the needs of children and youth was created and has led an

outreach project of youth hampers delivered through dozens of youth and family-serving agencies to hundreds of youth/families in need. In similar fashion, the Vulnerable Old People working group formed to engage and serve Indigenous old people and vulnerable non-Indigenous old people, using the term 'Old People' to echo language used by local Elders and Survivors. First steps have been to establish virtual connections by providing devices, internet connections where required, and support to learn virtual engagement tools. (C)

**Health Supports:** Key partners were engaged to discuss ongoing and emergent health needs in the target population. The need to continue and pivot harm reduction services was identified, and barriers to COVID-19 testing among those vulnerable to the disease due to housing and income insecurity was also raised. In response to this work, a harm reduction working group was established with key service providing agencies, and a core area testing site was established by the Saskatchewan Health Authority to serve those who may not have easy access to a referral and testing through other testing opportunities. (A) (H)

**Advocacy:** In conventional incident command structures, advocacy doesn't play a critical role. However, in an Inter-Agency response that represents the complexity of human service systems in a public health pandemic, it does. Early on, the response team understood the need to ensure adequate and consistent connection to the key government leaders, including administration and elected officials. It also recognized that media required access to concise, accurate and consistent messaging. In the first few weeks of the Inter-Agency response, there were a few opportunities to work directly with the Ministry of Social Services, including the Minister. Direct conversations with the response team ensured the Ministry was aware of emerging issues such as new homelessness due to added pressure on those provisionally housed, the need for self-isolation options in hotel

and transitional housing to follow. The Minister assured the response team that there would be low-barrier access to the vacant units within the Saskatchewan Housing Authority, which was reflected in the Ministry's press release on March 31st, 2020. These commitments did not materialize, and only 10 vacant units have been made available for use during the COVID-19 response, far short of the 350 units of vacant inventory in Saskatoon. Efforts to see residents rendered homeless due to COVID-19 but not suspected of, or positive with the virus included in the provincial hotel strategy have been largely unsuccessful, putting additional pressure on shelters and increasing the risk of an outbreak in these spaces. Advocacy continues to focus on creating the best mechanisms to support homelessness, housing precarity and sustainable support for the non-profit sector as it operates with additional safety burdens through the pandemic. (B)(M)(I)

**Task Forces:** Most recently, task forces bringing together related partners have been utilized to explore and address sticky issues. A Technology Task Force is exploring solutions to the digital connectivity gap that has deepened in a time of physical distancing. The Inter-agency response participates in a task force hosted by the Emergency Measures Organization regarding public wash-room access. This format is intended to address a specific and discrete critical need but also to ensure connection between key stakeholders for potential longer-term problem solving. (D)

## 4. Way forward and ongoing concerns

The COVID-19 pandemic is unprecedented and deserves the dramatic response it has received so far, globally and locally. The pandemic and its response have also revealed the underlying structural and social inequalities that make different popu-

lation groups unequally vulnerable and highlighted why equity needs to be at the centre of policy responses not only during crises, but also before and beyond them. Issues such as housing difficulties, technological gaps and income and food insecurity which have been exacerbated during the pandemic have been central to the advocacy efforts of community collaboratives such as the Saskatoon Poverty Reduction Partnership (SPRP) and the Safe Community Action Alliance (SCAA), that follow the trajectory of a number of social planning tables before them. COVID-19 demonstrates that the recommendations made by these organizations and published in reports such as the [12 Bold Ideas to Eliminate Poverty in Saskatoon](#) and [A Community Response to Crystal Meth](#) in Saskatoon need to be taken more seriously and implemented as a matter of urgency. It is in the interest of all to care for society's most vulnerable.

The important work of the Inter-Agency response to COVID-19 cannot be overstated and is in many ways exemplary, given the prioritization of not simply access to health services and clinical aspects of the crisis but in applying a social determinants of health approach. A thorough evaluation is needed to understand the effectiveness of this response. However, the evidence to date confirms that the institutional architecture, and personal and professional commitment that made the work of the Inter-Agency Response to COVID-19 possible resulted in a well-coordinated, useful and timely response that reduced hardship and saved lives. It is in the interest of all that this nimble, yet robust community response be bolstered so that when the need arises either from a second wave of COVID-19 or some other future crisis, Saskatoon and the province are informed and prepared.

Given the economic downturn that accompanied the pandemic, there exists the possibility of austerity budgets and ensuing policies in the coming months or years. As they have everywhere in the past, such budgets can create extreme hardship for the poor

through cuts to the structures and agencies that support them. We believe that policies enacted into the future should not allow CBOs to become the victims of austerity, especially given the critical role they played in shielding the city and province from potential disaster.

There remain ongoing concerns, policy gaps, and resource challenges faced by the individual CBOs and the Inter-Agency Response to COVID-19 even at this stage of the pandemic and crisis which require attention. Some of those follow:

1. Funding for the Inter-Agency response has not been consistent and support for critical supplies continues to be required by many CBOs.
2. Procurement expertise continues to be required to ensure safe and efficient access to critical supplies.
3. Information sharing processes such as the 401 system need to be maintained to ensure that emerging frontline challenges are detected and addressed collaboratively where appropriate, even as agencies return to more regular service delivery.
4. It is anticipated that monitoring of and response to the potential mental health "shadow" pandemic in the vulnerable community will require specific attention and has not been within the capacity of the Inter-Agency Response.
5. It is important to note that free transit was an important City of Saskatoon response that likely alleviated some of the pressures around accessibility of limited community services. Moving forward fare-based transit services should be investigated to ensure equitable access to public transit in Saskatoon.

## 5. Acknowledgements

We wish to acknowledge the contribution of various organizations that made this report possible. The entire team of the ICS have played an instrumental role in the response generally but also in providing information that supplements data from the 401 forms. This reporting has also benefited from financial and other support from the Division of Social Accountability, a subdivision of the University of Saskatchewan's College of Medicine. We wish to acknowledge the financial support offered by the Saskatchewan Health Research Foundation (SHRF) under the COVID-19 Rapid Response Fund. Finally, we wish to thank all those who have played a role in the COVID-19 response in Saskatoon to date including frontline workers, volunteers, community-based organizations and community members.

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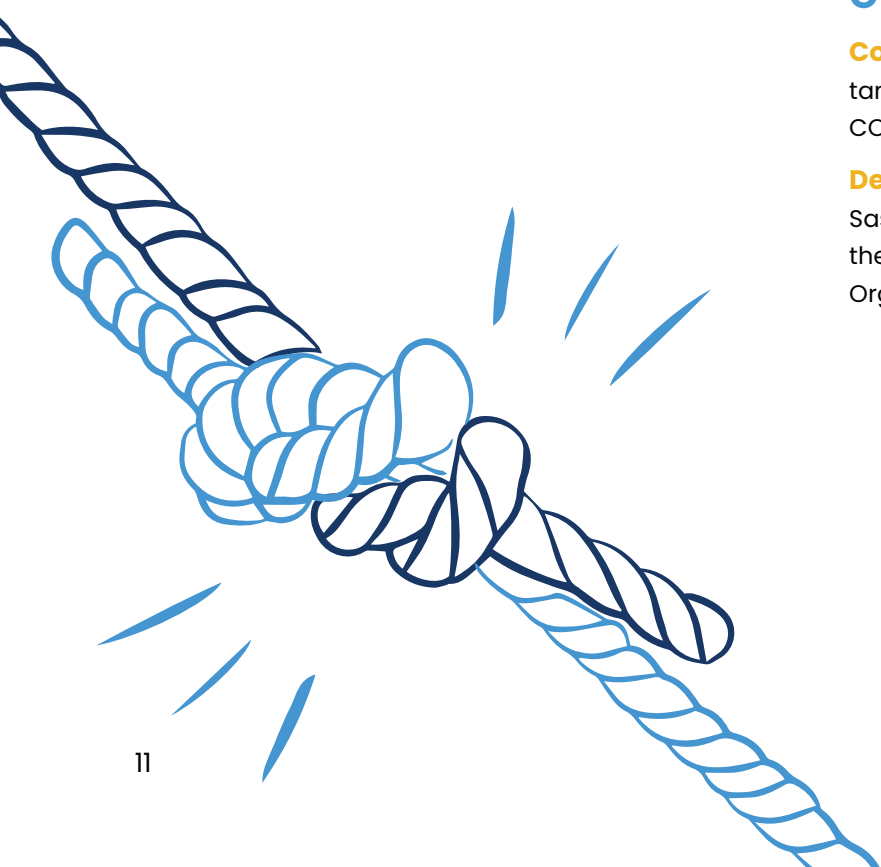
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## Appendix

### COVID-19 '401' status update & needs request

\*This form is adapted from the "401 ESS Assessment Form" with permission from the City of Saskatoon - Emergency Planning & Preparedness.

If you're unsure how to fill this out, please read the guidelines

Email Address\*

Date\*

Name of Organization\*

Contact person's name\*

Contact person's phone number\*

Current situation: (Key Points – Concerns, services delivered/cancelled, resource status etc.) \*

#### Current situation:

- Services Delivered (for first submission)
- Services Cancelled (for first submission)
- Any changes since last 401 submission?

#### Critical Issues/Challenges/Problems: \*

- What new challenges to your work are you facing?
- Have you had to deal with any critical incidents? Have they been resolved?

**Immediate Objectives/Anticipated Priorities/Activities:\*** (What emerging (covid-19

response) priorities are you trying to solve in the near term? Are any of these urgent - if so identify what help you need.)

#### Resources Needed: \*

(please specify how we can help you. e.g. staffing capacity, equipment, supplies, services, other. If you need money, please specify what you will spend it on. Please add as much detail as possible so that we can equip you quickly - including quantity)

- What resources are you short on?
- What resources do you have in excess?

#### Covid-19 Assessment Form

Your response has been recorded.





SASKATOON  
**INTER-AGENCY  
RESPONSE**  
TO COVID-19



UNIVERSITY OF SASKATCHEWAN  
**College of Medicine**  
DIVISION OF SOCIAL ACCOUNTABILITY



**SHRF**  
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