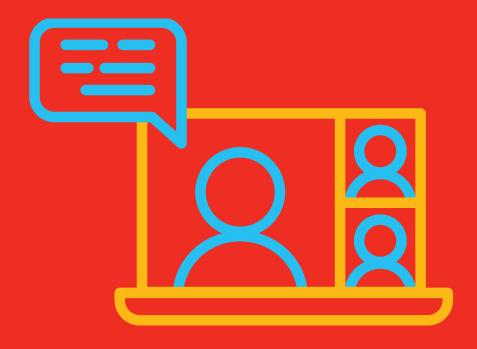Cedar Centre's STAIR Group's virtual program transition:

Balancing impact with client safety, privacy, security and cost

United Way
Greater Toronto

WORKING WITH
COMMUNITIES IN
PEEL, TORONTO &
YORK REGION

Report partner:

PhiLab
CANADIAN PHILANTHROPY
PARTNERSHIP
RESEARCH NETWORK

Land acknowledgement

United Way Greater Toronto acknowledges that our work takes place on the traditional land and gathering place of many Indigenous nations including the Anishnaabeg, the Haudenosaunee and the Wendat peoples and it is now home to many diverse Inuit, Métis, and First Nations peoples.

We also recognize the rights of Indigenous communities and that the Greater Toronto Area is covered by several treaties including Treaty 13 signed with the Mississaugas of the Credit First Nation and the Williams Treaties signed by seven First Nations including the Chippewas of Beausoleil, Georgina Island, Rama, Mississaugas of Alderville, Curve Lake, Hiawatha and Scugog Island.

We honour the teachings of Indigenous peoples about the land we each call home and our responsibilities to the land and one another. We are committed to improving our relations and walking in solidarity with Indigenous peoples. From coast to coast, we acknowledge the ancestral and unceded territory of the Inuit, Métis and First Nations peoples.

Research team

United Way Greater Toronto:
Isabel Cascante, Hadeel Al-Saidawi, Alexander Adams

PhiLab:
François Brouard (Carleton University), Manuel Litalien (Nipissing University)

As the largest non-government funder of community services in the GTA, United Way Greater Toronto reinforces a crucial community safety net to support people living in poverty. United Way's network of agencies and initiatives in neighbourhoods across Peel, Toronto and York Region works to ensure that everyone has access to the programs and services they need to thrive. Mobilizing community support, United Way's work is rooted in ground-breaking research, strategic leadership, local advocacy and cross-sectoral partnerships committed to building a more equitable region and lasting solutions to the GTA's greatest challenges.

unitedwaygt.org

The Canadian Philanthropy Partnership Research Network / Réseau canadien de recherche partenariale sur la philanthropie (PhiLab) is a Canadian research network on philanthropy. The network is divided into several regional hubs across the country. The network's headquarters are located in Montreal, on the Université du Québec à Montréal (UQAM) campus. Philab Ontario is a hub located at Nipissing University.

The project started in 2014 as part of two SSHRC partnership development projects on "Canadian Grantmaking Foundations". From its beginning, the Network has been a place for research, information exchange and mobilization of Canadian foundations' knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources, and ideas.

philab.uqam.ca

Message from Daniele

Throughout the pandemic, United Way Greater Toronto's (UWGT's) network of over 300 funded agencies and community partners mobilized quickly to meet urgent and evolving needs and problem solve in real time – leading to effective innovations with the potential to move the needle on critical issues facing communities.

Our network saw firsthand how the pandemic upended our collective and individual understandings of "normal" and left many grappling with precarious employment, income insecurity, mental and physical health challenges, and more. But during this time, the story unfolding across our region has been not only one of crisis, but also one of small transformations – innovations that UWGT has championed as we've convened cross-sector partners to forge new paths forward, mobilized emergency funding in response to heightened and emerging needs, and ensured our funding gave community agencies the flexibility to allocate resources to where they were needed most.
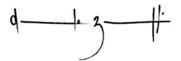
UWGT's commitment to systems-level change means not only championing initiatives with this potential, but also analyzing and amplifying the lessons they have to offer. This case study is one of five in the UWGT series *Collaboration, Cooperation, Co-Creation: Case Studies of Social Service Innovations during COVID-19*, developed in partnership with the Canadian Philanthropy Partnership Research Network (PhiLab).These case studies remind us that times of crisis necessitate innovation – but they don't guarantee it. Major disruptions only bring systemic change when communities have both a clear vision for a path forward and the tools to get there.

Together, these case studies show what we know so well at UWGT: that a non-profit sector that is rooted in community and fortified by decades of expertise knows where we need to go even before crisis hits. That a sector equipped with the right tools and resources has remarkable capacity for agility and adaptation. That flexible funding and general operating support – two staples of UWGT'S funding model – are key elements of the toolbox that enables organizations to pivot and engage in necessary strategic, systems-level work. That through networks UWGT has been cultivating for decades – networks of community agencies, local residents, and partners in government, labour, and the corporate sector – with the resolve to work together in new ways, the change we are capable of achieving is exponential. And finally, that backbone support provided by entities like UWGT – from research to convening to strategic investments in community – is foundational to all of these elements.

These stories of innovation show that our path forward is not about recovering our pre-COVID "normal." Because we are building something better. We're bridging siloes and catalyzing new partnerships, so that everyone can access the services they need without coming up against roadblocks. We're amplifying community voices and joining hands in advocacy. We're deepening our understanding of what advancing equity looks like in concrete terms – and most importantly, acting on it.

Our world is in flux. These case studies offer important lessons for how we can chart a path through instability and uncertainty – one that not only ensures urgent needs are met, but brings us all closer to a future without poverty.

Daniele Zanotti
President & CEO
United Way Greater Toronto

Cedar Centre's
STAIR Group's virtual program transition:

Balancing impact with client safety, privacy, security and cost

Introduction

No other recent innovation within the social services sector has been more widespread than the shift to virtual program delivery. In the early days of the COVID-19 pandemic, with health and safety top of mind, lockdowns and physical distancing measures in place, agencies had little choice but to accelerate what for many was envisioned as a much longer-term journey towards virtual program provision. Technological solutions enabled agencies to continue delivering much-needed services amidst rising demand.[1]

Early in the pandemic, technology was celebrated for achieving its digital promise, enabling services, schools, workplaces and even social connections and peer networks to continue. Yet, as the pandemic persisted, stories of Zoom fatigue, unengaged students and burnt-out employees tempered this success.[2] The accelerated technological transition experienced across industries over the past two years has not been without challenges.

This case study features the digital transformation of the STAIR (Skills Training in Affect and Interpersonal Regulation) Group program administered by Cedar Centre, a small United Way-funded agency in York Region that provides trauma-specific services to children, youth, adults and seniors. Cedar Centre's mission is to provide a unique and holistic approach to therapy, education and advocacy for those who have experienced interpersonal childhood trauma. The challenges and lessons learned by Cedar Centre staff throughout the pandemic are not exclusive to clinical settings and instead provide valuable insights on good practices for virtual social service program delivery broadly.

The report draws primarily on conversations with Alison Peck, Executive Director of Cedar Centre, in consultation with Kerrie Kortis, Clinical Director of Cedar Centre, conducted between October 2021 and February 2022. Additional insights into the challenges and opportunities connected to virtual service delivery were provided by staff from the Canadian Association for Mental Health in York and South Simcoe Region. United Way Greater Toronto thanks all interviewees for making time to share their experiences and make this report possible.

[1] Ontario Nonprofit Network & Assemblée de la francophonie de l'Ontario (2021). COVID-19: State of the Ontario Nonprofit Section One Year Later, July, 20p. https://theonn.ca/wp-content/uploads/2021/07/2021_ONN_State-of-the-Ontario-Nonprofit-Sector.pdf

[2] Williams, N. (2021). Working through COVID-19: 'Zoom'gloom and 'Zoom' fatigue, *Occupational Medicine*, 71(3). https://doi.org/10.1093/occmed/kqab041

About STAIR

STAIR is a 10-week post-traumatic stress disorder (PTSD) curriculum for adults. It is a psychoeducational group-based intervention that prepares participants for individualized therapy and was originally developed as a treatment for veterans living with PTSD. Dr. Heather B. McIntosh from McGill University worked intensively with Cedar Centre to introduce the curriculum to Cedar Centre's non-veteran population.

Between 2016 and 2020, Cedar Centre delivered STAIR in an in-person, co-facilitated, co-educational group setting. Early assessments indicate the program had similar positive outcomes for those living with historical traumas as it did for veterans. Participants increased capacity to balance the pace of their emotional and psychological responses, with some participants experiencing a reduction in symptoms to the point where their PTSD diagnosis was no longer applicable after the 10-week program.[3] Pre-pandemic, Cedar Centre was running three STAIR cycles a year, each serving more than 70 individuals in seven closed groups. A two-year-long waitlist was testament that community need far outpaced capacity.

[3] MacIntosh, H.B., Cloitre, M., Kortis, K., Peck, A., Weiss, B.J. (2018). Implementation and Evaluation of the Skills Training in Affective and Interpersonal Regulation (STAIR) in a Community Setting in the Context of Childhood Sexual Abuse, *Research on Social Work Practice*, 28(5), 595-602. https://doi.org/10.1177/1049731516656803

STAIR Group's virtual transition

When COVID-19 was declared a pandemic in March 2020, Cedar Centre was completing one STAIR cycle and planning to launch a new one in the spring. The spring cohort had completed its pre-course assessments and was on track to initiate in-person group sessions in April 2020. Under emergency measures, Cedar Centre was mandated to transition programs online or shut down programs where online delivery was not possible. With no prior experience delivering virtual programs, Cedar Centre took a judicious two-step approach, moving all individual client services online within 48 hours and pausing group-based services, including STAIR, until additional safety, privacy and program efficacy concerns could be properly addressed. At the time it was paused, the STAIR team was unsure on timelines or the process for resuming the program but were tasked with developing options and scenarios for its adaptation. While it was not clear at the onset, Cedar Centre's phased approach enabled critical real-time learning across teams, with the team delivering individual virtual therapy providing the STAIR team with reflections and insights from using the Zoom platform to guide STAIR's transition planning.

With the spring 2020 STAIR cycle postponed to the fall, the team had time to reflect and plan appropriately. The team focused on three aspects of STAIR's virtual transition: i) revisiting and revising the program design and corresponding materials to maximize the virtual medium, ii) procuring and implementing virtual tools within the program budget and iii) training staff and clients on how to use these new tools to transition STAIR away from a paper-based system.

When STAIR resumed in October 2020, it was a changed program. Based on familiarity with clients' experiences in the face-to-face format, STAIR facilitators focused on ensuring safety and control within the virtual environment.

> **❝** *I feel like I have done three times my normal work in the last year and a half just around technology and once you start into it, it just unfolds.* **❞**
>
> *—Alison Peck,*
> *Executive Director,*
> *Cedar Centre*

Cedar Centre engaged a consultant specialized in virtual care and who was a registered therapist to identify risks and good practices of virtual therapy and train facilitators on virtual care methods. STAIR was redesigned from a co-educational, group-based approach to a one-to-one, self-directed coaching approach. Materials were redesigned for virtual learning: the team developed self-learning PDFs and video tutorials, which were shared with clients virtually. Instead of leading one 2-hour group session per week, group facilitators, turned coaches, met with clients individually for 30 minutes to review and reinforce content and lead practical exercises. This shift required more staff and decreased the number of participants in the cohort from 70 to a maximum of 35.

With limited capacity and budgetary constraints affecting organizations across the sector, technology adaptation is often led by members of the management team, most with limited technical knowledge or expertise. Despite having a solid evidence-based program in place before the pandemic, moving STAIR to a virtual model took significant time, effort and problem-solving, with much of the problem-solving, decision-making, budgeting and staff training falling to Cedar Centre's management team. This was a significant responsibility outside of existing areas of expertise, on top of already demanding roles, made more so by the pandemic.

Finally, from a purely technological perspective, to ensure compliance with Ontario's Personal Health Information Protection Act (PHIPA), Cedar Centre purchased a Zoom business license with a telehealth platform, upgraded all their Microsoft licenses, including added encryption capacity, and purchased and implemented DocuSign to replace paper-based pre- and post-measurements of emotional regulation, interpersonal problems, and traumatic stress symptoms for STAIR clients.

United Way contributions

United Way Greater Toronto's work is comprehensive. We support a network of over 300 funded agencies and community partners to move the needle on critical issues facing communities. To meet urgent needs and lead systemic change on a wide array of social issues, we:

- use our grantmaking expertise, deep knowledge of issues, neighbourhoods and social service infrastructure to make investments where they can have the greatest impact

- partner with others to overcome challenges and streamline support, as we have with the Cluster Tables that brought local government and agency leaders together during the early days of the pandemic and continue to be a vital lever for better serving community

- convene diverse parties and perspectives to drive strategic initiatives and multi-sectoral solutions

- lead research to learn, share and inform progressive policy and legislation and leverage our platform to amplify calls for systems-level change.

United Way is proud to work with Cedar Centre in the following ways:

Cedar Centre:
- providing three-year Program grant funding*
- collaboration at the York Services Partners Table

* Program grants support communities to lead local solutions to local challenges. The three-year funding is nimble and targets investment to the populations, geographies and issues at the centre of our ongoing fight against poverty.

To learn more about our various tools for community investments, please refer to the UWGT 2021-2022 Annual Report.

Lessons learned

Changing the medium does not remove barriers; it simply changes them

The transition to virtual service delivery can remove existing barriers but also create new barriers to access. For some clients, virtual options decreased transit-related challenges, including travel costs, long commute times, and weather-related complications. The virtual, one-to-one environment decreased anxiety for some by removing concerns about privacy and trust in group sharing and allowing clients to be in the comfort and safety of their own space during the service.

For others, virtual service created additional challenges. Limited access to technology and unreliable broadband connectivity impeded access to services for some. This digital divide drives further inequities, with households on low incomes more likely to report slower download speeds and access to internet-enabled devices.[4] While some, mostly larger, organizations were able to budget for and provide headsets, computers and internet access to clients, many organizations simply did not have the budgetary resources required to offer this type of equipment and services to clients.

Additionally, as has been well-documented throughout the pandemic, the negative effects of social isolation have been widespread, particularly for those with limited social network connections.[5] In the case of the STAIR program, the transition not only to virtual delivery but to an individualized format meant clients lost the opportunity to connect with and learn from and alongside others in their group.

> *Technology provides, on one hand, a level of safety by putting a little bit of distance between us, but it also prevents us from doing some of the more somatic things together.*
>
> *—Alison Peck, Executive Director Cedar Centre*

Client privacy includes more than data security

Responsible and secure data collection and storage is not the only privacy-related consideration connected to virtual service delivery. As seen in the STAIR case, privacy became a critical concern for some clients who cohabitate with others and do not have access to a separate or private space. Confidentiality is a core tenet of therapy and other social service supports and cannot be overlooked in a virtual context.

[4] Andrey, S., Masoodi, M.J., Malli, N. and Dorkenoo, S. (2021) Mapping Toronto's Digital Divide. Ryerson Leadership Lab and Brookfield Institute. Accessed on July 9, 2021 from https://brookfieldinstitute.ca/wp-content/uploads/TorontoDigitalDivide_Report_Feb2021.pdf

[5] Cosco T.D., Fortuna K., Wister A., Riadi I., Wagner K., Sixsmith A. (2021). COVID-19, Social Isolation, and Mental Health Among Older Adults: A Digital Catch-22, *Journal of Medical Internet Research*, 23(5), e21864 https://doi.org/10.2196/21864

Client safety and impact considerations must drive decisions around program redesign

A transition to virtual service delivery requires much more than simply offering the same program online. A different medium requires different design considerations from pedagogical, efficacy and client safety perspectives. To decrease risk and unpredictability of the virtual environment, after deep consultation with Cedar Centre's facilitators, a virtual care specialist and licenced therapists, STAIR was redesigned from a co-educational, face-to-face group format to an individualized, self-directed, coaching approach, with clients participating in one-to-one sessions. While doing the research, connecting with experts in virtual program design, and reshaping the program materials and delivery approach can take considerable time and resources, this is a critical step to ensuring program integrity and impact in an online environment.

Virtual delivery is not automatically cost-effective

It is common for small social service organizations to struggle with limited staff and financial resources at the best of times. To support agencies during COVID-19, several funders provided emergency grants to enable purchase of technology. Leveraging COVID-19 grants, Cedar Centre invested significantly in information technology (IT) infrastructure, from securing subscriptions and licenses for Microsoft, DocuSign, Zoom and other platforms and investing in encryption services and strengthening privacy and data security to purchasing additional storage and testing systems to replace paper-based methods of client assessment. For STAIR, pivoting to virtual delivery increased the per person cost for service, while the required changes to the program model decreased the program's reach from 70 to 35 clients or less per cycle. While virtual work and services may bring some efficiencies for those with more mature IT systems and data governance protocols, virtual delivery can be costly for those who need to acquire adequate systems and expertise, or those whose programs require scaling down to adapt to the virtual environment.

Good practices for virtual service delivery

1 Prioritize program design and maximize online tools and methodologies to enhance impact in a virtual environment.

2 Address privacy and online security.

3 Engage and empower staff to shape program redesign and address client safety concerns.

4 Budget accordingly: Invest in hardware and software as well as staff training and capacity.

Implications for the future

Social and community service agencies:

- Engage virtual program delivery experts within your field to help identify and mitigate risks of online service provision and support a program redesign grounded in proven good practices.

- Evaluate virtual offerings to understand how program impact is affected by virtual service delivery and share findings broadly within organizations and across the sector. Taking time to reflect on the successes and challenges of the implemented changes is a critical component of the transition and allows for ongoing adaptations and improvements to program design, budget and staffing models.

- Explore hybrid delivery models to meet the diverse needs of clients. Virtual offerings removed some barriers to access while creating others. While COVID-19 has proven that virtual service delivery is possible, virtual methods do not work under all conditions for all people.

- Conduct community consultation and invite participants into the program redesign process. With the heightened need for services coupled with additional pressures and constraints brought forth by the pandemic, agencies did not have time to consult clients on pivots and recognize this as an essential step to inform future virtual and hybrid service offerings.

Provincial, regional, and municipal governments and philanthropic organizations:

- Provide agencies flexible and operational funding to support investment and maintenance of IT infrastructure and hybrid program design, delivery, data collection and evaluation. Agencies will require sustained support to assess and continually improve virtual and hybrid service delivery models, including funding models.

- Promote cross-sector learning and adaptation by commissioning and sharing program evaluations, lessons learned and emerging good practices around virtual and hybrid service delivery broadly within and across sectors to enhance learning, capacity building and collective impact of virtual service delivery.

- Commission and/or lead research investigating the impacts of transitioning long-standing programs online and identify what elements of virtual social service delivery work well, for whom and under what conditions.

Acknowledgements

**COLLABORATION
COOPERATION
CO-CREATION**
Case studies of social service
innovations during COVID

This case study is part of a series exploring social service innovations during COVID-19:

Auduzhe Mino Nesewinong Clinic (Place of Healthy Breathing): Advancing Indigenous health and data equity

Cedar Centre's STAIR Group's virtual program transition: Balancing impact with client safety, privacy, security and cost

Etobicoke recovery site for people experiencing homelessness: Reimagining partnership between the healthcare and community services sector

Apna Health and community ambassadors in Peel region: Advancing health equity in the South Asian community

What's Up Walk-In Clinics' strengthened network model: Moving along the collaboration continuum

United Way Greater Toronto

WORKING WITH COMMUNITIES IN PEEL, TORONTO & YORK REGION

Corporate Office
26 Wellington St. E. 12th Fl.
Toronto, ON M5E 1S2
Tel 416 777 2001
Fax 416 777 0962
TTY 1 866 620 2993

Peel Region Office
90 Burnhamthorpe Rd. W.
Suite 1500, PO Box 58
Mississauga, ON L5B 3C3
Tel 905 602 3650
Fax 905 602 3651

York Region Office
80F Centurian Dr. Suite 206
Markham, ON L3R 8C1
Tel 905 474 9974
Fax 905 474 0051

unitedwaygt.org