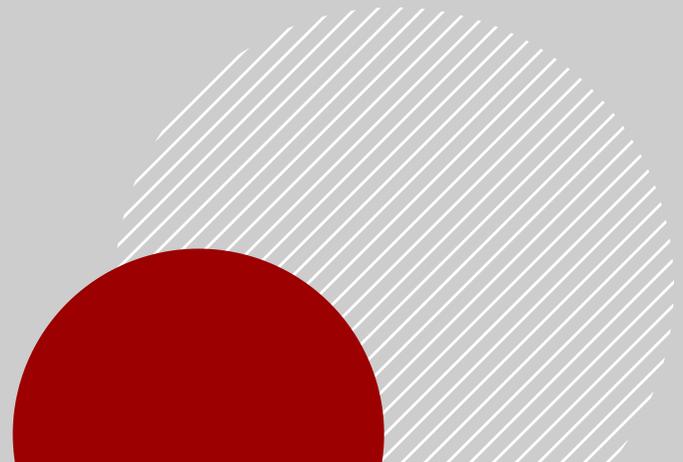


# IMPACT OF THE COVID-19 PANDEMIC ON BRAIN INJURY ASSOCIATIONS IN CANADA

SPRING 2021



[www.braininjurycanada.ca](http://www.braininjurycanada.ca)



# TABLE OF CONTENTS

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Introduction	3
Provinces/Territories where there are no associations	3
Two sides of the pandemic	3
Transition & resilience	5
Summary of transition experience	6
Anticipated on-going post transition challenges	7
Staffing	7
Volunteers	9
Office space	10
Changing ways organizations function	10
Demand for service	10
Successes & challenges	13
Impact on revenue and fundraising	15
Impact on fundraising and donations	15
Estimated loss of revenue	16
Actual staffing numbers & volunteer data reported	17
Success stories & best practices	18
What did not work well?	20
Final comments	22



## Introduction

In February 2021, Brain Injury Canada launched a survey to determine the impact of the COVID-19 pandemic on brain injury associations in Canada. Brain Injury Canada appreciates the valuable contributions of all associations participating in this survey.

With a total of 31 questionnaires completed, responses have been received from a range of geographic locations. These surveys provided feedback from organizations, including those that are primarily volunteer run to those that are fully staffed with full-time and part-time personnel who support programming and services.

The associations refer to the people who use their services as clients or members. These terms are used interchangeably throughout this report.

Two provinces provided 61.3% of the responses. These include Ontario (10) and British Columbia (9) respectively. With a combined total of 19 surveys received from these associations, the range of information is substantial.

Additionally, a combined total of 12 surveys were received from the following provinces: Alberta (3); Manitoba (1); Newfoundland & Labrador (1); Nova Scotia (1); Quebec (3); Saskatchewan (3). As with Ontario and British Columbia, the range of information provided by these organizations is substantial.

## Provinces/Territories where there are no associations

Currently, there are no associations operating in New Brunswick or the Territories. Due to this fact, the level of support for individuals with a brain injury and their family members and caregivers in these areas is in question.

## Two Sides of the Pandemic

Like many organizations in the non-profit sector, the stakeholders involved in service delivery of brain injury supports and services have been directly affected by the pandemic. Through sheer determination and commitment, associations have adapted and developed innovative service delivery options for their clients. These groups provide a vital lifeline to vulnerable people in our communities across the country.

Regardless of the size of the organization, the pandemic circumstances have altered, limited or cancelled various programs, therapies, assessments and other critical supports over the course of the previous year.



Whether accessing a range of therapies; attending adjustment and support groups; learning about brain injury and resources available; providing respite care and day away programs; ensuring food security; mental health services; housing support; employment resources; addictions counselling – any reduction to service delivery creates a direct impact on the clients, and if applicable, their family members and caregivers.

While technology has been beneficial to the continuity of some programs and in maintaining contact between staff members and clients, it has also resulted in various challenges in terms of the client's ability to engage with it and to access on-going services.

For many, the cognitive and physical fatigue experienced online is a barrier to participation. Some clients do not have access to the internet or the equipment required to engage in a meaningful way with support services and/or to remain in touch with their peers. Additionally, some have expressed concerns around privacy and confidentiality in the virtual setting.

Given that individuals with brain injury experience isolation and marginalization on a regular basis, the pandemic and the challenges related to technology have further worsened these conditions. Service providers are struggling to keep up and to maintain the level of service delivery required. Some know that their clients are either losing ground or have stopped attending their programs altogether.

The cascading effects of decreasing supports and volunteer numbers, coupled with the potential for staff burn-out and the challenges associated with technology systems required to provide consistent on-going care for clients, cannot be overlooked nor underestimated. Additionally, the strain of coping with loss of revenue and/or inconsistent funding and donations is significant.

As a result of this, we know the potential for negative outcomes for our clients and service providers. In specific terms, along with decreased levels of support; limited in person interaction and connection; losing existing clients; and increasing referrals for new clients received over the past year, it is anticipated that a sub-set of individuals may be requiring support for mental health in the future.

It might be said that some organizations have had success due to larger staff sizes; consistent and dependable funding; and the ability to access emergency community COVID-19 financial relief and other pandemic supports. However, not all associations have had this experience.

As the pandemic continues, more Canadians will continue to suffer the effects of brain injury, thus adding to the already existing backlog of individuals requiring support. It is difficult to quantify this. However, knowing that these people are suffering – in many cases in isolation – compels the brain injury community to unite in support of and advocate for a short-term resiliency/sustainability fund.



Resiliency/sustainability funding would have a stabilizing effect on the brain injury community as it continues to respond to the current and after-effects of the pandemic. At the same time, it will allow for the development and implementation of evidence-based service delivery models and the sharing of promising practices. Importantly, this fund will serve to build the capacity of associations and allow for sustainable support services to be delivered to vulnerable populations in communities across the country.

## **Transition & Resilience**

For those organizations that have accessed funding and various emergency grants during this time, the level to which programming and support services has pivoted and adapted is highlighted and acknowledged. The staff, volunteers and resource stakeholders have ensured the continuation of services for the brain injury community in these locations.

Larger organizations with existing infrastructure and staff who were already working remotely had fewer challenges during the transition period. From ensuring client confidentiality remained a priority, to learning and following new provincial and other institutional protocols, these organizations were in a strong position to apply the technology that was available to allow for connection and collaboration, as well as on-going service delivery. Clients were contacted as programs and services pivoted to on-line/virtual platforms.

At the same time, there are a range of organizations that have also pivoted and adapted with reduced staff, decreased numbers of volunteers and funding. While some programs and services have been altered, limited and/or cancelled, these associations continue to seek ways to provide safe continuity of contact with their clients/members, all while following critical COVID-19 protocols.

Reported across all locations was the fact that association staff members and volunteers have stepped up to respond to the priority needs of their clients. Many associations reported that their staff and volunteers pivoted, adapted, showed creativity and resilience as they navigated through the pandemic.

Out of the 29 responses received in this section, 6 have reported a smooth transition, with the following combined comments provided:

- Seamless transition = had previously been set up for remote work
- Existing infrastructure in place, including computers and a database, as well as staff resources to pivot to a virtual workflow right away. With staff support and learning put in place to assist with the change in client support and documentation, the transition was a smooth one
- Smooth transition; easy - had worked remotely before

- Much less difficult than anticipated. There were a few Zoom hiccups, however the clients transitioned very well. A handful required face to face case management, while other programs and case management were moved entirely on-line
- The transition was short-lived. We had the opportunity to work quickly on our premises, adapting programming and respecting sanitary measures. Activities and services through Zoom, Facebook and other communications channels have been in high demand to reach association members

## Summary of the transition experience

### Experiences

Stressful/worried about members and those most vulnerable who are heavily supported day to day

All programs impacted or cancelled initially. Had to migrate to online models, holding Zoom and phone calls

Ensuring appropriate equipment was in place for all staff to provide client care effectively and confidentially (taking into consideration all relevant college guidelines) was a significant challenge

Pivoted the lunch program and joined forces with another program to deliver lunches to those who were struggling to access food on a weekly basis

Major adjustment with planning, organizing and follow-through. Invested a lot of time in this

Challenges balancing child-care and working at home

Community workers in coffee shops wasn't too bad. Being closed has been hard and now clients are feeling the lack of in person connection with us. Did provide some face to face support as needed

Maintaining productivity difficult and felt very isolated

Challenges with team connections

### Technology-related

Challenges assisting clients remotely due to zero access to internet for virtual meetings

Challenge connecting with clients who did not have access to technology

We cannot work remotely. Do not have a camera and speakers on computer nor finances to acquire them

We were unable to work remotely. Executive Director would phone clients weekly to check in on them

There were some issues with transition for office staff including computers, phones, scheduling and changes to banking practices.

Required Zoom orientation

Some OK re: home offices - others not OK, working from tabletops. Steep on-line and Zoom learning curve for all

Communication and collaboration a challenge. Did have google meet and chat which made it easy for collaboration

The virtual service delivery method is not as effective as in-person

Staying on task and not having access to all that is available in an office setting

Major challenges; team cohesion, follow-ups, work schedule, team morale

Initially, we thought it would be for a short period of time. In the long term, motivation was difficult, contact with members was sometimes more difficult by personal phone

Many technical issues. Not enough computers to send home. Client confidentiality remained top priority. Stopped all in-person support for a while and waited until provincial requirements allowed for a return to service provision. No clients can receive transportation support from staff

Related to the transition, those that provide licensed OT/PT/SLP/SW supports experienced a range of challenges as they strived to adapt to providing these services during restrictions and limited contact.

## **Anticipated on-going post transition challenges**

- Mental health supports
- Cancelled appointments
- Challenges receiving support therapies including physical therapy, occupational therapy, and counselling services
- Assessment gaps
- Vulnerable individuals who are not able to access the internet and/or on-line programs and services
- Lost clients due to barriers in accessing the internet and/or on-line services
- Caregiver group not being reached
- Loneliness and social isolation
- Food and/or financial insecurity
- Housing and homelessness concerns
- Lack of consistent support for addictions
- Service challenges for some complex needs and case management

## **Staffing**

At the beginning of the pandemic and throughout the course of the year, various staffing strategies had to be developed and implemented. From direct layoffs, to work sharing and reducing staff hours, eight associations have had their staffing levels affected. Of the responses received regarding re-hiring, there appears to be a discrepancy with some of the numbers being reported. 10 responses were received indicating varying degrees of confidence in the organizations ability to re-hire laid off staff. However, only eight reported layoffs overall.

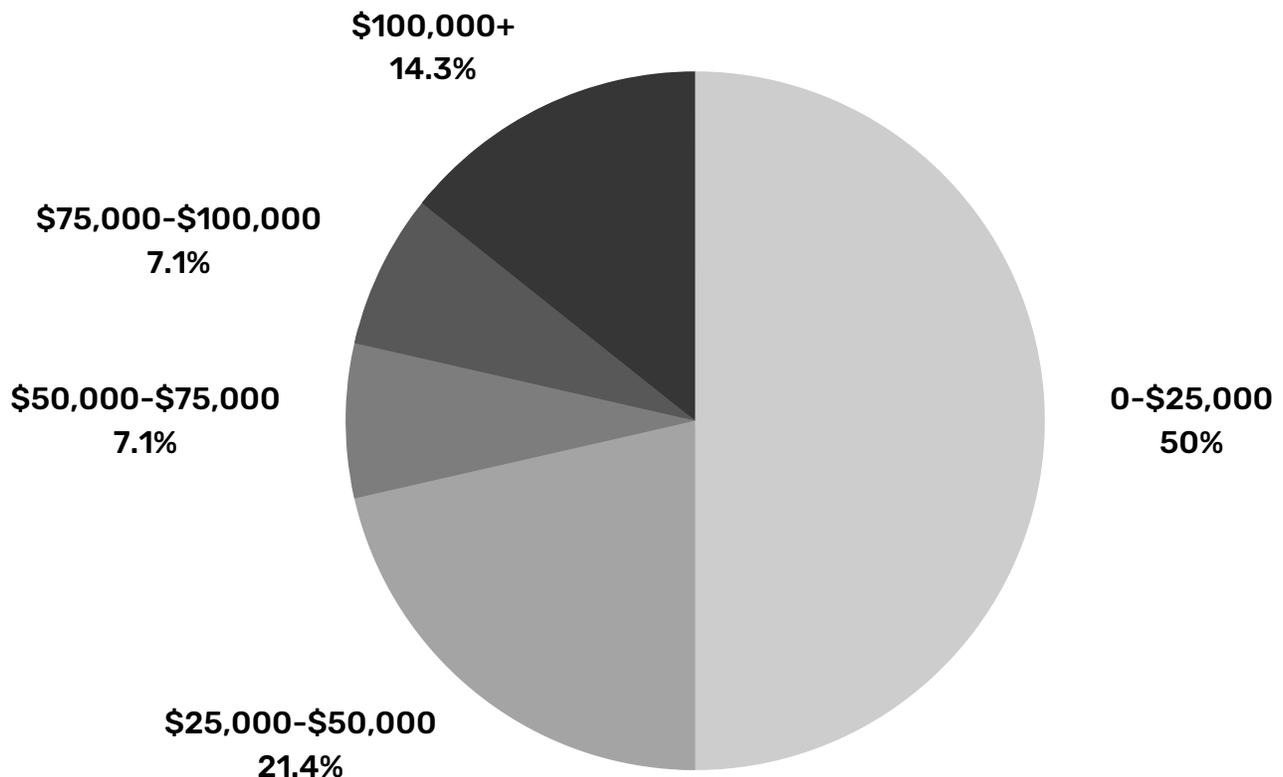
Out of the eight associations that reported layoffs, four of these did not experience a decrease in funding, nor have they had to use reserve funds. The remaining four organizations have seen a decrease of revenue as reported below:

- Two experienced a decrease of \$25-\$50,000 and used reserve funds
- One reported a decrease of \$75-\$100,000 and used reserve funds
- One reported a decrease of \$10-\$25,000 and did not use their reserve fund and reported those laid off have all been re-hired
- One reported a decrease of \$25,000 - \$50,000 but stated that losses are difficult to estimate because some activities have been cancelled, so there are also expenses that have not been incurred
- Two reported an increase in revenue

Given this, there is not a clear correlation between a decrease in revenue and the staff layoffs/hour reductions that have been reported and the impact on staffing levels. It may be possible that the pandemic provided an opportunity for some organizations to review and restructure some programs and to look at their staffing levels overall. Perhaps re-directing resources elsewhere became a necessary strategy during this time. Without further investigation, it is not possible to draw any concrete conclusions from this section of the survey.

(Please see page 17 for specific data reported)

### Loss of Revenue Amongst Brain Injury Associations Who Indicated Decrease



## Volunteers

Along with staffing, another key part of the equation is volunteers. 20 associations (64.5%) experienced a decrease in the number of volunteers over the past year. This decrease has resulted in service interruptions, and other programs and supports being cancelled or significantly reduced.

### Volunteer Snapshot

No volunteers since March, do not expect volunteers to return any time soon

Decreased dramatically

Not sure of the status with volunteers. Most of us are 65+ and some lives have been affected regarding COVID-19

Have not resumed volunteer program

Most programs involving volunteers have been cancelled

Stopped using volunteers altogether. In January 2021 began trying to safely incorporate them into services again

Initial drop off. New volunteers have come on-board with new staff that has been hired

Had a small volunteer base. Because of decreased operations have not had a large need

Have had many inquiries about volunteering, but opportunities are limited

### Conditions

Several volunteers very active in client day programs are not able to volunteer due to personal preferences

Many are not comfortable on-line and/or meeting in person with the COVID-19 measures in place. Many are taking time off until the pandemic is over

Decreased due to fear of spreading or being infected

Many clients used to volunteer but because they have compromised immune systems no longer participate

Few are not comfortable at in-person meetings/activities. Some not able to participate in on-line activities re: Zoom and have taken a leave of absence

Fear of going to homes and making contact

Currently, the expectation is that volunteers will not be returning to pre-pandemic levels any time soon. Associations striving to find ways to safely incorporate them into services again for the future

## Office space

Prior to the pandemic:

- 90.3% (28 Associations) had an office.
- 6.5% (2 Associations) did not have an office.
- 3.2% (1 Association) had shared office space.

## Office space one year on

Of the associations that responded, the question of office space loss at this time is largely not a concern. Please refer to the results below.

- Of the 90.3% (28 associations) that had an office prior to the pandemic,
- 83.8% (26 Associations) have retained the office space as of the completion of the survey
- Of the 6.5% (two associations) that did not have an office prior to the pandemic there is no change
- 6.5% (two associations) plan to return to the office when the pandemic is over
- 3.2% (one association) plans to continue a remote working model for all staff

## Changing ways organizations function

Along with changing programs, the need for physical distancing has changed the way all organizations now function.

Out of 31 responses received:

- 87.1% (27 associations) have reported that there has been a significant change since the pandemic began
- 12.9% (four associations) reported that there has been somewhat of a change since the pandemic began.

## Demand for services

Out of 28 responses, 60.7% (17 associations) experienced an increase in demand for services. Reportedly, due to a reduction in programming and limitations - particularly in-person services - although demands have increased, the ability of the associations to respond has been varied.

- 39.3% (11 Associations) reported no increase in demand for services
- Three associations skipped this question

The following table provides key trends and feedback received about how organizations have changed how they function, and the demand for services that they are facing.

### Changing face of service delivery

Offering various options in communities. Each one has its own culture around COVID-19 - we adapt to programming requests and what is working in each community

Limiting 1:1 in-person programs; providing phone and zoom and then in-person or by phone support.

Did go back to in-person therapy. Then new restrictions occurred.

All apply. Providing 1-1 phone support prior to the pandemic as well

When necessary, case managers will meet one to one with clients with wearing PPE

Weekly day activity program and weekly tri-leisure fitness program. Both have been paused or adapted through COVID-19. One volunteer met with a few participants over the summer outdoors, in a park and we did try to meet in November for 2 hours, with social distancing, indoors, just to visit and connect. A limited number of people could attend, we did send some home

That lasted until the next lockdown. Had an adapted fitness program at the Centre until a further lockdown. At present, the facility is closed. We have made a group in Facebook for people to connect. We have not tried anything regular online

### Demand for services

Not always able to serve them

In rural areas demand increased - but overall there was a decrease in program and event participation

Relatively constant

Many clients not able to participate in activities they are used to - this is creating mental health challenges

Different demands

Seen an increase in referrals for complex clients. Need has increased for more collaboration with other service providers for clients who are experiencing co-morbidities including ABI; mental health & addictions and homelessness

Mental health supports; food security and wellness, along with various COVID-19 applications support requirements

More people feel lonely - attending more zoom groups

Demands changed. Not as many new referrals but increased needs from existing clients experienced. Additionally, there was an increase for 1:1 service because on-line platforms are not for everyone. Utilizing counsellors for support gaps as complexity of mental health and coping issues is higher than the capacity of existing staff to support

Our personal supports and independence training outreach staff are delivering in-person supports as deemed necessary. We have been providing a frozen meal each day for several clients who live on their own and who may experience food insecurity. Care packages have also been delivered to clients

Needs are more complex

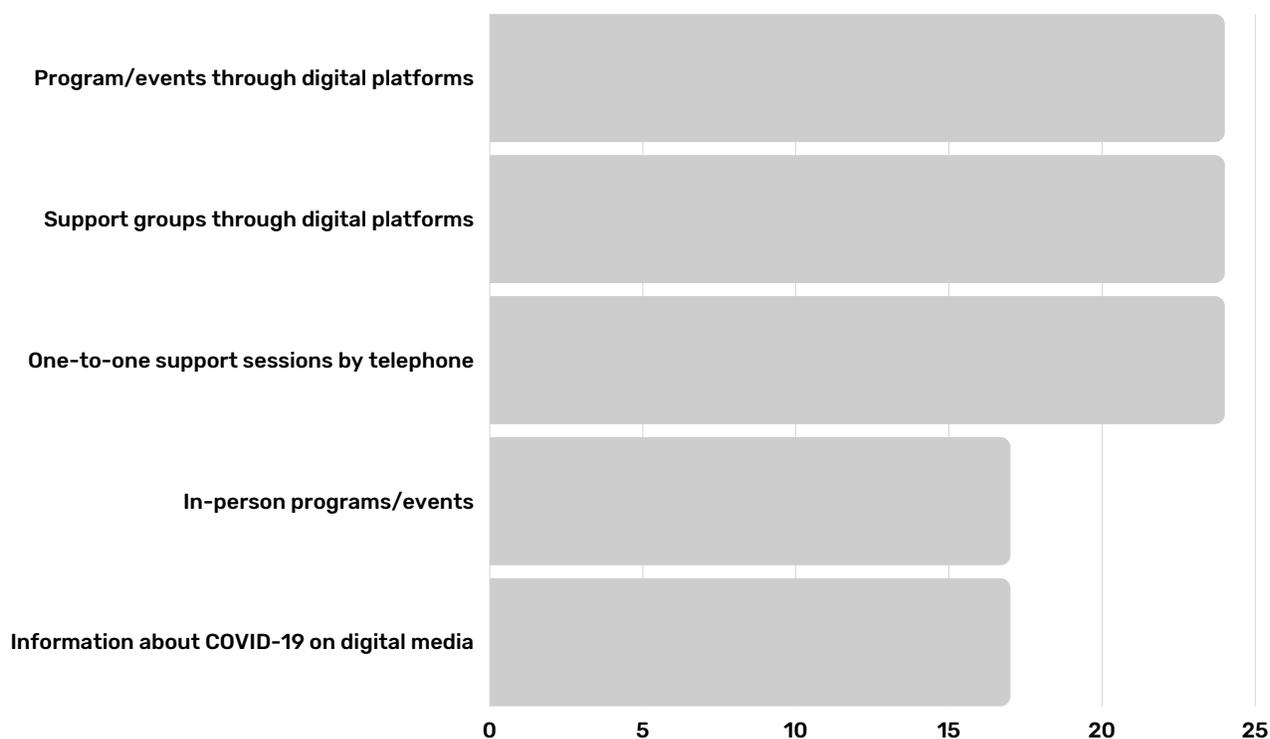
Numbers relatively stable year after year

Referrals have dropped

Across all locations, associations in Canada have changed the way that clients and members are being served.

- 24 are offering one-to-one support sessions by telephone
- 24 are offering programs/events through digital platforms
- 24 are offering support groups by Zoom or other on-line platforms
- 17 are providing condition-specific information about COVID-19 on organization website; Facebook, Instagram and other platforms
- 17 organizations are providing in-person physically distanced programs/events

## How Brain Injury Associations Serve Their Clients During the COVID-19 Pandemic



## Successes & challenges

Over the course of the first year of the pandemic, associations across the country have reported that there were a range of successes experienced, as well as several challenges. Some of the successes have been applied as promising practices for future planning. Along with this, a range of challenges and several significant concerns have been highlighted going forward.

(Please see pages 18 to 22 for specific feedback received)

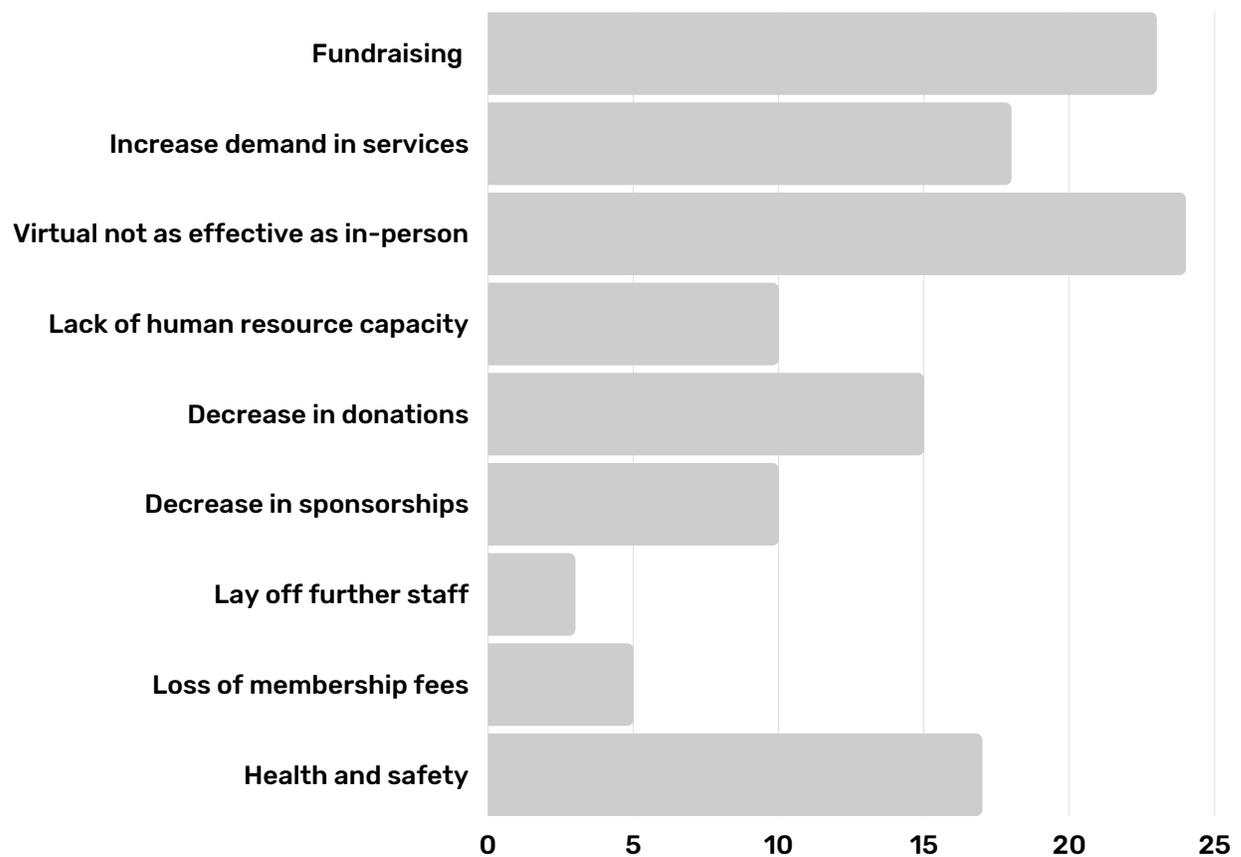
### Summary of highlights & successes

- Commitment to continuity of programs & services for clients/members. Teams came together to meet the needs
- Pivoted & adapted a range of programs = high resilience factor
- Client safety including importance of confidentiality and adhering to new protocols
- Dedication & sheer determination
- Creativity and innovation
- Strong leadership and attitudes adopted to seek out opportunities and to remain positive
- Some prefer virtual meetings with peers; reaching clients from larger geographic areas
- On demand training videos and workshops; and educational sessions on-line successful
- Learned a great deal about best practices as it relates to virtually delivered therapy
- Openness to information sharing across Canada on successes/promising practices and problem-solving. Key resource to explore as a meaningful opportunity for associations to exchange information on a range of topics
- People know they were being reached and supported
- Directly related to quality of life and dignity for vulnerable populations, a range of food security and social supports have been implemented
- New opportunities found, for example: new funding sources; office space sharing; teaming up with other non-profits to ensure continued service delivery; discovering some programs that can be successfully delivered on-line; routine check-ins/wellness visits and doorstep services; technology lending library; set up of a warm-line for clients to call; having a support person available to assist clients with any technology issues; discovered case management can be done via phone and e-mail
- The limited number of members at events, the disinfection done by a new employee, the cafe meetings on zoom, Interac transfers for registration payments, the distance is well respected
- Doing activities online means that people who are too tired/don't have transportation/are too far to travel are now participating in certain activities
- Online fun and social activities are appreciated. Education on the use of social media and digital devices was an element developed to reach our members

## Summary of challenges

- 15 responses overwhelmingly noted that technology; on-line/virtual programs and service delivery has created barriers to participation and the ability of clients to access support. From lack of access to the internet to inability/knowledge to work with the technology, many challenges have been experienced
- While skills building and transferring programs to on-line platforms has been valuable, supporting ABI virtually is intense and unsustainable
- Significant change in way organizations operate and deliver services
- Access to and comfort levels with on-line service delivery methods vary
- Have lost many clients, some continue to self-isolate
- Missing in-person contact
- OT & PT treatments not as effective as in person
- Increasing demand for services
- Struggling to reach caregiver group
- Reduction in volunteer numbers

## Challenges Facing Brain Injury Associations in 2021



See page 21 for the complete list.

## Potential future planning priorities

- Re-engaging with survivors and caregivers
- Assessment gaps (for existing and new clients)
- Increased demand for services (existing and new clients)
- Volunteer development
- Addressing technical challenges and barrier-free service delivery
- Mental health supports
- Volunteer development
- Health & wellbeing and potential for increasing rates of burnout

To ensure that the momentum is maintained, it will be important that consistent and stable funding can be accessed into the future, and specifically following the declared end to the pandemic. While some organizations have had to suspend or limit programs and services, client demands have not disappeared. In many cases the demands have increased.

It will be essential to find ways to support these groups as they prepare to ramp up and re-engage with their community members, including clients and family members, service providers and volunteers. 90.3% or 28 associations support a short-term resiliency sustainability fund.

## Impact on revenue and fundraising

Of the 31 surveys received:

- 51.7% (16 associations) reported a decrease in revenue
- 16.1% (five associations) remained the same
- 16.1% (five associations) reported an increase
- 16.1% (five associations) did not know

## Impact on Fundraising & Donations

- Increase in grant money which allowed for COVID-19 supports. Decrease in fundraising revenue due
- Had to cancel events. 10% government employment supports, and utility grants helped
- Fortunate to have LHIN funding which means we can continue with our supports
- So many federal and provincial grants available - it would be surprising if organizations didn't see an increase in revenue. Saw a substantial increase.
- Less fundraising for smaller donations but have had larger/unsolicited donations through on-line platforms and increased sponsorship/turnout for the main golf tournament fundraiser prior to tightening of provincial measures in the fall of 2020

- Donations dribble in. Recipient of the local Chamber of Commerce fundraiser. Otherwise not any other fundraising. Have one to three months of viability when resuming services
- Organization fundraises 2/3 of its budget - mostly through events which have been cancelled
- Not able to hold a fundraising event since March 2020
- Reliant on grants to operate and is luck of the draw what gets approved
- Impact on in person fundraising events and conferences
- Cannot do in-person fundraising and don't have capacity to develop on-line fundraising
- Decrease of between \$0 - \$25,000 from a yearly budget of \$35,000 - \$45,000.
- Zero revenue from fundraising since the pandemic began.
- The challenge is the more for work teams who must manage "disappointments" and reorganization in their daily work tasks, in addition to the effects of the pandemic in their personal lives (children and parents) and this has an impact on people's morale, and thus their productivity at work

## Estimated loss of revenue

Of the 31 surveys, 14 reported on the estimated loss of revenue. 17 skipped this section. Of the responses received:

- 50% (seven associations) decreased \$0 - \$25,000
- 21.4% (three associations) decreased of \$25,000 - \$50,000
- 7.1% (one association) decreased \$50,000 - \$75,000
- 7.1% (one association) decreased \$75,000 - \$100,000
- 14.4% (two associations) decreased \$100,000 +

Using reserve funds or funds allocated for other projects to cover operating expenses:

- 23 organizations responded
- 34.8% (8 Associations) had to use reserve funds
- 65.2% (15 Associations) did not have to use reserve funds

Support the need for a short-term resiliency/sustainability fund:

- Out of 31 surveys, 29 responded to this section.
- 96.5% (28 associations) Yes
- 3.5% (one association) No

**Comment received:** I would like government to provide ongoing funding for the services provided by non-profit brain injury associations. The entire non-profit and charitable sector has been asked to do more with less. Health authorities have been very slow to react and provide information and support. Our groups are providing essential services to very vulnerable people who need to know that services will continue to be available to them.

## Actual staffing numbers & volunteer data reported

The following are comments received from organizations regarding number of staff and volunteers in the context of lay-offs or staffing changes because of the pandemic. Not every organization supplied this information

### Alberta:

- At one organization, 23 out of 27 positions were laid off. Currently unsure of the numbers that will be returning. The team is at 18 currently.
- Incomplete response received. Skipped the question regarding number of staff employed prior to the pandemic. Reported that they had to lay off staff. However, no numbers provided. Stated will re-hire.

### British Columbia:

- At one organization one casual position out of five is gone and it's unsure if they will be re-hired. If funding allows for this position the plan is to re-hire.
- At one organization, out of seven positions, one position was laid off and four went onto work-sharing. These changes are permanent.

### Newfoundland & Labrador:

- The single position was laid off. A new staff member was re-hired in place of the previous employee.

### Ontario:

- At one organization, out of 2.5 positions, 1.5 have been laid off. It is unsure whether this position will be returning.
- At one organization, out of 18 positions one part-time position has been laid off and two part-time positions have had the hours reduced. There is intent to rehire.

### Quebec:

- One organization has hired two additional staff since August 2020.

### Saskatchewan:

- At one organization, all three positions were laid off from March to July 2020, when all returned.
- At one organization two out of three positions have been laid off. There are plans to re-hire when possible.

Volunteers: [Minor number discrepancy with 31 reported results] • 6.5% (2) have seen an increase volunteers

- 61.3% (19) experienced a decrease
- 16.1% (5) do not know what, if any impact the pandemic has had on their volunteer numbers
- 16.1% (5) volunteer numbers remain the same

## Success stories & best practices

Out of 31 surveys, 23 responses were received for this section.

- Discovered that some prefer virtual meetings with their peers
- At the beginning of each new program cycle, we have an administrative person and support available to assist clients who are having difficulty logging on and to walk clients through the process
- Team is great/flexible:
  - On-site lunch program changed to take-out
  - Counselling now by phone or on-line
  - Discovered that a lot of case management can be done by phone and e-mail
  - Although generally closed to the public we are having door check-ins that have been helpful to clients who just want to “see” us
  - Zoom for meetings and support groups
  - The local community foundation COVID-19 funding assisted to pivot some programs and to purchase much needed supplies
- Teamed up with similar organization in another community to provide zoom support and educational groups. Did our best to find the most efficient way possible to carry on programs/support
- Adapted programs and developed a technology lending library so that all the children were able to participate in online groups
- Usually offer a week-long day camp in the summer for children with ABI, their siblings and children that have a parent/caregiver with ABI. Not sure if the program would be able to be offered in person activities so the program was adapted. Dropped off outdoor summer fun kits, movie and pizza family kits, online tutoring sessions and art camps throughout the summer along with Pantry & Snack Food Hampers/grocery gift cards to more families that would normally participate. Able to provide a smaller in-person day camp
  - This program adaptation enabled us to reach more families over a longer period during the summer
  - The creativity and determination of the staff has worked well.
- We offer various options in communities. Every community seems to have its own culture around Covid-19, so we adapt to programming requests and what is working in each community
- Increased communications with members and a Warm Line to offer relief of social isolation and problem solving
- Currently found funding to deliver lunches and groceries once a week to those who struggle to get out. At Christmas, to still have our Christmas dinner event - but to do it COVID-19 friendly - we pivoted it to a lunch and instead of turkey dinner with all the fixings we served turkey or vegetarian shepherd’s pie. The best part was the fact that we had five volunteers come forward to deliver meals to members who had signed up for the lunch. We served close to 60 meals that day, majority were delivered to people’s homes with a few people still participating in the take-out model. It gave us a chance to check in with a large number of our members and people who do not like noisy crowds could participate comfortably from their homes
- Weekly wellness checks worked well - will continue after the pandemic

- I believe the element that has served our association the best is the overall “attitude” and presentation by our staff. We decided there were options at the beginning of COVID-19, in terms of how we were going to manage – fear vs. opportunity. We chose to seek opportunity. We managed to seek and successfully apply for a number of grants, resulting in the launch of a Healthy Food Box Program offering over \$10,000 of fresh whole food to those in need; launch of Healthy Hearts and Minds offering a physical rehab and mental health program weekly to members; the ability to obtain PPE at no additional cost; the ability to obtain technology grants for laptops etc. in order to ensure remote working and remote software. This all led to a substantial grant to launch a year-long Whole Health Community Teams program in three different communities addressing the importance of on-going physical, rehabilitation activity and mental health education, awareness, skills-based sessions. Lastly, we were able to expand our current Counselling Program to ensure our clients had access to immediate and available barrier-free service due to the additional stressors of COVID.
- Virtual programs and gaining an understanding about the home environments and accessing clients from larger geographic areas
- Greater attendance for delivering services to groups and/or educational sessions virtually – especially for caregivers as they find it less logistically challenging versus in-person
- Yoga and art on zoom. Wonderful to see success!
- Several participants in groups had established networks which keeps communication going and supporting each other/people who have been struggling
- Partnering with other non-profits in the community to ensure services to those with disabilities are offered and covered
- On-demand training videos and workshops very successful as individuals have the freedom to complete at their leisure
- Already set up for VOIP and remote computers which meant zero interruption to work. Most services virtual prior to the pandemic. However, in person supports had to be virtual or socially distanced. Daily staff zoom meetings held which kept staff connected and reduced isolation. Proactive support to staff by way of check-ins/wellness days/fun activities which kept up moral
- All programs are online. Federal emergency grant to purchase technology and provide support to access zoom
- Doing activities online means that people who are too tired/don’t have transportation/are too far to travel are now participating in certain activities
- Service delivery for complex clients include a case manager; complex case worker and a recreation therapist. This service delivery model has helped to keep clients stabilized and decreased social isolation (having a team to support them). Hybrid ABI day services delivery (on-site and virtual zoom programming) is very successful and has continued to grow in the past year
- People knew they were being supported even though programs were not in person. They were being reached and supported in other ways
- Doorstep delivery program has been greatly appreciated by members. Each week a volunteer or staff member delivers a “treat” or program to the doorsteps of participating members

- Online fun and social activities are appreciated. Education on the use of social media and digital devices was an element developed to reach our members
- The limited number of members at events, the disinfection done by a new employee, the cafe meetings on zoom, Interac transfers for registration payments, the distance is well respected by all
- Fortunate to be able to schedule clients so that they do not overlap, giving time to sanitize equipment between uses

## What did not work well?

Out of 31 surveys, 19 responses were received for this section.

- Some clients continue to self-isolate - not return to programs
- More than 2/3 of members do not have internet access and cannot participate in zoom or other forms of on-line programs
- Some not able to be reached or use technology to access communication
- People missing in-person meetings. Many cannot do on-line programs
- Virtual programs have been challenging. Many do not have access to technology to participate
- While digital support groups helpful for many - they've prevented many from participating due to inability/knowledge on how to utilize
- OT & PT treatments are "OK" - but not as effective as in person
- Members who used to come to a face-to-face café and do not have internet or are not interested in using zoom makes them more isolated
- Lots of troubleshooting regarding technology - especially initially - drastically improved over time
- Contact is difficult online, many people are not familiar with programs, do not have a good internet connection, have speech problems. Time is limited for an activity in front of a screen, and that means that not everyone has the time to speak. It is difficult to "console" someone from a distance and in front of a large group even if the speakers are present
- Blended support group (in-person and zoom) did not go well
- Still struggling to find a successful way of reaching out to the Caregivers group
- Some staff members took advantage of the pandemic as a vacation
- Remote programs due to lack of technology and/or discomfort with on-line platforms. Did make sure access wasn't a barrier - but miss the in-person contact. Many won't use on-line groups. Difficult coming up with programs that meet the need for these individuals and something they would use consistently
- Despite the reorganization and adaptation of our services, many of our members have become more isolated. Some of our members are influenced by conspiracy messages.
- Many have no access to the internet - or capacity to get what they need out of our services over the phone. Some are no longer able to remain in contact with our organization
- Some clients do not want to do anything on-line. We lost some "connections". Music therapy did not go over well on-line

- Only about 25% are comfortable using technology. Significantly impacted ability to communicate in groups with these individuals. Using the phone to support instead

### **Key challenges over the next year identified:**

- Fundraising: 74.2% (23)
- Virtual service delivery method not as effective as in-person: 77.4% (24)
- Increase demand for services: 58.1% (18)
- Health and safety of staff, members/clients and volunteers: 54.8% (17)
- Decrease in donations: 48.4% (15)
- Decrease in sponsorships: 32.2% (10)
- Lack of human resource capacity: 32.2% (10)
- Loss of membership fees: 16.1% (five)
- Lay off further staff: 9.7% (three)

### **Additional comments received:**

- Might be a decrease in donations. As of June 2020, to December 2020 have also experienced an increase in donations
- Health & wellbeing of staff a significant issue over past year. Retention of new staff is a concern. We know some funding will decrease in 2021
- Funders that rely on donations/income from others and individuals who have not been working may not be able to fund/support services like in the past
- One association is 25 years old and is volunteer run. Volunteers are older and more disengaged especially at the Board level. Do not have inquiries from younger groups and students wanting to work with concussion groups. For our participants, our programs are their only outing. See us actively looking for partners and perhaps merging/participating with other community groups
- I am so proud of our team and their ability to continue to find flexible and innovative ways to support survivors and caregivers. It would be great to share across Canada some of the ways we are helping clients. We are going to start offering weekly suggestions for clients to take virtual tours, exercise classes available on-line, and new craft and hobby activities to try out to help pass the time
- Covid-19 wage subsidies kept staff in place. Covid-19 Community Emergency Support Fund paid for Doorstep Delivery program
- Up to the board to decide on future plans
- We've adapted - had to. Not the best way but better than closing. Just started to get more publicity noticed and to stop would set it back significantly
- Challenging trying to navigate program delivery. Do primarily physical rehabilitation with social events every month. This gives our clients opportunity to form friendships and bond with others with brain injuries - but due to provincial restrictions, we are unable to do any social events. Clients and staff alike are missing socializing

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- Our clients (ABI/TBI) needs a community of supports that are consistent and accessible. This community is made up of the other clients as well as the staff. Even with the challenges of these supports being delivered remotely/virtually, this year has proven that with regular programming and supports, clients can still thrive and have made it through the year in remarkable ways. In some ways there is a stronger community than when we were all able to be in the same room each day. Our ABI community has grown to include other ABI clients in other communities with virtual events
  - Pandemic should have proven that more than ever brain injury supports, and services are needed for our populations and communities
  - Many clients – particularly ones that accessed our peer-support drop-in program are feeling increasingly isolated. The number of calls about re-opening has increased as well
  - Burnout of staff and management is a significant concern. The energy required to support people with brain injuries during the pandemic has been intense and unsustainable

## **Final comments**

It's clear from the survey responses that this past year and a half has been both challenging and rewarding for many brain injury associations. Overwhelmingly what comes through is the dedication and commitment towards maintaining critical support services throughout the various locations across the country.

Going forward, one-size will not fit all. Challenges being experienced in one location will not be the same as challenges being experienced in other locations. That said, the willingness to share success stories, and to welcome new opportunities, will ensure that promising practices will be available to draw from by those who are supporting brain injury survivors in our communities.

Given the range of post-pandemic and/or future priorities that have been identified, to meet the ever-increasing demands that are being experienced, more than ever it is essential that the brain injury community has access to sustainable and consistent funding.

Brain injury can happen at any time. This community represents us all as we continue to make every effort to ensure equal access to treatment, care and support for those who are vulnerable and isolated and in need of services.

This survey has highlighted the resilience of the brain injury community and the lengths taken to ensure continuity of programs and support services, while at the same time dealing with a range of challenges experienced because of the pandemic.