

WE NEVER CLOSED

AIDS Service Organizations during the COVID-19 pandemic



When COVID-19 locked down the province in March 2020, ASOs in Ontario had to find new ways to respond to client needs. They have proven to be resilient in adapting services during a pandemic.

In December 2020 and January 2021, a survey on the impacts of the COVID-19 pandemic was sent to 29 ASOs. A total of 25 Executive Directors, Managers, and Direct Service Providers responded to the survey. Because the survey was anonymous, it is possible that there were multiple responses from a single ASO.

19 Executive Directors

4 Managers

2 Direct Service Providers

The findings

2 out of 3 (68%) survey respondents reported their site was designated an **essential service**.



More demand for existing services

4 of 5 (80%) respondents said service closures in the community caused clients to seek more services at their agency. With closures in the community, ASOs saw an increase in demand for existing services, including:



HARM REDUCTION

3 respondents reported an increased demand on outreach and access to harm reduction supplies.



FOOD SECURITY

5 respondents reported increased demand on food security programs. One ASO reported a 400% increase in food bank service during the pandemic.



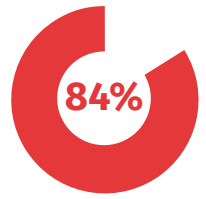
MENTAL HEALTH

4 respondents reported increased demand on case management, service navigation, and crisis counselling.

Several ASOs reported they were able to connect with new clients as well as existing clients who had had little contact with the agency but—since COVID—became more frequent service users. Only 4 of 25 respondents reported having more clients lost to follow-up.

Responding to closures in the community

84% of respondents said service closures in the community resulted in clients seeking new services at their agency. Many of the new service requests were for practical supports, especially food and PPE, as well as testing.



With closures in the community ASOs began to provide new services including:



FOOD SECURITY

10 respondents reported providing new food services including: assistance getting to food banks, mailing grocery cards, expansion of food pantry programs, food hamper delivery.



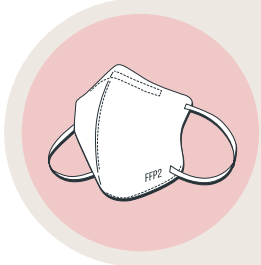
COMMUNITY-BUILDING

6 respondents reported providing new community building services including: virtual community gatherings, “Camp-in-the Box” program for children unable to attend in-person children’s camp due to cancellation, more supports for women living with HIV.



MENTAL HEALTH SERVICES

5 respondents reported providing new mental health services including: wellness checks, case management, phone check-ins.



PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUESTS

3 respondents reported new requests for PPE masks, shields and gloves.



HIV TESTING REQUESTS

4 respondents reported new service requests for HIV testing, as COVID-19 impacted many public health unit’s capacity to provide testing.

68%

Impacts on referrals

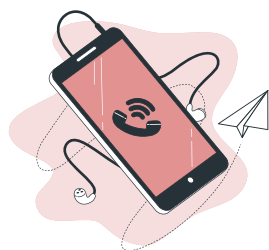
17 respondents (68%) agreed or strongly agreed that COVID-19 has a negative effect on referrals to other services: many partner community agencies shut down or were working at reduced capacity during the pandemic.

ASO service adaptations

While many in-person/on-site supports stopped at ASOs during the COVID lockdowns, programs continued to run or were paused and now continue in another capacity. ASOs reported a drop in:

- ▶ appointment accompaniment
- ▶ in-person counselling/group work
- ▶ in-person drop-in services
- ▶ case management
- ▶ testing events (due to lack of public health capacity).

Remote services



ASO WERE ALREADY PROVIDING REMOTE SERVICES

76% of the ASOs reported they provided remote services prior to the COVID-19 pandemic. These services were offered on a small scale and included telephone intakes and email communication.



REMOTE SERVICES EXPANDED DURING THE PANDEMIC

Since the COVID-19 pandemic, ASOs expanded their remote services to meet client needs. Many mentioned that Zoom and video-based options are now used more often to support individual meetings, counselling meetings, support groups, and clinical appointments.

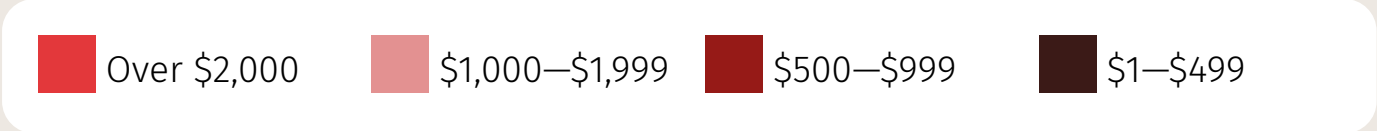


TRAINING TO SUPPORT REMOTE SERVICES

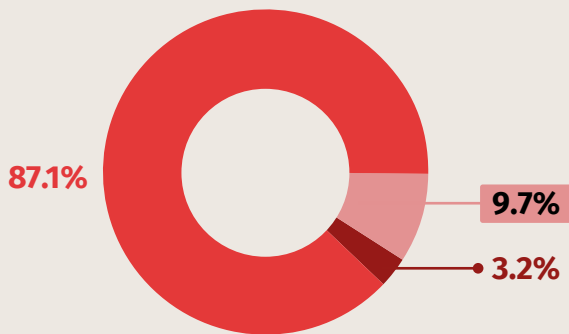
Just over one-quarter of survey respondents received training on how to provide remote services, while just over half received training on health and safety related to COVID-19.

Costs

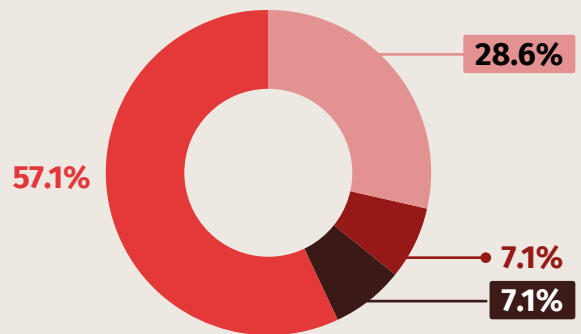
Between March 2020 and August 2020, 19 Executive Directors who responded to the survey reported their organizations invested in structural adaptations, technology and other items needed to maintain/deliver services during the pandemic¹:



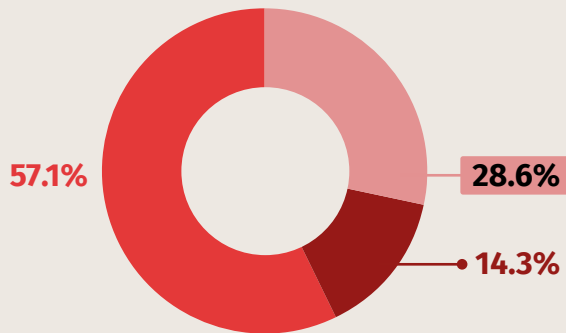
TECHNOLOGY & STAFF WORK FROM HOME
(Laptops, cell phone, tablets etc. and related costs)



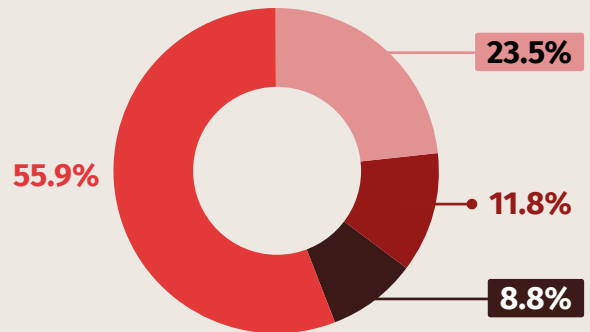
STRUCTURAL ADAPTATIONS AT WORKSITE
(Plexiglass, air filtration systems)



ADDITIONAL CLEANING



PPE & SANITIZING MATERIALS
(Masks, gloves, faceshields, purell etc)



¹ Many ASOs used existing ministry funding to offset these costs. ASOs reported that some of these costs were one-time (fixed) and others were ongoing.