

A message from
Honourable
Shane Simpson
Minister of Social Development and Poverty Reduction



**Social Services Sector Roundtable
COVID-19 Communique
May 5, 2020 –
ATTENDING MEMBERS:**

Minister Shane Simpson (Chair)
BC Association of Aboriginal Friendship Centres
BC CEO Network
BC Government and Service Employees' Union
Board Voice Society of BC
Canadian Union of Public Employees
Community Social Services Employers Association of BC
Ending Violence Association of BC
Federation of Community Social Services of BC
Provincial Association of Residential & Community Agencies
Community Living BC
Ministry of Children and Family Development
Ministry of Health
Ministry of Mental Health and Addictions
Ministry of Municipal Affairs and Housing
Ministry of Public Safety and Solicitor General
Ministry of Social Development and Poverty Reduction
Public Sector Employers' Council Secretariat

DISCUSSION ON RECOVERY PLANNING

- Minister Simpson talked about the important role that the social services sector has been playing during the COVID-19 pandemic and said that we will likely be living with COVID-19 for the next year to 18 months.
- He acknowledged the uncertainty that COVID-19 was creating and the impact that it will have on government decisions.
- He's looking for the Social Services Sector Roundtable (SSSR) to provide input and advice. He wants to ensure that issues critical to the social services sector are recognized in government decision-making.

- Given the broad nature of the sector, there are different perspectives that need to be considered.
- Guidelines for re-opening will be based on public health guidelines.
- In developing plans, we also need to consider what was learned during the pandemic, while also determining what the future should look like, and what that will look like over the next number of weeks and months.
- Minister Simpson wants to hear the ideas and concerns of SSSR members and looks forward to ongoing discussion over the next few weeks.

- Dr. Behn Smith spoke to the principles that will underpin the path forward and spoke to the [slide deck](#) that Dr. Bonnie Henry and Health Minister Adrian Dix used on May 4.
- She asked roundtable members to pay particular attention to slides 24, 25 and 26.
- She noted that people's current contacts with others has been reduced to 30% of what it was before COVID-19, and that those contacts could double – be up to 60% of normal and would still be projected to result in a relatively flat COVID-19 transmission rate.
- The highest risk is the frequency of contacts people have with other people and the number of people involved.
- Slide 25 shows the hierarchy of controls to keep increased contact as safe as possible:
 - Physical distancing is the most effective.
 - Engineering controls, such as plexi-glass barriers.
 - Administrative controls, such as staggering meal times, or tape on the ground to remind about physical distancing.
 - Personal Protective Equipment (PPE) is the least effective.
- Slide 26 speaks to the key principles. Stay informed and following public health advice is key.
- Dr. Behn Smith also congratulated SSSR members for making the necessary adaptations to ensure that the essential services they provide were able to continue.

- As per Appendix 1, David Galbraith provided an overview of government's recovery planning and noted that the Premier would be releasing more information on May 6. He committed to ensuring SSSR members received that information once it was publicly released.

- Jonathan Dube talked to the high-level social sector specific plan that the social service ministries have been asked to develop.
- In addition to the ministries that have representatives on the roundtable, the Ministries of Advanced Education and Skills Training, and Education are included.
- The draft plan captures the current state of the sector. Underpinned by advice from the Provincial Health Officer and WorkSafeBC, the plan provides an outline of what stages of recovery could look like for the sector.
- The social services sector is in better shape than most sectors, since social services continued, rather than needing to shut down.

- Given the broadness of the sector, there is recognition that considerations and impacts are different for the different sub-sectors.
- There is also recognition of the number of interdependencies and unintended consequences and the need to engage with service providers, as well as clients.
- **A draft plan will be shared as soon as possible so members have an opportunity to review and provide input. The planning process is iterative and continued discussion between government and SSSR members will be key.**
- Roundtable members were asked to share their ideas and top areas of concerns:
 - **Clear communications** – need clear communications at each phase of recovery and need a single source of communications. Some service providers are being overwhelmed by the volume of communications from different sources. Also need a common narrative for the sector.
 - **PPE** – the lack of PPE will be a concern for many workers as they return to work. For example, some businesses are requiring people to wear masks when shopping. Dr. Behn Smith reminded members that to date we've remained safe and managed to flatten the curve because of physical distancing measures and not PPE (which people have not had). Need to increase public education and awareness of why PPE is not the most effective means of reducing risks associated with COVID-19.
 - **Funding and Administrative Costs** – With potential resumption of face-to-face services, some agencies may find it unaffordable and difficult to put up necessary physical barriers, i.e. plexiglass. There are additional costs associated with hiring extra staff in order to stagger shifts/meal breaks. Will additional funds be provided? Need to work together and in some cases tailor solutions to enable services to resume in a safe way.
 - **Staffing** – There is an over-reliance on casual workers in the social services sector that needs to be addressed.

Some people work extra shifts while sick in order to try to meet their living expenses. The culture needs to shift to ensure that people who are sick stay away from the workplace. However, if asking people to stay home, there will need to be appropriate mechanisms in place, such as sick pay. Some employers pay 100% sick pay, while others may only pay 80% sick pay.

- **Autonomy** – while there is a need to adhere to safety guidelines, agencies/service providers should not be over-ruled by a central agency if they have managed to adapt and have found a new and safe way to deliver some services.

- **What didn't work pre-COVID-19?** Also look at not returning to old ways of doing things that weren't effective.
- **Interconnectedness** - recognize that what happens in other sectors will impact the social services sector. For example, many social services sector workers and clients rely heavily on public transportation – but if transit ridership increases, will people feel safe?
- **Consistency vs Flexibility** – there needs to be clear guidelines on what is permitted and what is not permitted. Some members also noted that there needs to be consistency in policies between funding ministries where possible, while others noted that there will still need to be some flexibility given the differences between the sub-sectors. There is also recognition that the various sub-sectors are in different phases given the nature of the services provided and the scope of adaptation, i.e. virtual vs. face-to-face.
- **Increased demand for services** – there has been an increase in domestic violence calls and there may be a spike or steep increase in demand for services that may be difficult to manage.
- **Alignment** – there was a request for a joint statement from ministers and deputy ministers to indicate alignment between the ministries.
- **Building on success** – Through the crisis, the social services sector proved to be resilient and able to adapt. During the crisis the level of joint planning and cooperation increased, and members would like to see that continue.

Key Information

The COVID-19 situation is constantly evolving as is the information being made available to support service providers.

UPDATE! On May 6, the Premier released government's ReStart Plan:
<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>

NEW! Link to May 4th presentation, COVID-19: Going Forward
https://news.gov.bc.ca/files/Covid-19_May4_PPP.pdf

The B.C. government website contains links to important health information as well as non-health-related information: www.gov.bc.ca/covid-19

Government also issues a daily summary on latest number of COVID-19 cases, and any other COVID-19 related news. People can subscribe here:

<https://news.gov.bc.ca/subscribe?ministries=health&ministries=emergency-preparedness§ors=economy§ors=government-operations§ors=services>

Link to testing guidelines: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf

Interim Guidance to Social Services: <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf>

Appendix 1 Recovery Planning Overview

Government is going to be giving health guidance and process direction for Sector reopening plans soon. Our Sector is considered an essential service, so we have been delivering either full or modified services, so we are at a different starting point than other sectors that have had PHO directed full shut downs.

We expect these plans to be guided by the fundamentals we've seen to date:

- Minimizing transmission while returning to more normal activities
- Health guidance from the PHO using a risk-based approach as soon as we have the guidelines and other supporting documents, we will share with the SSSR
- Developing plans based on the facts of the virus and transmission
- Continued emphasis of transmission reduction activities (hand washing, appropriate physical distancing, limiting high contact scenarios, not putting others at risk during sickness, regular cleaning)
- Different sectors will have different approaches based on vulnerability, contact intensity and number of contacts.
- Having clear communications of the what, why, who, when, etc., will be key.

Our plans will be about modifying what we are doing. We anticipate that we will be required to have 3 levels of plans:

1. a high-level social sector plan;
2. a sub-sector plan and
3. individual work site/organization plan.

Similar to a sub-sector plan, each ministry will be required to create a reopening plan.

We will be working on a high-level social sector plan that we'd like the SSSR input and discussion on.

We need each of our individual sub-sector/umbrella group to be thinking of a plan. i.e. CLBC works with its providers on what their approach looks like for its service providers or clients. This will not be the work of the SSSR but we may look at sharing it at a future point.

Lastly, we will ask each of the sub-sector/umbrella groups to push down the plans, guidelines etc. to individual service providers to enable them to develop plans for their individual work sites.

Depending on the sub sector and how close to 'normal' their services are at there will be the need to phase in activities.