



The Social and Solidarity Economy: From the Margins to the Mainstream

## **Case study**

# Newcomer wellbeing during the COVID-19 pandemic

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As practitioners at a social service organization who supported vulnerable community members during the COVID-19 pandemic, we are delighted to share our work and lessons learnt with the OECD's Social and Solidarity Economy community. Thorough documentation and storytelling of our organization's operations during the pandemic has been a priority and was centralized through the release of the COVID-19 Report (<https://www.woodgreen.org/top-ten-first-wave-issues/>). This case study was one part of the work that we highlighted in the COVID-19 Report and that we are requesting to share more broadly through submitting it to the upcoming OECD international conference. We will begin by providing important context about our organization, WoodGreen Community Services, and about the neighbourhood this case study is about, Crescent Town. Then we will outline four aspects of our work in this area that we would like to focus on and also provide the key takeaways from each aspect.

WoodGreen Community Services has been operating in Toronto, Ontario, Canada for more than 80 years. WoodGreen is one of the largest social service agencies in Toronto, serving 37,000 people each year from 36 locations through the hard work and dedication of 750 staff and 1,000 volunteers. WoodGreen helps seniors, with issues of frailty, isolation and dementia, remain living safely and with dignity in their own community; homeless and marginalized individuals get off the streets; individuals and families find safe, affordable housing; newcomers settle in to Canadian life and internationally-trained professionals enter the job market; people living on low incomes improve their financial w-being; struggling, mother-led families gain economic stability; parents access childcare; children and youth access after-school programs and youth find meaningful training and employment; youth leaving the care of the child welfare system transition into healthy futures; and people with development concerns, and mental health and addictions issues gain support.

Crescent Town is a collection of six high rise buildings located in the Taylor Massey neighbourhood in the east end of Toronto. Historically, it is a transition neighbourhood for newcomers and currently consists of about 56% immigrants, of which the largest diaspora is Bengali. Before the pandemic hit, WoodGreen had an Inter-Professional Care Team (IPC) in place since 2017, which offers the support of case counsellor specialists working alongside physicians in the local clinics. This community was facing serious health concerns, such as mental and physical health, that were interwoven with the challenges they faced as newcomers and immigrants. Therefore, offering light case management and service navigation directly alongside clinical healthcare was allowing clients to receive proper care based on an educated understanding of the unique social determinants of their health as residents of Crescent Town. It is important to note that there are other community service organizations operating in this area such as Crescent Town Health Centre, MGH, The Neighbourhood Organization, and South Riverdale CHC to collectively deliver this integrated healthcare model.

There are four aspects of our efforts in Crescent Town that we would like to discuss. Firstly, the creation of the Advisory Team and Community Response Team were essential to the success of the interventions in this community. When WoodGreen was asked by the local healthcare provider to add additional support to the community in 2017, there was apparent distrust among the residents and service providers. Knowing that this distrust was limiting the effectiveness of interventions, the manager, Nadjib Alamyar, looked to his Dutch upbringing for inspiration. *Buurthuizen* are “neighbourhood centres (*buurthuizen, wijkcentra*) scattered across Amsterdam and other Dutch cities. These centres were identified as places where newcomers and other neighbourhood residents came together for sports or other activities, and where newcomers may learn about how to ‘integrate’ in the Netherlands through language or skills classes” (Mosher, 2015, p. 50). Following some of the logic of these Dutch community hubs, he created two teams: An Advisory Team of executives from all the service providers and healthcare practitioners in the area and a Community Response Team made up of on-the-ground volunteers from each building, agency front line workers, and operational managers. This allowed the service providers (those trusted and untrusted) to collaborate, check, and balance each other. It also allowed the residents to be empowered, included, and the face of the outreach efforts. Over years, trust between residents and service providers strengthened to a crucial level.

Secondly, we would like to share the main COVID-19 responses in this community as their effectiveness rode on the aforementioned community trust and Advisory and Community Response Teams. Initially, Michael Garron Hospital (one of our partners in the East Toronto Health Network) recorded several cases from one of the buildings and asked WoodGreen to step in and run an informative campaign focused on the virus and how to avoid spreading it. This included informational posters in the buildings in multiple languages, the dissemination of 13,000 masks, and spreading the word through personal networks. The Community Response Team was invaluable in executing this work as not only are residents more likely to understand and listen to their fellow neighbours, but it also reduced the number of external people needing to enter the buildings – a necessity during the pandemic.

Additionally, when cases were spiking, Michael Garron Hospital was able to provide the first pop-up testing centre in the province in only 48 hours which drastically helped reduce the spread.

Food insecurity was also a significant COVID-19 issue and so our organization, with the help of the WoodGreen Foundation, secured and distributed grocery gift cards totaling over \$60,000 to 1390 residents or 417 households. Of those residents who received grocery gift cards, 99% were born outside of Canada, 70% were women, and 58% were unemployed meaning that we were specifically targeting our support to unemployed racialized individuals with an immigrant background and their families.

Lastly and most recently, we have begun supporting vaccination rollouts in Crescent Town. With our fellow community health partners, we were able to run a pop-up vaccination clinic in the area and successfully give out all 2,000 vaccines within two days. This clinic had to come together extremely quickly, including informing the community. By 4:00pm the day before the vaccination pop-up clinic opened, all 2,800 units had been given a flyer informing them about the clinic. Lines began the next day as early as 5:15am, despite it opening at 9:00am. Volunteers ran up and down the long line that formed, ensuring that everyone was well informed, fit the criteria, and that seniors and those with mobility issues were accommodated and prioritized. There were challenges as some residents were turned away as there were fewer vaccines than residents, but because of the trust that had been built by the service providers, it was managed. The residents trusted that when our staff said that there were no more vaccines, but that when

we secured more we would be back, they believed us. This was crucial in successfully executing this response.

Third, streamlined communications among all community service providers in the area helped us achieve integrated care and action. There was strong storytelling by all those involved and thorough, centralized documentation of these news posts by East Toronto Health Partners (<https://ethp.ca/newsroom>).

Finally, the stress of the pandemic was weighing greatly on residents, so WoodGreen also prioritized mental health supports through newcomer wellness hours that ran webinars on topics such as self-care, self-compassion, and mindfulness training. Clients were repeating that a lot of the stigma they faced as newcomers was rooted in how stressed they were and thus WoodGreen also responded with income maintenance support and immigration support to help manage and reduce the causes of their stress. Through our partnership with East Toronto Family Practice network, East Toronto Health Partners, and Crescent Town Health Centre & Comprehensive Health Network, we provided almost 1600 virtual visits to 160 clients in the first five months of the lockdown. 20 virtual group workshops impacting over 200 attendees were possible where clients could anonymously or openly ask questions and receive vital information.

From these four aspects of our work in the Crescent Town area in Toronto, we offer four primary lessons learnt to share with the OECD Social and Solidarity Economy community:

1. Building community trust is essential in successfully implementing healthcare interventions, and handling the COVID-19 pandemic was no exception. Creating a team of all service providers in the area helps check and balance activities and power. Creating a team of community members allows for more effective outreach, a better understanding of the residents' needs, and the empowerment of the community.
2. Fast, responsive interventions that focus on social determinants of health are key during a pandemic. Interventions that capture the social determinants of health (such as settlement support and addressing food insecurity) must be addressed simultaneously as localized physical health interventions like pop-up testing centres and pop-up vaccination clinics.
3. Strong storytelling that is effectively and centrally documented helps streamline the communication around all healthcare interventions in a region.
4. Mental health should be a part of any community health program and reaching out directly to the affected populations will ensure the right kind of support is provided. We had success in performing wellness checks and utilizing our Community Response Team in their execution.

In conclusion, the importance of communication, transparency, and connection to the community were apparent in Crescent Town. The structured two team approach worked well and by collaborating with other organizations and community members, we were able to determine the most effective issue management. Additionally, the unique relationship that was formed with the private physician in the local clinic has allowed WoodGreen to be a real part of primary care for the residents and earn the community's respect for truly addressing the residents' social determinants of health.

## References

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