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| **Supplemental Table 4: Key Priorities: Outreach and Technology** |
| ***Outreach*** |
| One thing is I really loved when I started hearing about the [non-verbal help] signage. That you do the sign to indicate that you’re in trouble. I remember thinking wow, man, that’s brilliant. That’s a brilliant idea because sorry, when anybody ever says “how you doing?”, I don’t think people are honest. You know, on a good day nobody’s actually saying well, do you really want to know? Everybody just says yeah, I’m fine, things are fine. So, I think the easier you can make it for someone like that in that situation is pretty cool. **P1**  We're telling everybody to check in on everyone that you know. Place a call [to say] “hi, how [are] you doing?” and what that does is it tells the aggressor that she is not alone, contrary to what you might think that she's not going out, people still remember her, still check in on her. And then the real transformational shift is telling people who know the aggressor to check in on him, check in on him, because again they need supports, these men need supports. That’s the only way we're going to end violence is when they stop and the only way they're going to stop is that they are cushioned, they are cushioned with supports. **P6**  I mean there's people with heart conditions and cancer and kind of stuff that are trying not to deal with anything because of COVID. But they need to look after themselves … and that’s what the ambulance drivers and the nurses at the hospital, they all said you know nobody's coming to the hospital, it's empty, it's the cleanest place in the world. And people need to go … so they need to maybe make people feel they can be safe going to [the emergency room] when they need to go. **P4**  It goes back to that relationship piece for a lot of people, their frontline worker is their lifeline. And so, ensuring that those workers are essential and that there are, there are ways that we can continue to connect with them that aren’t only tech related [is important]. Cause a lot of our clients were so willing to jump on it – “OK, I’ll talk on the phone – if that’s all I can get I’ll talk on the phone.” Or, “If that’s all I can get, we’ll do a FaceTime.” Or, whatever and we were trying to be as adaptable as we could. And many of them did but their preference is always face-to-face, always. **P10**  And there was a feeling at the beginning of the pandemic that shelters were closed and we’re not closed. So that the whole thing of the outreach is to tell women in those communities that shelters were open and available for support so you can call. So I think it’s that sort of media campaign, right? It’s that fact that you know social media, you know like how do you make sure that people, that women who need our services get told that? **P12** |
| ***Technology*** |
| Well, I would say one thing that I feel that has come up is that this idea that access to the internet is kind of like a human right I feel at this point in time. So I think that's a piece I think if we had – if we could learn from this and go you know what guys, this is our world and let's be, let's allow people of certain income access to free Wi-Fi and even devices. **P8**  Equipping women with the technology they need to access the appointments that are no longer done in person, and then if people don’t have the [skills, if] they’re not tech-savvy, logging into a Zoom appointment is very difficult for some people, and then for some women doing Zoom or phone calls is very traumatic, it’s not the way they want to communicate. **P9**  As far as getting counselling, as soon as COVID hit, any of the counselling and connections that I was getting ended, there wasn’t even phone contact. Everybody went their separate ways and self-isolated and that was it. And there was no physical access to the elder that I was spending time with, he was from way up north. There was no funding to bring him down, and so, I guess they ended the funding and they didn’t think the phone was sufficient. **P13**  It just goes back to service disruptions, even though [the] agency is doing their best to somehow run throughout the pandemic, they’re not running the same. We’ve been working on, I got a grant for some virtual support. Just reflecting on brain injury, I think about, you know, a lot of people struggle with virtual technology, right? As you know, through Zoom, things happen or things don’t connect. And so we’ve managed to get a grant to have an extra staff to help with that connection. Because so many of our resources did go online or virtual and I think during the pandemic it was taken for granted that we have these tools, so everything can go along seemingly well and I’m not convinced it does or that you get the same response or the same connection. I feel some people probably fell through the cracks with this switch from face-to-face to virtual. And I get concerned about that for sure. **P3** |