

# WEATHERING THE STORM

Community Social Capital and the COVID-19 Crisis in St. James Town, Toronto

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For the St. James Town Service Providers' Network (SJTSPN),  
The St. James Town Community Corner (The Corner), and Health Access St.  
James Town (HASJT)

Funded by the University of Guelph  
COVID-19 Research Development and Catalyst Fund

Dedicated to the residents of St. James Town

August 16, 2021

Acknowledgements: The author gratefully acknowledges the research assistance of Lovlyn D'Souza, Priyal Goenka, and Tanvir Kaukab. Enormous gratitude also to the leaders and core staff of the agencies that facilitated the research. Without their support this study would not have been possible. A very special thanks to the community residents who shared their pandemic experiences with us. I am grateful for their trust and openness. I am also highly appreciative of the agency professionals and volunteers who shared their observations and insights. Any errors or omissions are the author's own.

Formatting and design by Jackson Daniel ([overgrowth.ca](https://overgrowth.ca))

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# Executive Summaries

## **Executive Summaries Part I. Interviews with Residents: A Snapshot of Pandemic Impacts Eight Months In: Disruptions, Connections, Resilience**

### **1. Pandemic impacts in specific demographic groups.**

The findings from interviews with St. James Town residents permit a view of how three demographic groups were doing by month eight of the pandemic: newcomers and other immigrants, seniors, and children and youth.

#### i. Newcomers and other immigrants

Three widespread experiences were notable in this sub-group of our participants: (i) income loss with attendant impacts on emotional wellbeing; (ii) having relatively thin local social networks to turn to for support; and (iii) the suspension of long-planned, long-awaited travel to countries of origin. The pandemic imposed considerable job- and income-related pressures on the immigrants in this study in terms of employment instability. Yet alongside these income strains, local face to face networks which are sources of potential support of all kinds, are relatively less dense for immigrants and newcomers than for people born in Canada.

#### ii. Seniors

An overall panorama of pandemic impacts on St. James Town seniors emerges in interviews with agency personnel, the most prominent and troubling of which are increased isolation and loneliness due to the loss of programs and activities for socializing, intensified food insecurity, and other effects of the loss of in-person supports such as PSWs. The five seniors interviewed for this study were not representative of the community's more isolated seniors, since they were relatively well networked and highly civically engaged. Nevertheless all five had experienced a halt to programs and groups they regularly attended in person, and most were receiving food support from local agencies.

#### iii. Children and youth

Parents with infants and pre-teen children reported lockdown impacts that potentially affected child development: the disruption of day-care and the closure of recreational family outing options, and for special needs children and youth, the closure of in-person schooling and therapy programs they vitally relied on. Parents of special needs children found that online interactions were sorely inadequate substitutes for those programs and classes, and were witnessing distressing emotional fallout in their children. The adolescents and young adults in the sample experienced lay-offs from newly attained jobs, self-development projects stalled or lost, and being cut off from socialization outlets.

## 2. Economic impacts

The majority of the interviewees who were in the labour market had experienced reduced hours and income, or lost their jobs entirely due to layoffs. For some of these participants, employment and income fluctuated: hours were cut, increased, then cut again; youths who were laid off in the spring of

2020 were called back in the fall. Several interviewees signalled that fluctuating income produced considerable strain for some St. James Town residents living in Toronto Community Housing (TCHC buildings) due to inflexible rent subsidy practices by that organization.

**The pandemic imposed considerable job- and income-related pressures on the immigrants in the study, who have thinner face to face support networks than people born in Canada.**

## 3. Health impacts

### i. Pandemic effects on mental health and emotional well-being

More than half of the interviewees talked about experiencing new or increased emotional distress resulting from the pandemic, including anxiety, low and volatile moods, and declining self-esteem. Most participants explicitly connected these affective disturbances to pandemic impacts in the social and economic realms: decreases socialization opportunities, increased work-related stresses which spill into home life, increased stress from income reduction or loss, or suspended plans for study and self-development (particularly among youth).

### ii. Health or disability issues in interaction with the pandemic

Several of our participants lived with physical or mental health or disability issues that preceded the pandemic or worsened during it. For them, lockdown restrictions limited the full range of wellness strategies they would normally have access to.

### iii. Accessing health-care

Participants from both health-care provider and patient perspectives spoke to the inadequacy of tele-health consultation. This was especially a problem for seniors and for parents of children with special needs.

### iv. Exposure to transmission at work

Several participants experienced fear and anxiety about the real risk of exposure to the virus in the workplace.

### v. Contracting COVID

As of early December 2020 when the resident interviews were completed, one of the participants had recovered from COVID illness, while another had tragically lost a loved one to COVID. In both cases the illness was presumably contracted in their workplaces.

#### vi. Job stresses in the pandemic

For those who kept their jobs, the pandemic introduced enormous work-related emotional stressors to their lives, whether the work was performed at home or at a workplace.

#### **4. Signs of pandemic fallout**

Many participants observed what appeared to be signs of socio-economic, emotional, and mental health fallout of pandemic in and near their buildings. This included signs of an increasing presence of homeless individuals in some buildings, increased drug use, rising incidents of petty property theft, and a rise in hostile, conflictive, and troubled behaviour.

#### **5. Living with lockdown in towers built for easier times**

For many of the participants, the stressful effects of the pandemic interacted with one of the more troubling characteristics of the neighbourhood – its aged residential high-rises, hand in hand with an inter-related set of factors: probable landlord neglect and under-investment; deferred and problematically timed maintenance work; security problems in buildings. These phenomena produced conditions that acutely affected people's safety, or jeopardized their longer-term wellbeing within their homes. Prominent in participants' narratives was a presumed arson event in a stairwell at 280 Wellesley; interruptions of hydro and water in that building after the fire, and in other buildings more generally; the inadequacy of elevators in many of the towers; disruptive and frequent false fire alarms; severe noise and loss of privacy from renovation work being done in several buildings' balconies and basements, and the shortage of greenspace along with the neglect of once useable outdoor recreational facilities.

**For many of the participants, the stressful effects of the pandemic interacted with one of the more troubling characteristics of the neighbourhood – its aged residential high-rises, hand in hand landlord neglect and under-investment, and deferred and problematically timed maintenance work. These phenomena acutely affected people's safety or jeopardized their longer-term wellbeing within their homes.**

#### **6. The pandemic's toll on social connections**

The pandemic interrupted the social connections that enabled people to thrive in good times and bad, and to cope. People talked about vital social interactions that have either been paused or shifted to online such as: regular activities within special networks they belonged to in the city; informal regular socialization with friends and relatives (both of which play major role in the lives of newcomers and other immigrants); and interactions that occur in more public, institutional realms.

#### **7. Social capital lifelines**

Nevertheless, social networks with which participants were connected were critical in coping with the pandemic's restrictions, and in being able to channel help to others. The vast majority of the

participants either gave support to others, received support, or both. The main forms of support included informal wellness checks, grocery and pharmacy pickups for those unable to leave their homes, receiving grocery or meal donations or the equivalent in gift cards for local grocery stores donated through agencies, free workshops and repair services offered by The Corner, and informal mutual exchanges of goods and services among parents of children. For some, networks within apartment buildings were important sources of support, while for others, networks in the broader neighbourhood and across the city were just as important. The fact that many agencies and institutions in the neighbourhood such as The Corner, train, channel, and organize volunteers, is an integral part of the community's supportive social capital web.

### **8. A neighbourhood of choice to call home**

A striking finding was the extent to which interviewees were sentimentally attached to St. James Town, even when they voiced criticisms of problems. Beyond the most commonly celebrated traits of St. James Town pertaining to its geographic centrality, participants also talked about additional aspects of their experience of St. James Town that solidified their attachment. These included ethno-cultural and other types of diversity, people's tolerance and acceptance of others' differences, the helpfulness of strangers, a strong sense of belonging and support within neighbourhood networks, and proximity to greenspaces outside but close to St. James Town.

### **9. Strategies for coping and resilience**

The St. James Town residents interviewed for the study showed resilience in part by availing themselves of supports provided by agencies, and referring needier others to those supports. Many participants also adopted an array of healthful coping actions. These included private spirituality, continued engagement with faith communities in whatever form they could (often online), creating and adhering to healthful daily routines, increasing or acquiring skills and abilities sometimes bolstered by online classes, and outdoor and indoor physical exercise routines that made the best of the pandemic restraints, such as walking on their balconies, and using YouTube exercise classes with a family member they lived with or a relative overseas.

## **Executive Summaries Part II. Interviews with Agency Personnel: Marshalling Collaborative Connections and Crisis Experience**

### **1. Agency personnel knowledge and experiences in five areas of service provision**

Findings from the interviews in five realms of service provision make clear that agencies' ways of working before the pandemic laid the foundation for uninterrupted work during the pandemic, albeit in different forms: food security, the wellbeing of seniors, the wellbeing of youth, health, and economic hardship and its impact on tenants' issues. The findings also show that a holistic approach to health and wellbeing characterizes these agencies' work before and during the pandemic.

#### **i. Food security**

The pandemic magnified the already existing problem of food insecurity in St. James Town, making it an issue that service provider agencies identified as one of the most urgent priorities for pandemic response. Enabling the agencies of the St. James Town Service Providers' Network (SJTSPPN, or SPN for short) to respond swiftly were (i) partnerships and connections among organizations and institutions of

diverse types, (ii) the recent founding of a food catering collective made up and led by residents, and (iii) programming in the realm of nutrition education carried out by specialist professionals. Three core components of the agencies' food security work during the pandemic were: a program to supply hot nutritious meals to seniors, a food bank, and a produce hamper program. Nutrition education was also maintained using posted informational videos and video conferencing.

#### ii. Seniors' wellness

The pandemic exacerbated the isolation of seniors that was already a concern in St. James Town. The work that service provider agencies were doing for years to reduce the interlinked problems of food security and isolation among seniors in the community established the relations of trust, and the inter-agency partnerships, that enabled continued support when the pandemic was declared. Two cornerstones of the organizations' prior work with seniors were a drop-in program held three days a week at The Corner's 200 Wellesley location, informally called the St. James Town Seniors' Corner, and the Bleecker/Wellesley Activity Network, a grassroots initiative founded by a resident. Personnel and/or volunteers in both of these initiatives pivoted to sustain their connections with the seniors, ensuring their access to nutritious meals and striving to address other needs they became aware of through wellness checks.

#### iii. Youth wellness

Since the early months of the pandemic, reports from across North America have raised serious concern about the toll of lockdown on youth mental health. In St. James Town, agency staff knew that increased isolation from peers compounded multiple challenges of online schooling, and the challenges already inherent in refugee and newcomer adaptation. Group-based and individual counselling by the staff of agencies of the SPN prior to the pandemic established the trust needed for continued connections, via digital or phone communication, during the long months of restricted interactions. Agency personnel found digital technology an imperfect but helpful tool for youth mental health that should be retained in the future.

#### iv. Health: Holistic perspective and response

Several inter-related features of the agencies' work shaped the response to pandemic-amplified problems: interdisciplinary and inter-agency collaboration, an ethos of community engagement, and a holistic understanding of health that addresses its social determinants. Three key entities in this regard are Sherbourne Health, Health Access St. James Town (HASJT), and The Corner. Sherbourne Health routinely brings residents and agencies together to jointly assess the emerging wellbeing needs of the community and to develop a response. HASJT is a service under the auspices of The St. James Town Community Corner (The Corner), where its intake workers connect clients to a range of services provided by partner agencies. The Corner is a community hub that offers a wide range of services, programs, and meeting spaces to the residents of St. James Town, and is sometimes described as the "hardware" counterpart to the HASJT "software". While continuing with these functions and adapting them to the pandemic's impacts on residents' needs, these three organizations also collaborated in emergency food security responses, COVID testing clinics, and COVID vaccination clinics during the pandemic.



v. Economic hardship, tenant-landlord issues, and legal support

During the pandemic, agencies dedicated to providing legal support to residents of St. James Town and other communities of the downtown east supported people in navigating the connections between pre-existing and new income relief support programs. They also promoted awareness of legal remedies for eviction attempts. A major concern they addressed was TCHC's inflexibility in adjusting the rent subsidy to fluctuations in tenants' income. Recent deep cuts to legal aid in Ontario makes it much more challenging for legal aid workers to respond effectively to the array of low-income tenants' issues in the downtown east.

**2. Agencies' action and vision across other realms**

Other forms of agency action and vision that cut across those five areas of service provision and that shape the agencies' pandemic response are: actions to strengthen the social capital of St. James Town residents; environmental and climate consciousness programming; collaboration with landlords; crisis preparedness; and inter-agency collaboration as necessitated by government neglect.



Plaque at southeast border of St. James Town. Photo by David Sobel.

i. Strengthening social capital in the community

Several kinds of programs and initiatives implemented prior to the pandemic by organizations serving St. James Town reinforce the social capital of the community, while addressing practical needs. A major example are a set of initiatives delivered by The Corner under its environmentally conscious "reduce, re-use, and repair" mandate, which served to build skills, solve needs that were amplified by the pandemic, and build connections among residents. Secondly, the Corner's ambassador program is aimed at strengthening connections among residents within and between buildings. This is an initiative

that needs more stable funding to reach its full potential. Thirdly, the St. James Town Annual Spring Gatherings, which since 2014 have been bringing agency personnel together with hundreds of residents to identify emerging issues that affect health and wellbeing, can be seen as a way in which service provider agencies encourage and give space to social connections in the community.

ii. Environmental and climate consciousness in agency work

The pandemic's convergence with increasingly undeniable climate-related emergencies around the world may be creating an opportunity for agencies and organizations to stretch their role further into promoting pro-environmental transformation. The Corner in particular is guided by an expanding environmentalist vision that recognizes the connections between global and local dilemmas. This is seen in new and planned initiatives that address pressing everyday problems while promoting a greening of the community. Initiatives range from facilitating greater use of bicycles, to improving waste management in the neighbourhood's high-rises.

**Service provider agencies' responses to the pandemic rest on a history of dealing with large-scale emergencies affecting entire populations of particular buildings or the community at large. Thus, they understand and respond to emergencies as systemic rather than isolated events.**

iii. Agency-landlord collaboration

Relationships between agencies and private apartment building landlords before and during the pandemic demonstrate pragmatism on the part of the agencies whose primary objective is community wellbeing. They also indicate an orientation on the part of some building management companies to work outside transactional relations with tenants. An outstanding actor in this regard is the building management corporation Medallion, which for many years has gone beyond a narrow conventional landlord role to support holistic wellbeing in St. James Town.

iv. Crisis preparedness

St. James Town residents and non-profit agencies' responses to the pandemic rest on a history of dealing with large-scale emergencies. These encompass crises affecting entire populations of particular buildings, as well as traumatic incidents of violent injury and death that affect community members. The agencies have developed an understanding of emergencies, including the pandemic, as being systemic rather than isolated or singular events. This informs the SPN agencies' work with the City of Toronto's Community Crisis Response Program to improve its conceptualization of "critical incident."

v. Inter-agency collaboration and the meaning of "underserved"

When news media, city government, and even advocacy groups use the term "underserved" to describe St. James Town, they seldom clarify what they mean. Statements from several agency interviewees make clear that the term needs to distinguish between governments and non-profit entities, the former of which, particularly at the provincial and federal levels, has in fact been underserving the community. Comparative health indicators suggests that the term is particularly relevant in relation to health-care services

# Introduction

This document presents the results of a study conducted in the fall of 2020 on how the COVID-19 pandemic played out in the highly diverse and densely populated neighbourhood of St. James Town, in Toronto's downtown east. The study focused on the impacts of the pandemic on residents' lives, and how they and the non-profit agencies serving them coped and responded. Motivating the research was the goal of extracting lessons for residents and organizational and institutional stakeholders, especially being able to identify and strengthen the community's social capital assets for responding to, mitigating, and preventing harms, and for preparing for future inter-related crises.

Located in the northeast corner of Toronto Centre or Ward 13, St. James Town has a population density about ten times that of Toronto as a whole.<sup>1</sup> In fact, it is widely considered to be the most densely populated neighbourhood in Canada, and possibly in North America. Though the most recent available Census data indicate that its 32 acre area is home to 18,615 people, unofficial estimates place this figure as high as 25,000 to 30,000, based on the widespread assumption that many households have members they do not declare due to a multitude of reasons. Ethnically and linguistically, this is a highly diverse community with over 120 languages spoken. Fully 60% of its population are immigrants as of the 2016 Census, compared to 51% for the city of Toronto. Two thirds of the community's population are visible minorities, 16% higher than in Toronto as a whole.<sup>2</sup> The geographic core of the neighbourhood are a set of 19 high-rise apartment towers that range in height from 14

to 32 storeys, bounded by Bloor Street to the north, Parliament Street to the east, Wellesley Street to the south, and Sherbourne Street to the west.

The neighbourhood deals with several major challenges which take on particular relevance under the conditions imposed by the COVID-19 pandemic, one of which is a median household income 32% lower than in Toronto as a whole, and a rate of household poverty almost twice that of the city (40% vs. 22% based on the Basic Market Basket measure). This despite the community having a slightly higher proportion of residents with university degrees<sup>3</sup>. These depressed incomes at least partly reflect the systemic marginalization of immigrants and newcomers in Canada. A second challenge is the neglected state of the neighbourhood's older high-rise towers, most of which were constructed between 1959 and 1976, and most of which have had inadequate maintenance since then. During the pandemic, these situations interacted with an increasing volatility of employment and income, and the cessation of in-person interactions in a variety of realms.

Funded by the University of Guelph, and facilitated by the St. James Town Community Corner (more commonly known as The Corner), the St. James Town Service Providers' Network (SJTSPPN or SPN), and Health Access St. James Town (HASJT), the study set out to understand three broad phenomena: (i) how the array of preventive protocols of the COVID-19 pandemic affected the well-being of St. James Town residents, and (ii) how social capital in the community was affected by the pandemic, and (iii) how the social capital of individuals and organizations enabled them to respond to needs and problems intensified by the pandemic.

The preventive measures of interest to the study were those enacted by governments to ensure physical distancing in numerous realms of social life, especially education, employment and income, socializing and recreation, obtaining food and other essentials, and accessing vital services. Also of interest were expectations for everyday interactions for which there is less official oversight and enforcement, primarily distancing and mask-wearing in stores, elevators of buildings, etc. In Ontario and many other jurisdictions, government-ordered restrictions varied over time in response to three successive pandemic waves popularly demarcated based on metrics such as case counts and hospitalization numbers. At the time this report was being completed in mid-July 2021, almost 18 months after the pandemic was declared, the Ontario government was gradually lifting restrictions on businesses and social gatherings that had been issued on January 14 in response to the rise in cases leading into the province's third wave.<sup>4</sup>

Though social capital is defined slightly differently in different writings, common to all usages of the term is that a major part of it are the relationships, interactions and connections through which people fulfill a variety of needs and goals. These connections can either be close bonds like the ones between loved ones and good friends, or more distant, acquaintanceship kinds of ties. A term that means much the same thing is social networks. Social capital, or social networks, are crucial in meeting needs for friendship, a sense of belonging, and emotional connection and support; they enable us to act collectively with others toward shared aims as in religious congregations, tenants' associations, and protest groups; and they can be vital for livelihood-related goals such as finding employment or markets to sell goods and

services. Social capital can be observed between groups and organizations, not just individuals.

The social capital of individuals and groups can be strengthened or frayed by events and changes taking place around them. Emergencies, disasters, and crises of local, national, or global scale can affect people's social network connections in different ways. The COVID-19 pandemic, or more accurately, the restrictions enacted to minimize its spread, directly implicates social connections of many kinds, by reducing the face to face interactions that play a major role in people's lives. The unfortunate paradox is that many of the very connections needed to cope with crisis can be seriously disrupted by the crisis.

The COVID-19 pandemic could be expected to reduce or greatly alter people's income-earning, education, socialization, and participation in healthful activities and programs. Further, it stands to reason that these effects would not be evenly distributed across society, but would vary according to traits such as income, type of occupation, immigration status and recency of arrival, age, ability, living situation, and region or neighbourhood of residence.

Some of these traits are intertwined. Only a few months into the pandemic, official case count mapping left no doubt that its biomedical impacts in the Greater Toronto Area were concentrated in communities whose residents were less able to practise physical distancing at home and at work, given larger household sizes, higher proportions of lower-income, essential workers, and not coincidentally, high proportions of racialized and immigrant Canadians.<sup>5</sup> For about the first nine months of the pandemic, these so-called "hot spot" areas mapped largely onto the northwest of Toronto, and in neighbouring sections of Peel and York where

many high-exposure, aggregate workplaces that draw northwest Toronto residents are located.<sup>6</sup> The role of particular kinds of workplaces as a driver of COVID infection rates in the GTA and elsewhere has been exacerbated by the absence of adequate sick-leave legislation.<sup>7</sup> By late winter 2021, as Ontario's third wave was being recognized, communities closer to the centre of Toronto also saw some of the city's highest rates. These included St. James Town, where the rate per 100,000 jumped from 167 in late November 2020 to 564 in early March 2021.<sup>8</sup>

These facts are mentioned not because the study focuses on the extent and impacts of the illness itself. Rather, the thinking underlying the study was that some of the same conditions that more heavily expose residents of particular neighbourhoods to contracting the virus, also make them more susceptible to the social, economic, and emotional harms of the prevention measures. This is partly why St. James Town was chosen as the focus of this exploration of the wellbeing impacts of the pandemic and community social capital.

St. James Town is an important neighbourhood to understand the impact of, and response to, a crisis such as the COVID-19 pandemic. Its role as a kind of landing strip for newcomers to Canada, and thus its relatively high proportion of immigrants and newcomers, take on particular relevance in this pandemic, given that racialized and immigrant Canadians are more concentrated in precarious and essential occupations, and that these are the jobs most directly affected by layoffs and reductions of hours. St James Town also has a high proportion of seniors living alone (50.5% compared to 26.7% for Toronto)<sup>9</sup>, and has the highest percentage of seniors in poverty among Toronto neighbourhoods, at 53.5%.<sup>10</sup> As well, the sheer density of St. James Town takes on increased relevance in a long-term, multi-

faceted crisis like a pandemic, because governmental services in health and other realms were already generally inadequate to meet the needs in the community which could only be intensified by the pandemic.

It is also important to understand how pandemic restrictions interact with several stubborn infrastructural problems that undermine the health of the neighbourhood. In particular, the neglected state of the community's aged apartment towers, and inadequate and poorly maintained green spaces and outdoor recreational facilities, take on increased relevance when people are under months-long stay-at-home orders, and in some cases unable to leave their units. Among Toronto neighbourhoods St. James Town was recently found to have the lowest per capita amount of park space among Toronto neighbourhoods.<sup>11</sup>

**One of the neighbourhood's assets is an abundance of service provider agencies that have been collaboratively serving the community for years. As well, regular community events such as the celebratory St. James Town festival held in early September, and the Annual Spring Gathering, are evidence of vibrant collective organizing and networking.**

However, it is not only the neighbourhood's challenges that merit attention to pandemic impacts, coping, and responses. One of the neighbourhood's assets is an abundance of service provider agencies that have been collaboratively serving the community for years. As well, regular community events such as the celebratory St. James Town festival held in early September, and the Annual Spring Gathering, suggest a vibrancy of collective organizing and networking.



In previous pandemics and as well as large-scale disasters, qualitative social research has proven to be a useful supplement to primarily quantitative epidemiological studies.<sup>12</sup> This is the kind of contribution that this study seeks to make to understanding COVID-19's impact on St. James Town. The Toronto Foundation's December 2020 *Fallout Report*<sup>13</sup> looks at the complex array of social and economic "knock-on" effects of the pandemic for the city of Toronto as a whole, and there also are instances of superb local journalism on hard-hit communities throughout the city.<sup>14</sup> But to the author's knowledge, there are no single-neighbourhood studies of the pandemic's broad impacts.

This study is intended to serve as an informational resource to St. James Town residents and agencies on the pandemic's multifaceted impacts in the community, the types of networks that were activated to cope and to help others, and ways that agencies' prior work prepared them to respond. The study was facilitated by The Corner, a community hub led by two partner agencies -- The Neighbourhood Office (TNO) and Sherbourne Health -- as well as Health Access St. James Town, and the St. James Town Service Providers' Network. Thus, it is hoped that it can be of utility to their work, in particular. For example, the findings may shed light on forms of social capital that could be solidified and enhanced by the actions of service providers, institutions, and residents, perhaps with externally provided resources. As an exploratory study, it has the additional, related aim of identifying issues on which more focused, in-depth research should be conducted to address the informational needs of residents and agencies, with their direction and guidance.

# Research Methods

Data for the study was collected in the fall of 2020, from roughly the beginning of October through to mid-December. The two main research methods were (i) in-depth, semi-structured interviews with St. James Town residents and personnel of service provider agencies that work in the community, and (ii) the commissioning of structured diaries written over an six-week period by two St. James Town residents. Eighteen residents and 17 agency personnel were interviewed, in all cases remotely, using video conferencing software accessed through the University of Guelph. Agency personnel interviews ranged in length from half an hour to an hour. Resident interviews averaged one hour in length, and were compensated with a small honorarium. All interviews were recorded with the consent of each participant and transcribed soon afterward.

Recruitment of the agency personnel occurred primarily by email. The outreach to agencies aimed to encompass a variety of types of service provision (eg. health, food and nutrition, economic need), and of demographic groups being served (especially seniors and youth).

Most of the personnel who accepted to be interviewed work with agencies that are part of the SPN. Resident interviewees were approached by email or phone, through the networks of the research team and the agencies facilitating the research. The recruitment process aimed to include people from a variety of backgrounds and situations that could be relevant to the pandemic impact. The prioritized

categories were primarily age range, gender, family and household structure, type of building of residence, and length of time living in the St. James Town neighbourhood. The fact that the video conferencing software allowed dial-in by phone meant that the only technological requirement for participation was possession of a phone.

Most of the interviews with residents were conducted by three research assistants who reside in the community, Lovlyn D'Souza, Priyal Goenka, and Tanvir Kaukab. A few were conducted by the lead researcher. Deploying community members in this capacity was aimed at maximizing the quality of the resident recruitment, and the interview process itself. Drawing on, enhancing, and compensating the skills and knowledge of local researchers was also considered to be valuable in and of itself. The resident researchers' preparation included completion of an online course in research ethics, learning the features of the software for conducting interviews and for securely transferring data, and training and practise in in-depth interviewing. They also helped shape the questions for the resident interviews.

The two additional residents were commissioned to write diaries in which they were asked to recollect the first months of the pandemic, and also to describe and reflect on their ongoing, day-to day experiences and observations of the pandemic's impact. In addition to describing their own situations and feelings, they also acted as eyes and ears on changes in the neighbourhood. Follow-up interviews of an hour in length were conducted by the lead researcher with each resident diary writer after the diaries were submitted to verify understanding of particular observations and experiences.

The following were the overarching research questions of the study, informed by literature on social determinants of health, the sociology of disasters, and local, national and international reports on the pandemic's impacts that were already emerging from journalists, think tanks and academics within the first six months of the pandemic.

- (1) How has the pandemic affected the wellbeing of residents of St. James Town, particularly their mental and physical health, income-earning, socialization and recreation, civic engagement, access to programs, activities, and services, and the need for relief or assistance in meeting basic needs such as food? How does this look for different categories of people, such as seniors, youth, immigrants and newcomers, and people with health issues or disabilities?
- (2) How do the effects of the pandemic interact with the neighbourhood's characteristics, particularly the predominance of aging apartment towers?
- (3) What kinds of social capital assets of the community (for example tenants' associations, and informal social networks) have enabled people to access needed support, and to support others?
- (4) How has the pandemic altered the work of non-profit agencies and grassroots groups that serve the community, and what constraints do they encounter in responding to pandemic-generated or pandemic-amplified needs?

In what follows, Section I presents the results of the interviews with St. James Town residents on the multi-faceted impacts of the pandemic on their wellbeing, how their social networks were

affected, and how these networks contributed to their coping and resilience. The subsequent Section II summarizes the findings from interviews with professional personnel and some volunteers of organizations serving the community. Measures to maximize participant confidentiality throughout the report include use of gender neutral pronoun "they" and "their" in most references to individual interviews, and in some cases also the concealment of agency names. Interviewees are alternatively referred to as participants and as interviewees.



## **Part I. Interviews with Residents: A Snapshot of Pandemic Impacts Eight Months In: Disruptions, Connections, Resilience**

### **Introduction**

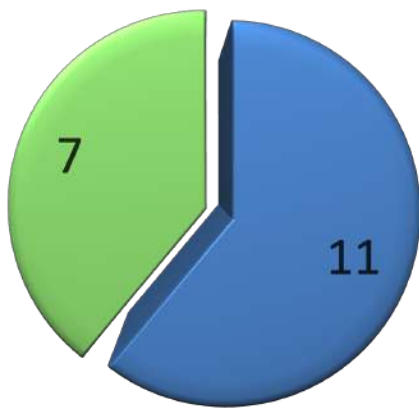
The interviews with resident participants asked about their observations of the pandemic's impacts in the neighbourhood, its impacts on their social lives, livelihood, health, and emotions, the extent and forms of their volunteering and civic engagement before and during the pandemic, and whether they had helped, or been helped by, others to cope with problems and needs. They also included basic demographic questions.

In considering the multi-faceted impacts on wellbeing that the resident participants reported, it is important to keep in mind that they were recruited through the networks of the research team and the agencies facilitating the research. Thus, the study can be presumed to have bypassed the more isolated members of the community. Given that isolation is an exacerbating condition in a multi-faceted crisis like the pandemic, the interview findings most likely understate the most serious negative consequences of the pandemic on the community. Further, people experiencing more severe economic, social, and health problems during a crisis such as the COVID-19 pandemic are generally challenging to reach, and all the more so when in-person recruitment methods are not possible.

The data in this section of the report include the two resident diaries commissioned for the study in which the participants described their own experiences and observed life in their buildings and the broader community. In a few places, observations by agency personnel supplement the resident perspectives to add insight on broad patterns in the pandemic's effects.

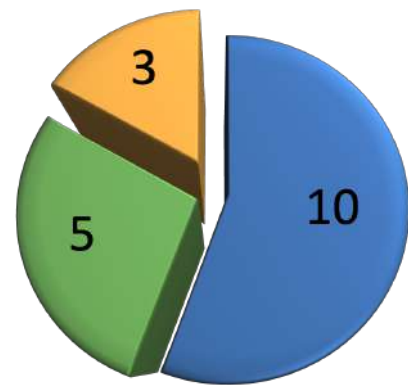
The resident participants' basic demographic data is summarized on the next two pages.

**Gender**



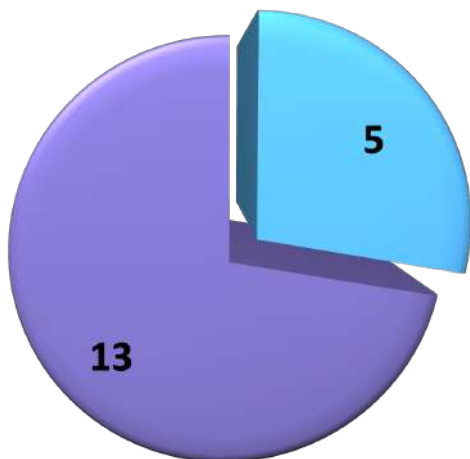
● Male  
● Female

**Employment**



● Employed  
● Unemployed  
● Retired

**Immigration**



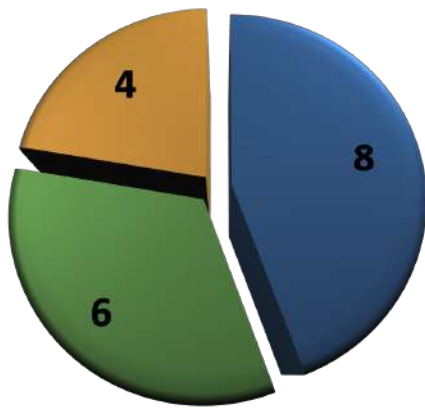
● Canadian Born  
● Immigrant

**Age Range**



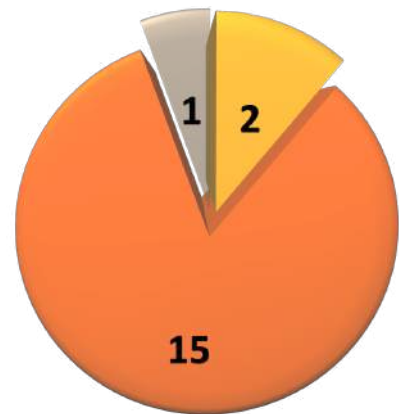
● 18 to 25    ● 26 to 40  
● 41 to 60    ● >60

### Household size and composition



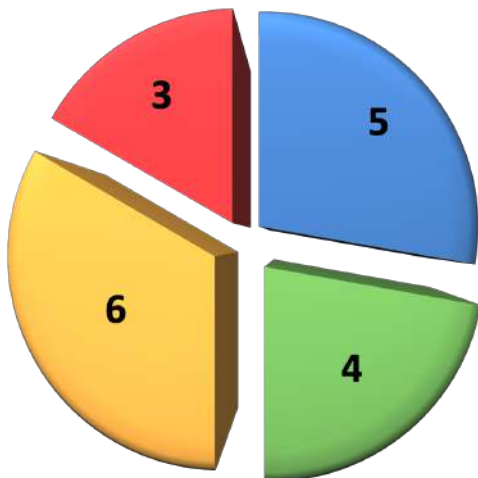
- Live alone
- Live with other adults
- Live with other adults and children

### Type of housing



- TCHC
- Private
- Co-op housing

### Length of time living in St. James Town



- Less than 5 years
- 6 to 10
- 11 to 20
- 21 or more

Before discussing the pandemic's impacts in specific realms of life, we first use the interview findings to look at the situations of three demographic sub-groups whose experiences of the pandemic are important to understand: immigrants including newcomers; seniors; youth and children.

## 1. Pandemic impacts in specific demographic groups

### i. Newcomers and other Immigrants

Of the thirteen immigrants who participated in the study, two have been living in St. James Town for 20 to 40 years, three were newcomers to Canada and the neighbourhood, and the rest have lived here for five to 20 years. Two are White, and eleven were members of visible minority groups. The interviews point to three widespread experiences in this sub-group: (i) income loss with attendant impacts on emotional wellbeing; (ii) having relatively thin local social networks to turn to for support; and (iii) the suspension of long-planned, long-awaited travel to countries of origin.

Twelve of the 13 immigrant participants were in the labour market. Of those, eight had experienced either a layoff or loss of hours. One of those laid off said they were not eligible for the Canada Employment Relief Benefit (CERB) or Employment Insurance (EI) because of the nature of their immigration status, being a student with a temporary work permit. Two of those who kept their jobs, and additionally the spouse of third participant, nevertheless

experienced their jobs as insecure because many co-workers' positions had been cut. In these situations, employees are prone to accepting work intensification since they have less structural leverage vis-à-vis the employer, and indeed these participants reported longer hours.

These findings bear out patterns established in previous studies showing immigrant concentration in more precarious jobs in Canada,<sup>15</sup> and pandemic-induced layoffs and cuts in hours falling more heavily on precarious workers, and also on racialized and immigrant workers.<sup>16</sup>

Alongside these income and employment-related strains, face to face networks that offer sources of potential support of all kinds are relatively thinner for newcomers and for many immigrants, relative to people who have resided in the same country or city for ten years or more. For our immigrant participants, social networks in St. James Town and Toronto hold immense importance as a source of social fulfillment and enjoyment amidst a life that can be quite stressful, precisely because they lack the denser networks that people acquire through a decade or a lifetime of living in the same country. To

have these networks reduced and interrupted, as the pandemic did, may well be a greater loss than it would be for someone with more local or nearby social contacts including family.

**The findings bear out patterns established in previous studies showing immigrant concentration in more precarious jobs in Canada, and pandemic-induced layoffs and reduced hours falling more heavily on racialized and immigrant workers.**

Nine of the 13 immigrant participants told us that regular pre-pandemic social visits within networks they had built since living in Canada

were greatly reduced by the pandemic. One office-employed participant additionally felt the loss of pre-pandemic work-based social connections with the shift to working from home. A participant working in healthcare with acute patients had to avoid nearly all contact with friends outside their work. Notwithstanding that a few of these interviewees were embedded in mutual support networks of parents or mothers, most still felt isolated, and others did not have such mutual support networks. As mentioned, this social deprivation is compounded by other inter-related kinds of stressors such as job loss, job stresses, and an income-rent squeeze. Some were also dealing with health problems of various kinds including ones that may not have been directly caused by the pandemic, or were pre-existing problems that flared up during the pandemic.

Related to the pandemic's disruption of people's social connections, four of these participants experienced the cancellation of long-planned travel to their country of origin. This should not be thought of as the unfortunate postponement of a luxury vacation, but rather, the indefinite suspension of reconnection with close relatives whom they had not seen in many years. Since these participants do not have most of their family nearby or even in Canada, reconnection with parents and other relatives likely has more significance than for non-immigrants.

A few of these situations can be briefly described. For one newcomer who had been living in Canada and St. James Town for two years, their family's travel plan was immensely important to the bond between their children and their parents (the children's grandparents). The cancellation of the trip was an emotional blow to one of the young children who did not understand why the long-promised trip was suspended. For another who had lived in Canada

for over twenty-five years, a cancelled Christmas trip to Europe, planned literally for decades, was a rare opportunity see far-flung relatives, since this participant was finally free of work commitments that had previously impeded their participation in such gatherings. In a third case, the participant had originally come temporarily for a medical fellowship some months prior to the pandemic, and together with their partner, vitally counted on returning to their country. The family essentially became stuck in Canada, putting considerable emotional strain on the couple, especially when the participant's work was greatly intensified by the pandemic.

In regards to living situations, recent reports on the challenges that many GTA immigrants have faced during the pandemic identify living in unsuitable housing – in homes with an insufficient number of bedrooms – as one of those challenges.<sup>17</sup> Such situations are not just reflective of cultural practises of multi-generational households but are a means of economizing on rent. None of our participants happened to be in this situation.

Fortunately, it did not appear that our immigrant interviewees were bypassed by emergency supports (advice, emergency food relief, etc.) offered by organizations operating in the community. But it is possible that other immigrant residents of St. James Town with fewer social resources to cope with mounting economic and psychological stresses, and perhaps with less competence in English, could be less reachable by available relief supports, and more disconnected from informational resources.

## ii. Seniors

A sense of the more dismaying impacts of the pandemic on many St. James Town seniors is provided by an agency professional who has

been working with the community's seniors for years. The seniors that this participant's program serves are ones who are coping with health issues and relative isolation posed by living alone or simply not having many social connections. In this regard, it is worth noting that a higher proportion of seniors in St. James Town live alone than in other Toronto neighbourhoods. This agency interviewee observed that the seniors in their client base, with whom they maintained contact throughout the pandemic, were experiencing a reduction of vital social connections in their lives. These included programs that offer socialization, recreation, and meals; in-person services; contact with their doctors; visits with family and friends; and in some cases visits by PSWs.

Clearly there are many needs that are met by these connections. One outcome of their reduction has been loneliness, which shows up in people's sheer need to talk to someone, for example during a wellness check phone call, or a reminder call about the prepared meal program. The uncertainties of the pandemic's duration, as well as worries about chronic health conditions like arthritis and diabetes, produced "a lot of anxiety and fear," this professional stated. "In the last month I had to make referrals to counseling for quite a few seniors because they just want someone to talk to and engage. Sometimes they're alone and they're thinking back about times of war and how things were dislocated, and there is a lot of trauma from the past." They also observed caregiver burnout in seniors taking care of a spouse and who did not want to risk exposure to the virus by having PSW visits.

The pandemic has also put seniors in St. James Town at intensified risk of food insecurity, one reason being that it was challenging, impossible, or unwise for them to do in-person grocery shopping, and they are not equipped to do

online purchases. An initiative by collaborating local agencies from the outset of the pandemic to respond to seniors' food needs is described in a later section. One of the volunteers with this program had this to say: "I could see many seniors coming or calling at The Corner and just talking and talking. They just don't want to end the call or listen to the person, the only thing they wanted to do was to talk because they didn't have anyone to talk to. They were anxious and scared. It became difficult for them to approach healthcare as most of the doctor's offices were closed."

These patterns of impacts are important to keep in mind because the five seniors who participated in the study, although they lived alone, were not among the most isolated seniors in the community. In fact, on the eve of the pandemic, they were among the most community-involved of all the study participants, engaged in mutual support networks and in volunteering. Their activities included participation in neighbourhood-based development consultations, groups for LGBTQ acceptance, a lawn-bowling league, seniors-specific support groups, a support group for veterans, and volunteering to support to people struggling with addictions and mental health. This meant, among other things, that these seniors were plugged into networks that would check on them and support them, for example with food relief which most of them were receiving.

An additional personal resource these seniors all had was a lifetime of being physically quite active, despite disabilities and health issues pertaining to vision, mental health, and mobility. These were seniors who were not as confined to their homes during the pandemic as many have been. Only one said they did not leave their home for the first few months of the pandemic,



until they felt able to do their own shopping again.

Yet even with these social network and personal assets for resiliency, these seniors were affected in some of the ways described by the agency professional quoted above. Four of the five were receiving grocery and/or meal support from local agencies. All five had experienced a halt to programs and groups they regularly attended. For the men, there was a kind of stoicism in their narratives whereby they did not report feeling this as a loss. The women were more upfront about strongly missing their face to face networks and programs, but were using the phone or digital communication, or both, to supplement or continue their participation. To varying degrees, the health issues that these participants lived with require support that is channelled directly or indirectly through social connections. For example, one participant was facing several weeks of greatly reduced physical activity and confinement to home, due to an acute condition requiring daily health-care worker visits. Another had recently pulled back from many years of intense civic engagement and volunteering, for example, in St. James Town community improvement initiatives sponsored by local politicians, and programs of support to low-income men.

**The seniors were among the most community-involved of all the study participants. All had been very physically active through their lives despite disabilities and health problems. Yet even with these assets for resiliency, the pandemic imposed food insecurity and increased isolation on them.**



Children's playground in St. James Town. Photo by David Sobel

Participants were asked whether and how communication technology helped them adjust to the pause on their face to face programs. This group ranged in their ability and comfort level with digital technology. Two did not have internet or computer at home, and one of those did not use computer or digital technology at all, but made extensive use of phone. One of the seniors improved their skills at video conferencing to continue participating in their networks, and two used the internet to access the library, or Skype-chat with family, etc. Two of the five dialed into video-conferences that were held in lieu of in-person programs for seniors. Regarding health-care, several found the replacement of in-person primary care visits with phone consultation to be inadequate, an experience echoed by several of the non-seniors in the sample. Interviews with other participants in the study suggest that this is not an outcome of generation-based limitations with the technology, but rather, with the technology's limitations for such purposes.

### iii. Children and youth

Though no children were interviewed for the study, some sense of the pandemic's impact on them emerges from interviews with parents. Parents with pre-school-aged kids reported ways that the first wave of lockdown measures

disrupted activities that are important for child development, such as the closure of day-cares and the reduction of options for recreational family outings. One parent described initial sudden closure of their child's daycare as jarring and panic-inducing, and criticizes how this was handled by government. Since both they and their spouse worked full-time, they scrambled to modify their schedules, with one spouse managing to pivot from day to night shifts. While this was stressful in itself, the participant worried about the increased time that the child was spending in front of TV while missing the interactions of the day-care.

For some parents, pandemic lockdown measures in combination with challenges in the older apartment towers, such as inadequate elevators and other conditions, made it all but impossible to bring small children out of their homes during the first spring and summer of the pandemic. One parent perceived a delay in their toddler's learning to walk, due to the deprivation of outdoor activity; the child did not go outside until she was 18 months old.

Several of the participants had children with special needs. These children experienced setbacks in their overall development as well, and exhibited emotional distress or withdrawal when cut off from in-person activities and programs. Online video replacements were sorely inadequate substitutes for those programs and classes. Thus, the parents were witnessing distressing emotional fallout in their children. Said one of the parents, "Everything can go on line, but kids with special needs need the in-person therapy. I've been reaching out for [in-person] therapy to every number I know, and no one is willing to come" during the pandemic. Without the in-person therapy that the child had been receiving at home before the pandemic, and without their school classes, they became

more anxious, frustrated, and emotionally agitated.

One parent explained that their child generally struggles with sudden changes of plans. In their case, the pandemic imposed several substantial and disappointing alterations, including a cancelled summer camp, cancelled travel to visit grandparents, and reduced contact with a friend whom they saw as a father figure. Another parent experienced a disappointing response by the mental health system to their child's need for trauma counseling, with very delayed assessment.

One participant felt that schools should have remained open for special needs children during the pandemic, even if classes had to be much smaller. "For the few hours [my child] is at school, he independently manages his life, and learns how to deal with others, speaks for himself, and lives his life out of my shadow". In this parent's view, there generally needs to be more conversation in St. James Town about special needs kids, so that for example, they do not need to travel across the city for access to schooling.

Regarding youth aged 18 to 25, the pandemic's impacts in Toronto and across North America have been documented in mainstream news media. Peer-group socializing was reduced by the loss of access to both public and commercial places where they like to spend time, such as malls, libraries, and community centres. As well, most school-based group activities like sports and the arts (theatre, choir) were suspended. Public spaces are not necessarily more welcoming to teenagers during the pandemic: those who meet up with friends in parks sometimes find adults reacting to them with suspicion.<sup>18</sup> For many, schooling itself has shifted



either partly or completely online, curtailing in-person interactions even further.



Rose Avenue Public School in the centre of St. James Town. Photo by David Sobel.

Though only two participants aged 18 to 25 were interviewed in the study, their situations affirm most of these patterns, and others as well. In the realm of education, one youth decided to suspend plans for post-secondary schooling they were planning to start in September 2020, out of the concern that they would not thrive in online classes. For our other youth, a senior in high-school, the suspension of classes in spring 2020 cancelled a theatrical production in which they were participating. When the hybrid classes resumed in September, this youth struggled to manage the online classes after rushing home from the in-person classes across town. Without adequate time to eat lunch, they were unable to get the most out of the online classes.

Our youth very much missed being able to spend time in the local library, the community centre and gym, and hanging out in a computer game store which afforded access to the internet in the company of others. They also alluded to stalled self-development projects. For one participant, for example, the pandemic interfered with a plan to start a new gym-based fitness regimen. It also thwarted their goal of broadening their social

circle. An unexpected silver lining, they note, was that it led to deepening of existing relationships.

“At the start of the year, I had like plans of trying to make more friends, trying to be a bit more extroverted. I'm pretty introverted, for a really long time and I feel like it's something that can still struggle with. Like social interactions have been, what's the word, social interactions haven't exactly been my thing...With lockdown, it's really hard to meet new people and make friends. But it's been nice being able to create stronger friendships and relationships with some people that I normally wouldn't have been able to.”

Shortly before the pandemic, this participant had been hired for a position that required constant interaction with the public. Only days after starting the job, however, the first lockdown began. In this respect, both youths in the study were laid off from jobs, though both anticipated being called back in around the time of the interviews in the late fall of 2020.

We now turn to look at the pandemic's impacts across the entire group of participants in specific realms of their lives.

## 2. Economic impacts

Eight of our interviewees, representing the majority of those who were in the labour market, had experienced reduced hours and income, or lost their jobs entirely during the pandemic. For some of these participants, employment and income fluctuated: hours were cut, increased, then cut again; youths who were laid off in the spring of 2020 were called back in the fall of that year. To make ends meet, some participants embarked on considerable alterations of living situations and life plans, beyond connecting with agencies offering relief

through food and grocery donations. A few of their stories are illustrative.

(i) A newcomer to Canada and St. James Town who was laid off from a job in hospitality, reported being ineligible for the Canada Employment Relief Benefit (CERB) or Employment Insurance (EI) because of the nature of their immigration status, despite, as they point out, having paid into the system for some time. Struggling to meet rent and other expenses, they accepted food and grocery assistance from local agencies. They also decided to start up a business from their home. Notwithstanding hydro and water outages in their building, they were optimistic about charting a new path in self-employment.

**More than half of the 18 interviewees had experienced emotional struggle during the first eight months of the pandemic, including increased anxiety, low and volatile moods, and declining self-esteem. Most participants connected these painful disturbances to pandemic impacts in the social and economic realms: decreased socialization opportunities, increased work-related stresses which spill into home life, and increased stress from income reduction or loss, which are discussed in the previous section.**

(ii) A participant who lost a main source of income when the downtown office in which they worked was closed in March 2020 was compelled to downsize their apartment to a smaller unit in the same building.

(iii) A participant employed full-time by an interior renovation company had to find a roommate to be able to meet expenses when their hours were slashed.

**“The fact that I had never felt the need to talk to a counselor and I had to speak to them is itself a testimonial to the kind of impact the pandemic has had on mental health. I mean, I was on the verge. Like ‘how on earth am I going to manage this?’”**

In tandem with income loss and fluctuation, several of our agency participants signalled a problem with the Toronto Community Housing’s (TCHC’s) rent subsidy income-adjustment in St. James Town. The problem was that the TCHC was not re-adjusting the subsidy in relation to income declines. This was being experienced by one of interviewees: their housing subsidy was reduced when they obtained a job in March 2020, but when work hours were cut a few months later, there was no corresponding increase in the subsidy by TCHC. Stuck at the higher rent until the end of the year, and with no one in TCHC management offices responding to their calls, the participant was experiencing a high level of anxiety, along with migraine headaches and insomnia. Agency personnel reported that a private management company involved in several TCHC buildings was particularly inflexible in this issue.

Several interviewees who were not laid off and were working at home nevertheless had worries about the stability of their employment, having seen co-workers lose their jobs. One participant described the emotional impact of this: “Even though my employer has thankfully [kept me on], but still there’s always a fear, because there are so many layoffs happening around everywhere, so there’s still uncertainty what could happen to me. I’m still unsure of a lot of things. That has really affected me mentally to a great level.” Another interviewee reported sleeplessness and anxiety from knowing that half

of their work team was laid off through non-renewal of contracts. A third participant whose spouse was in a similar situation, described their household as financially insecure, with rent consuming more than half their income.

**“I feel like it's really been just draining, slowly wearing down I guess like self-esteem and like, just motivation and drive.”**

### 3. Health impacts

Health is obviously intertwined with the pandemic's economic effects and with disruptions of in-person socializing. Those issues are social determinants of health which are discussed in separate sections. The present section focuses on interviewees' explicit statements about their physical or mental health, employment-related emotional stress, exposure to contracting the virus at work, and access to health-care services.

#### i. Pandemic effects on mental health and emotional well-being

More than half of the 18 interviewees had experienced emotional struggle during the first eight months of the pandemic, including increased anxiety, low and volatile moods, and declining self-esteem. Most participants explicitly connected these painful disturbances to pandemic impacts in the social and economic realms: decreased socialization opportunities, increased work-related stresses which spill into home life, and increased stress from income reduction or loss, which are discussed in the previous section. Several were receiving

counselling to deal with the increased stress. The following are a few illustrative examples.

(a) A participant in their mid-20s, a newcomer to Canada, strongly felt the void left by the disruption of their social life, and worried whether some of their friendships would survive this long period of reduced interactions.

“Well I used to have a friend, well I still have that friend but I said ‘I used to’, because since the pandemic started I’ve only seen him twice, and we used to be so close together. We’d get together three or four times a week, and since all of this started we haven’t gotten together more than three times maximum...It’s understandable, everyone’s trying to keep themselves as safe as possible and you have to take precautions. The amount of friends that I have, especially the people that are very close to me, I haven’t been able to interact with them on a regular basis. Sometimes it feels like, I don’t even know if we are friends anymore because everyone has distanced themselves so much, not because they want to, but because nobody has the choice....My social life has changed from ten to two, or less. It has decreased at least 70% or 80%.”

This is an important point, as it suggests that for some people, friendship-oriented interactions that normally take place in person tend to fizzle out when interactions can only be technologically mediated. In addition to anxiety and feeling isolated, the person also found themselves sleeping much longer than usual, “sometimes more than half the day”. It must be added that this participant had also been awakened to smoke entering their apartment from a fire in the stairwell of their building. The event itself, and the highly disruptive aftermath (both discussed below), undoubtedly

compounded the emotional impact of the socialization deficits.

(b) A health-care worker, also a newcomer, was also feeling the loss of reduced social contacts compounding work-related anxieties. For the first time in their life, they sought psychological counselling.

“The fact that I had never felt the need to talk to a counselor and I had to speak to them, is itself a testimonial to the kind of impact the pandemic has had on mental health. I mean, I was on the verge. Like ‘how on earth am I going to manage this?’ It was difficult. It did affect me emotionally, psychologically, because you're terrified all the time, you're worried, you're anxious about doing everything, about meeting every new patient, about doing any emergency. I would say it did adversely affect my psychological, emotional and mental health, if not physical.”

(c) A mother of three, also a newcomer, “would cry every day” in the early weeks of the pandemic, missing family and friends in their country of origin. This participant was one of several who found that suddenly being at home all the time with a spouse working from home introduced conflicts in the relationship. Further, with their children at home all the time, it was stressful to have no time for self-care or recreational socializing.

(d) One participant whose plans for study and income-earning were disrupted, was experiencing an erosion of their self-concept. By eight months into the pandemic, this person reflected:

“Yeah, I feel like it's honestly just been slowly wearing down on me. Like at the start of the pandemic, things were kind of looking hopeful.

Everything seemed like it was going according to plan for me. I was like ‘Yeah, I'll be back in school by September,’ and then at this point I'm like [sighs], I'm still not back in school. I really don't know when I'll be back in school. I wanna go back to school and it's like, some people my age are like graduating or have already graduated from some of their courses. And not being able to interact with my friends in the same capacity that we were before, too, has been rough. I was like normally being able to like go to like my church community, able to go to church, interact with some friends there. We're not able to do that in the same way anymore. We've been doing a lot of zoom calls. I'm so tired of zoom [laughs]. And yeah, I don't know. I feel like it's really been just draining, slowly wearing down I guess like self-esteem and like, just motivation and drive.”

In addition, the shift to online delivery of several activities in which this person was volunteering introduced new schedule-management stresses, while long, late-night phone chats with friends, in lieu of seeing them in person, were interfering with sleep.

(e) A newcomer who was planning to recertify their professional credentials in Canada, had not yet chosen or enrolled in a program of study when the pandemic struck. Stuck at home without work or studies, and concerned for the welfare of family in their home country, they described dealing with strong, at times paralyzing anxiety, moodiness, fear, and feelings of helpless in the first months of the pandemic.

ii. Health or disability issues in interaction with the pandemic

Several of our participants lived with physical or mental health issues, or disabilities, that preceded the pandemic, or developed or worsened during the pandemic. These

individuals ranged in age from their 20s to 70s. Lockdown restrictions added strain and stress to their lives, while limiting the full range of wellness strategies they would normally have access to.

For example, several participants dealt with clinical depression currently and in the past. In two such cases, the pandemic dealt an emotional blow of reduced social connections, and a financial blow of lost or fluctuating employment. For one participant, this interacted with the TCHC's inflexible rent subsidy regime. Neither individual explicitly indicated these issues increased their depression, but clearly it cannot be helpful to have new sources of anxiety and worry about making ends meet while at the same time losing in-person social connections.

Another participant lived for years with effects of profound trauma and had recently pulled through a major physical health crisis. This person adhered to a rigorous fitness regimen that they described as crucial for their mental health, which they continued to pursue during the pandemic, but lost access to in-person support programs they normally attended regularly.

A third individual was receiving treatment for an acute condition that obliged them to remain at home and greatly reduced their physical activity for some weeks. The condition required close monitoring, and precluded visits from friends. They also lived with a chronic physical health issue, depression, and a disability. This person, who normally walked one to two hours daily despite their disability, lamented the imposed restriction on daily exercise. The pandemic clearly amplifies the multiple challenges, including the isolation, of home confinement.

### iii. Accessing health-care

A notable pattern in people's efforts to access to primary care is the inadequacy of consultation by phone. This was found across the age spectrum. Participants told of the difficulty of accurately or clearly conveying one's condition to the doctor. One participant could speak to this problem from both sides of the interaction, as both a doctor and as a patient: they found it both difficult to understand a patient's problem, and difficult to explain their own issues to their doctor.

Participants also talked about much longer waits for in-person appointments, and very slow referrals to specialists. One participant experienced neglect and inattention to two health problems -- a cut suffered in a home injury, and a worrying skin issue for which they were not being referred.

"There is a definite situation with our medical system [in the pandemic]. The doctors are afraid to see you, and I'm not afraid to use the word 'afraid'. I had a terrible problem in March [2020]. I damaged my eye, I just cut it with a towel, and there was all blood all over and I'm on a blood thinner. And so I couldn't get to anyone. Nobody wanted to see me. Somebody told me go to Emergency. I said listen, I'm 81 years old. If I go to Emergency now it means I will be dead. And so I just had to endure. Eventually I convinced my family doctor who was asking me to take a picture and email it. I mean now I deal with my doctor by emails, by pictures. I had some spot on my arm, and on my leg, which actually I don't like because it's very strange, it could be melanoma, maybe it's not. I can't get to see my family doctor. She said take a picture...I recently asked the family doctor to refer me to the dermatology department in Women's College Hospital. I called the hospital a couple of weeks later, I said I understand you're not going to give



me an appointment right away, but I just want to know if you got the referral. They're not answering the telephone. They just say leave a message....It's a terrible thing that's happening."

The parent of an infant also grappled with the closure of primary health-care offices.

"My doctor closed their doors so I don't have a family doctor who can vaccinate my baby. Because he sends me to Bathurst, I had to take a cab, even in the seriousness of the pandemic. All his vaccines took place in Kids' Crew, so I had to take a cab, and the baby doesn't wear a mask. I had to do this multiple times during the pandemic because he chose not to open his doors, and he's still closed. So you have a doctor, and you don't have a doctor. And then you say [to the driver] open the window a bit so it will be safe, but it's cold, it's April."

There were several other ways that the pandemic interfered with people's access to care. For one participant, health-care coverage under OHIP was tied to their work permit, which was in turn compromised by a pandemic lay-off. Another participant admitted avoiding health-care settings like their dentist's office. In a third case, a participant whose work hours were greatly extended by the pandemic faced scheduling constraints on taking the time for a much needed medical visit.

#### iv. Exposure to transmission at work

Producing fear and anxiety in several of our participants was the risk of exposure to the virus through their work, or the at-work exposure of a family member. Three of these participants worked in health-care, and one did contract the virus. One worked directly with hospitalized COVID patients, while another lived with a family member working in healthcare. One of the health-care workers, "terrified" of bringing the

virus home to family members, took extreme precautions after arriving home from work, and worried about every new patient encounter.

"We were worried about practically everything. We were worried that the offices might not have been wiped down properly and we might touch it and get the disease. So that was a time of great anxiety. I would come home, and I would take off all my clothes, wipe down my bags and my shoes and everything. So that was a time-consuming process on top of everything else that I have to do. I was worried that I could bring the disease back to my home to my family."

This participant also worried about exposure on public transit to their work, something that they undoubtedly share in common with many essential workers commuting from St. James Town to other places in the city. There was also an additional and surprising social penalty on those working in health-care, in terms of stigmatization. Said one participant, "Another burden which health care families are facing in this pandemic: people started seeing us as a source of contagion. It was very frustrating for us because those were the people who generally use to call us during any medical emergencies."

A refreshingly positive experience of being accommodated in an essential job was relayed by a participant whose employer acted to allay their concerns about exposure. For the first few weeks of pandemic, this participant's full-time job felt increasingly unsafe, seeing that many customers were not compliant with distancing or masking. At their request, their manager placed them in a role that was not public-facing, and also made an exception to a general rule against even having a cell-phone on their person. This enabled the employee to receive calls from their child during the afternoon-evening shifts they were now working.

v. Contracting COVID

As of early December 2020 when these interviews were completed, one participant had recovered from being ill with COVID, while another had lost their mother to the disease. Both of the individuals who had gotten sick worked in healthcare. Though we only have two participants who had this more direct personal experience of the virus itself, what stands out in both cases is that they were not isolated. Their narratives suggest that a web of social connections linked them to multiple forms of crisis support. To illustrate, the youth who lost their mother, a sole parent with whom they had a very close relationship, felt the support of local organizations like The Corner, and a grassroots network of family friends who generated financial support for the family through a donation campaign. Asked how they were coping with this tremendous loss, this participant replied: "Tragedy [i.e. not just loss]. I just keep going because I know that's something she would want me to do." This entailed keeping up a set of healthy habits and routines.

vi. Job stresses in the pandemic

Those among our participants who did not lose their jobs during the pandemic faced considerable increases in work-related stress, whether the work was performed at home or at a workplace. For a few people, their own or their spouse's transition to working from home, presents new strains in domestic relationships. Some felt a void from the reduction of stimulating and rewarding work-related social connections. There are also multiple inter-related health problems with a more home-bound existence, and more exposure to challenging conditions in St. James Town apartment towers.

Illustrating the intersection of many of these impacts, one participant relayed that although it long been their dream to work from home, they had grown to dislike it intensely. Without the in-person interaction of their job, they found themselves "starving" for social connection. With the lack of separation between work and home life, and with everyone in the family deprived of socialization outside the household, the participant noted the tendency to blow up at each other: "Sometimes things go out of hand, because you know, you are just three people looking at each other most of the time. So you tend to lose your cool sometimes. And then I myself feel bad when that happens because it was not happening before at all." Working from home, they were also forced to contend every day with relentless, nerve-shattering construction noise. With the renovation work occurring during the summer, the family was unable to keep windows open, adding to the discomfort. This participant also found that longer and later work hours were contributing to being more sedentary, and that the hours along with the emotional strains were contributing to poorer eating habits and lower energy level.

"Mental and health goes hand in hand. Because of staying or sitting in one place, and not travelling at all, it's really taking a toll on my health. I'm less mobile, or, I'm doing less movement, because I'm sitting at one place for a long time. I don't feel like I have the same strength to do certain things outside because overall, my emotions have reduced a lot due to this pandemic. And so, it's really is making things worse, the whole mental thing, and health-wise, I'm eating things, and sitting in one place, I'm not doing things well. I used to go out, I used to do more things, I used to walk. Things were balanced in that way. But now it's not."

How conditions in the St. James Town apartment towers compounded effects of the pandemic are discussed in a separate section. But on this point, other interviews also shed light on the stressful situations of people who worked evenings in essential jobs, if they lived in or near buildings where balconies, basements or other elements were under renovation. They suffered the loss of peace and quiet needed for sleep and rest during the day.

The impacts of remote work on the length of the workday, and on couple and domestic relationships, are elaborated by another participant whose spouse made this transition:

“All of a sudden we had to adjust to the whole work from home scenario. All my outdoor work, volunteering and activities came to a standstill. My husband working from home starting his day at 8am was going crazy. Initially it was very stressful. My personal space and time were invaded. I could no longer function in my kitchen the way I did prior to the pandemic. For example, I would just do what I did normally and then there would be my husband saying, ‘keep it low, close the tap, don’t make noise, I am on a call’ ...His work hours in the pandemic had become longer than the normal hours which was creating more frustration for both of us....Conflict situations were occurring almost every day on petty issues and it started causing me a lot of worry.”

Another participant’s situation illustrates intensification of work within some kinds of essential workplaces, particularly in health-care, and the repercussions for their own health. From July through September, this participant worked 24 hour shifts every alternate day with COVID patients in intensive care, amidst a very reduced complement of physicians who would normally

have been reinforced by specialists from abroad doing medical fellowships.

“We were left with just three fellows. Usually we work with six or seven fellows. So you can imagine the amount of work we had to do at that time. We were working with less than half of what we needed. So we were under extreme work pressure...I had to talk to my Program director that we cannot continue like this. This is affecting my health, my mental status, everything. So I and my two other colleagues, we were really burned out.”

Even with a partial replenishment of medical staff, the pandemic made for greatly intensified the work for this interviewee. The intensity of the work diminished somewhat between the first and second waves of the pandemic, but was on the upswing by the time of the interview in November 2020.

“I don’t get the time to exercise, I don’t get the time for any other activities...I was having headaches, and I have this issue of chronic back pain, so my back pain aggravated. I have the Reflux disease, so my Reflux has increased. I had to take some medication. I had to see my family physician so like even though I was suffering, I did not get time to see my family physician, I was so busy at that time.”

For an employed participant who had a child in daycare, the early days of the pandemic being declared left them feeling unsupported in regards to their parental role. There was stress in having to piece together a solution on their own that did not involve someone coming into their home.

“I mean they didn’t give us any time to prepare for any eventualities. And what was my support system? I’m a frontline health worker, so I should



be at work, taking care of my patients, but what about my family? If I don't have anyone to support my family, how do you expect me to go to work? That was really frustrating. It was a really hurriedly taken decision. I understand that it was in the greater good of the community, but what about us? If I fall sick, I cannot do my work, and if I don't have anyone to take care of my kid, I cannot work. So, I was freaked out at that moment.”



One of several murals in the community. Photo by David Sobel

#### 4. Signs of pandemic fallout

Many participants observed signs of socio-economic, emotional, and mental health fallout of the pandemic in and near their buildings. These observations arose when people were asked what changes they had observed in the community since the start of the pandemic, or when they were asked how safe they felt safe vis-à-vis the pandemic in and near their buildings. Residents of both private and TCHC buildings relayed noticing the presence of presumably homeless people in the stairwells and in one case, the hallway. One participant who repeatedly found a man squatting just outside their apartment door, not wearing a mask, experienced this as compromising their safety. Another person discussed this general

phenomenon not so much as an issue of safety to residents but as a sign of growing inequality and desperation.

Several participants who lived in TCHC buildings coincided in the perception that drug use or drug dealing within their buildings had increased. Concerning drug use, one of the participants felt there were now more “serious substance abusers” in stairwells and basements, reflective of the growing problem of opioid deaths in the city overall. A contributing factor, they believed, was the loss of in-person substance abuse fellowship programs like Narcotics Anonymous and Alcoholics Anonymous. This person actively sought such individuals in order to help them with food donations, and carried naloxone in the case of overdoses. With respect to drug dealing, another participant observed: “An apartment on our floor sells drugs, I suspect. We saw lot of people started coming to that apartment who we did not see coming before. Probably people have more time and more frustration.” This person also linked income frustration to a rise in petty thefts of parcel deliveries, as well as the theft of a child’s bicycle outside a neighbour’s door.

In the weeks and months that followed the stairwell fires, repairs to address the damages posed an array of problems for residents’ wellbeing: noise from demolition work, suffocating fumes, several shut-downs of hydro and water, and the reduction of elevator availability. These problems eventually compelled one participant to reluctantly to move out.

Another type of pandemic fallout that our participants observed was a rise in hostile, conflictive, and troubled behaviour in and near their buildings. This was often in relation to adherence to distancing or masking. Some

participants noticed fellow residents not always wearing masks in common areas, and as alluded to above, not adhering consistently to the three-person maximum in elevators. Several saw elevators becoming a site and source of heated verbal disputes that verged on physical altercations, stemming at least in part from the problem of elevator availability. For example, one participant was in an elevator with two people who “got into a very bad argument and started swearing each other. Finally, I had to interfere to calm them down. I have seen both of them and they seemed nice people. But the fear of COVID made us impatient and impulsive.” One interviewee, seeing increasing frustration and anger in people by the end of the summer, observed that St. James Town’s normally strong sense of community seemed to be fraying. This person noted an increased presence of TCHC special constables at one of the TCHC buildings as a reflection of, and response to, a rise in such incidents.

## **5. Living with lockdown in towers built for easier times**

For many of the participants, the challenges of the pandemic were compounded by one of the more troubling characteristics of the neighbourhood – its aged residential high-rises, hand in hand with an inter-related set of factors: probable landlord neglect and under-investment; problematically timed maintenance work; and security problems in buildings. These phenomena produced conditions that affected people’s safety, or jeopardized their longer-term wellbeing within their homes. Prominent in participants’ narratives was a probable arson event in a stairwell at 280 Wellesley, as the study recruited several people who happened to live in this building.

### **i. The stairwell fires at 280 Wellesley**

Two concurrent fires broke out in a stairwell at 280 Wellesley in July 2020, at the third and 23<sup>rd</sup> floors. Though a few interviewees speculated cautiously about the causes, interviews with people who had firsthand knowledge would be required to ascertain if they had been deliberately set or were accidental, and any additional causal circumstances. The incident was obviously an acute threat to people’s safety, and the subsequent repair work in combination with the pandemic restrictions disrupted well-being for months afterward.

In terms of the acute impact on people’s health and safety during the incident itself, two of our participants were directly exposed to smoke that entered their apartments, as they were situated close to the two stairwells. One felt so unwell from inhalation that they visited a hospital Emergency Room the following day. From interviews it became clear that many residents knew safe practises for their apartments during a building fire, such as use of wet towels to keep out smoke. Some had learned this after a garbage chute fire in this building the previous year. One of the participants collaborated with a neighbour to extinguish the fire in their stairwell, first with the hallway extinguisher, followed by buckets of water. Since there was more than one stairwell fire taking place at the same time, they explained, firefighters did not get to them until some minutes after these residents had put it out.

For several of the participants, the fires affected their sense of safety in the building. One pointed out that if there had been a need for a mass evacuation, this would have amplified the hazards of the pandemic. Another found himself wondering how easy it might be for a non-resident to break into apartments, on the assumption that the fires were caused by non-

resident intruders. On this matter, several people felt that the stairwell fires were a result of management laxity toward building security, and argued for the installment of cameras in stairwells. While at least one interviewee did not think that cameras would be helpful since there would still be blind spots, several converged in the view that the building's security personnel had been deteriorating up to the time of the fires. More generally, a female participant in a different building, who worked night shifts, felt that the privately owned buildings in St. James Town needed to increase the presence of security personnel.

**Another structural deficiency of some of St. James Town's older buildings that becomes more problematic with the pandemic are the elevators -- their small size, availability, and state of repair. Participants worried that was a hazard for COVID contagion.**

In the weeks and months that followed this event, repairs to address the damages posed an array of problems for residents' wellbeing well into the winter of 2021, eventually compelling one participant to reluctantly to move out. One issue was the noise from demolition work. This was particularly disruptive for one participant who lived below the floor where most of the work was taking place, and as another pointed out, disruptive for the many who were working from home or otherwise spending much more time at home. Throughout the autumn of 2020, repair work required several shut-downs of hydro and water, but on one occasion this happened without warning at a time of peak elevator use. One participant explained:

"While the repair and restoration work were in progress, the building was switched to generators for hydro, water and heating for three days to allow the ESA [Electrical Safety Authority] to conduct an inspection. Although there was a notice given to enable people to plan their time accordingly during the switch to generator power and back again to the city system, there was a sudden blackout when the generators tripped which was very scary. The thought of someone getting stuck in an elevator while the power was out was terrifying."

The repair work affected the availability of elevators more generally, with one of the four placed much of the time on service for security and other workers. Given the three person maximum occupancy of elevators during the pandemic this would certainly have posed substantial inconvenience for the building's community, and could have discouraged many from leaving their units.

People also had to contend with "suffocating" fumes from cleaning agents, with parts of the ventilation system under repair. For those directly affected by this, options for leaving the apartment and escaping to fresher air elsewhere were greatly limited by the pandemic. This would be particularly concerning for people with respiratory conditions, as it was for one of our participants who was asthmatic.

The post-fire repair work disrupted people's lives at 280 Wellesley in additional ways, as described by this participant:

"The apartment next to us was used as an exhaust room to remove all the smell from the corridor and a place where fire watch people came to freshen up. Having security staff and cleaners come and go was causing a nuisance and disturbance. At odd hours when we wanted

to rest and relax, there was chatting, talking, and laughing. We complained and had to keep requesting the fire watch person sitting right outside our door to keep quiet. This was a breach of our privacy, too.”

Though this resident believed that things were normalizing by the late fall of 2020, it was learned that more extensive and disruptive repair work on the penthouse level later required all tenants from that floor to relocate to a lower level. The ongoing work on the vacated units, and on several floors below, produced deafening noise throughout the building that typically started at 8:00 am, and was carried out six days a week. This was a time period of the long emergency stay-at-home period in Ontario, imposing a further limitation on escape options.

#### ii. Interruptions of hydro and water

Having to contend with electricity and water shut-downs during the pandemic was not just a problem for residents of 280 Wellesley, where clearly, the destructive effects of the stairwell fires necessitated temporary and usually announced outages. The poor state of aged electrical systems in St. James Town’s apartment towers has contributed to several crisis events for entire building populations over recent years, such as the flooding and electrical outage at 260 Wellesley in January 2020, and of course, the massive fire at 650 Parliament in August of 2018. Even in the absence of such acute events, the aged state of the neighbourhood’s buildings seems to be associated with frequent maintenance work on the water and power systems. A participant living in a building owned by TCHC who experienced numerous water and electricity disruptions throughout the fall of 2020 describes the way this affected their daily life:

“No electricity usually means no water and also elevator disruptions. I could not even buy water cases and bring it to 29th floor. There was no electricity, heat, or water on Tuesday and Thursday this week. It’s happening very often these days. It is a nightmare for me now. No electricity means we cannot use WiFi, heat, or any electrical appliances for cooking or making coffee. Also, I really do not have many additional buckets or containers to preserve the water for a whole day use...Because of the COVID situation, we are home all the time and we are dependent on the technology for work, and other appointments.”

Electricity cuts in this person’s building affected participation in important online meetings and giving real-time presentations for which they had to rely on their cell phone’s hotspot, further complicated by the phone’s limited data plan, and having to go elsewhere to charge the battery. As well, there were six consecutive days without hot water, necessitating stove-top heating for the purpose of showering. A great deal of this person’s time was also drained away on phone calls to request information about the situation.

#### iii. Elevators

Another structural deficiency of some of St. James Town’s older buildings that becomes more problematic with the pandemic are the elevators -- their size (smaller than those of more modern condo buildings), availability, and general condition. Interviews with agency personnel who heard numerous resident accounts of the situation help to provide a synopsis that echoes several of our interviewees. One agency participant observed:

“An issue that people keep bringing up that doesn't seem to be getting much traction [with authorities] is the elevators in many of those

buildings, especially the Wellesley Parliament Square buildings. They're 30 storey high rises, they have between 1000 and 1500 tenants living in them. At least 240, 260 and 280 Wellesley only have four elevators, and very often at least one of those elevators is in service or is non-functional. There are very long lineups for people to get on the elevators and that creates concerns around people overcrowding them. That's been a massive issue for people: just getting in and out of the building has been so much harder."

This participant worried that the situation was a hazard for pandemic contagion, a fear that was echoed in this resident's narration of a recent experience in the TCHC building where they lived:

"My apartment is in on a higher floor, so when I entered the elevator, I was alone. It was stopping in almost every floor, and people kept coming in without thinking about social distancing and some of them had the mask on and some didn't. I could not even get out of the elevator to take the stairs. I was a little worried because COVID cases started rising in September and now [in December 2020] it is really alarming. When the elevator stopped on the ground floor, there was a crowd waiting to get in. There was no room to get out of the elevator. I figured out that because of the electricity, the elevators were not working for a while before the emergency power was activated. On the way back, I had the same uncomfortable feeling to use the elevator."

It is an unfortunate irony that when people are more compliant with the distancing protocols than in the scenario described above, this imposes a kind of time penalty on everyone. Compounding the problem is that often, as mentioned, not all elevators are available for regular use. Greatly extended time spent waiting

for elevators is more than just an inconvenience for many people: it can discourage exiting the building altogether. This was the case for a participant in another building who once waited 27 minutes with a toddler in arms. Only two of four elevators were functioning at that time. This was one reason why this person rarely took their child outdoors during the first few months of the pandemic. Another related problem in many of the buildings in St. James Town, both private and TCHC, are frequent false fire alarms which promote crowding in lobbies and also often disrupt people's sleep.

#### iv. Renovation work

Ill-timed renovation work posed an extreme noise and privacy problem for several participants in the study, apart from the post-fire situation at 280 Wellesley. Interviewees who talked about this were people who worked nights, or who transitioned to working from home. One participant describes the experience of living adjacent to the site of balcony and underground parking renovation that started about a month into the pandemic:

"Towards my balcony facing there are two buildings undergoing construction, so I had frequent headaches and a nervous breakdown due to constant noise from 7:00 am to 5:00 pm."

In summer months, they reported, the work would often continue until 8:00 pm. The experience was "horrible" because they had to keep windows closed and had only a small A/C unit in one room. Based on conversations with people more directly affected, this participant added:

"People living in the building where construction is going on, the walls, floors and ceilings shake while the sound of hammers clang through the walls. When they open their windows dust and



noise seeps in....The balcony door is a crucial [as a window] in small apartments and has been even more vital during pandemic. So if someone wants privacy from construction workers, they have to keep their curtains closed, so there is no fresh air or natural light.”

One of our participants did live in a building that was undergoing both balcony and basement parking renovation. In describing the loudness of the noise, they said, “it gets right into my heart.”

This is another example of the age and ill-repair of the apartment towers amplifying the problems of the pandemic – by necessitating disruptions that the pandemic makes difficult to escape. However, some questioned whether the timing of these projects was unavoidable, suggesting that greater sensitivity on the part of building owners to the unusual circumstances should have dictated a postponement. “In the future of St. James Town, there should be some changes in policies at the city and provincial level wherein these parameters are taken into account during the decision making process,” one participant said.



Outdoor swimming pool near Wellesley street in St. James Town, unused for several years. Photo by David Sobel

#### v. The pandemic and the outdoors

To the extent that outdoor areas like parks in urban, tower-based neighbourhoods can be a means of escaping these kinds of stresses, it can be said that St. James Town is sorely lacking. Although people’s experience of greenspace shortage in the community was not systematically addressed in the interviews, it has been identified elsewhere as a chronic problem that exacerbated the effects of pandemic restrictions in this community<sup>19</sup>. One participant also signalled the neglected state of once useable outdoor recreational facilities, when asked what needed to be improved in the community, and by whom.



Tennis court, closed and unused for many years. Photo by David Sobel.

Over their eleven years living in St. James Town, this participant has seen an evolution toward neglect of facilities linked to particular buildings. They felt that property owners and government share responsibility for the abandoned tennis court and empty swimming pool, and for constructing new playgrounds to give children options additional to the school yard.

### 6. The pandemic’s toll on social connections

The pandemic interrupted social networks, the very social capital that enables people to thrive in good times and bad, and to cope. Disruption of people’s social connections overlaps with the

findings on the pandemic's impact on mental health in that several participants associated negative emotions they were experiencing with a sense of isolation. A number of participants described feeling the loss of face to face interactions that have either been paused or had shifted to online, such as: regular activities within special networks they belonged to in the city (eg networks of seniors, LGBTQ, refugees, faith communities, support groups for mental health, etc); informal regular socialization with friends and sometimes also with relatives (both of which play major role in the lives of newcomers and other immigrants); and interactions that occur in more public, institutional realms such as library, their workplace, and the gym). Some people experienced more than one of these kinds of losses concurrently.

The experiences of several participants are illustrative. Before the pandemic, one very active senior had regularly attended a twice-monthly in-person activity for seniors, a city-wide seniors service program, a bowling league, and several regular downtown programs pertaining to special interests. They "sorely missed" these in-person socialization opportunities. To the extent that any of these were being offered online, they would not take part, because they do not make use of digital communication technology. This person made extensive use of the phone to converse socially with people they might have otherwise been able to see in person. Conversely, a participant in their 20s felt that their friendships were deteriorating under the loss of in-person connections; for this person, the phone is not much of an answer to the problem of sustaining friendships, suggesting a possible generational difference in how people communicate. Yet another participant missed getting together with friends and cousins, and

found video conferencing an inadequate and wearying substitute.

Several participants felt the loss of social interactions in public, institutional realms. A participant completing high-school missed participating in a school play that was cancelled in the spring of 2020. They also felt as a loss the fact that, when in-person classes resumed in fall 2020, "we can't give each other hugs because of social distancing." For two others, the library, the gym, and a local computer games store were valued venues they lost access to, while two others missed social interactions related to their profession.

The findings suggest gender plays a role in how open people are about the emotional impact of these reduced interactions: male participants tended to express less of a sense of loss. Several indicated that they do not need or want more social interaction in their lives. They described themselves as solitary, and did not go in for idle small-talk. Upon deeper questioning, one admitted they did miss interacting with fellow members of a support program that had been paused. Reading between the lines of the narratives of these more stoic participants, it can be said that the pandemic's isolating effects were not ideal for them.

**The vast majority of the resident participants gave support to others, received support, or did both.**

Interviews with St. James Town residents yielded a nuanced picture as to the usefulness of technology-mediated communication – video conferencing, social media, and the telephone -- in replacing face to face interactions. For some, these technologies proved highly useful for social, spiritual, and emotional needs. One participant, for example, who had developed familiarity with computers through their work, adjusted to use of internet for attending church services, and also for participating in church-linked groups.

“I am not high-tech you know, but then I learn so many things, like using the Zoom. Right now we started again the mass so everyday we Zoom and then also with the [new Church ministry], though I cannot participate in everything, but yesterday they organized an event where they have worship, presentation, and talk, which lasted for 5 hours. I was watching from 12 o'clock to past 5. It was very, very nice, and a priest gave a talk, so many things, it was really great...With the technology, you can have everything. Some people that I know attend masses four times a day. So you can go to Rome, you can talk to the Philippines, you can have all of that in one place.”

Another interviewee that members of their congregation checked in on one another by phone, and were encouraged to reach out to older congregants. Some emphasized the use of internet-based communication for emotional support among family and friends, or joining support groups. In this regard, one described using a social media platform to send positive, supportive messages to friends and family around the world, which “created such a beautiful ripple effect. Friends connected from all over the world with me expressing their gratitude and sharing their own personal experiences.” Others described practical

information-sharing via digital communication, such as the use of a popular texting platform by residents of 280 Wellesley after the stairwell fires discussed above, and the use of video conferencing to enhance their participation in professional association activities.

“I started feeling very frustrated and one day I just broke down. One of my neighbours on the floor sent me a text and asked if everything was fine....That message instantly put me at ease. To know that I have such a kind neighbour in a foreign country where we have no family...was a blessing.”

But many interviewees were explicit that neither digital communication nor the phone could compensate for the loss of certain kinds of in-person contacts. For example, as several participants reported, special needs children strongly rely on in-person classes and programs such as therapy and tutoring, and do not do well without them. Another talked about the limitations of online or phone-based psychological counselling during the pandemic, particularly when apartments are small, there is no privacy at home, and the pandemic limits alternative places to conduct such conversations. One participant who was using video conferencing for classes that would otherwise have taken place in person said that this technology could not solve the social deficit they were experiencing. This participant alluded to a kind of Zoom exhaustion which was echoed by another participant, who said also that they had over-scheduled their time with internet-based activity commitments. It should also be mentioned that two participants paused or cancelled post-secondary studies, either because some components of the program required



hands-on activity, or because they anticipated getting much less out of remote studies.

## 7. Social capital lifelines

Despite the pandemic's curtailment of vital face to face interactions, people's social network connections were critical in coping with the pandemic's restrictions, and in being able to channel help to others. The vast majority of the participants gave support to others, received support, or did both. The main forms of pandemic-related support that participants in the study received were grocery or meal donations or the equivalent in gift cards for local grocery stores donated through agencies, free workshops and repair services offered by The Corner, and informal help from friends and acquaintances. People supported others largely by volunteering through agencies or institutions, or through taking it upon themselves to check on seniors unable to leave their homes, or others they knew who might be struggling.

Several people who received support also had volunteered to support others prior to and during the pandemic. For example, a participant who received donated groceries and assistance related to a disability, also sought out marginalized, vulnerable people in St. James Town who need meals and/or have drug abuse problems. Until the pandemic was declared, they did in-person volunteering with seniors and took part in community-agency endeavours to address specific issues. Another participant who had been volunteering to support the St. Saint James Town community in several capacities through one of the agencies, ended up needing, and receiving support through that agency for several inter-related problems that the pandemic imposed.



Untitled paintings, acrylic on canvas by Priyal Goenka, 2020. Photo by Priyal Goenka

### i. Within-building networks

The interviews asked about the extent to which social connections within apartment buildings were conduits of support and care during the pandemic, or whether instead, people's connections beyond their buildings mattered more. Several people did not find within-building networks to be important. One factor in this seems to be interviewee's own busy work schedules left little time to interact with others in their building, thus they simply may not have noticed people checking on and supporting others. However, there were a few who experienced fellow building residents as unfriendly and unsociable.

Conversely, several people did discuss within-building acquaintanceships and connections as important channels of giving or receiving support. One participant's family was one of several that helped neighbours to obtain groceries. In a housing cooperative where another participant lived, dense and active networks that preceded the pandemic, including a committee for seniors, went hand in hand with

organized neighbour-to-neighbour wellness checks. Some participants also told of people reaching out to neighbours who were evidently in emotional distress. An interesting attribute of many apartment buildings is that neighbours can often hear others' distress, a fact that becomes clear in the experience of a participant who was initially struggling to adjust to the loss of part-time work and in-person volunteering:

"I started feeling very frustrated and one day I just broke down. One of my neighbours on the floor sent me a text and asked if everything was fine. She said 'do you need to talk, let me know, I understand we are in a pandemic, everyone is going crazy, if you need to have a cup of tea or wine just let me know. You can just come to my place and sit and not discuss anything.' That message instantly put me at ease. To know that I have such a kind neighbour in a foreign country where we have no family...was a blessing."

In this case, having exchanged phone numbers with their neighbour sometime prior to this interaction was obviously helpful, and may have to do with the strength of networks within this building, or this participant's orientation to being networked with neighbours. But neighbours also intervened to help others they did not know, upon hearing evidence of distress. For example, one participant told of hearing a late night domestic conflict on a nearby balcony that woke up several neighbours:

"I tried to help from the balcony but was not possible so I took the risk and knocked at the door. The lady requested me to come in and intervene. I tried to make peace among them and asked her husband to understand that it's a pandemic situation, and not to create unnecessary drama or people who came out may call the police and it will create a lot of inconvenience. He apologized and said he was

very exhausted and just wanted to sleep in the balcony because it was cooler...The lady was very thankful...I asked her to calm down let the night pass and if things were still not good the next day then we could look to get some professional help. The next day I checked on her and the subsequent days, things had got back to normal."

One participant utilized prior connections with neighbours to conduct informal wellness calls in their building, and to refer or direct people to appropriate agencies for food and other forms of support. This person also used chance encounters with acquaintances in elevators or other situations in much the same way. They told of helping a newcomer couple they met because of the stairwell fires. During that event, the frightened couple had alerted residents on every floor during their escape descent down approximately 30 storeys.



St. James Cemetery in autumn 2020 by Lovlyn D'Souza.

Visiting this couple afterwards to inform them of safer practise during such a crisis, the participant realized the couple was economically desperate, with no work, and struggling to meet all their expenses. They connected them with appropriate relief services, and also gave them some surplus furniture they had. This particular participant illustrates a pattern that came

through in several of the interviews with people who volunteered during the pandemic: supporting others offers a sense of fulfillment and purpose during a time when other activities (jobs, studies, recreation) were unavailable.

Another important example of within-building support networks was the tenants' association at 280 Wellesley, which utilized social media platforms to circulate information among residents during and after the stairwell fires. According to one resident of this building, the relatively new association had already been acting, through both dialogue and pressure, to improve management response to residents' maintenance issues and to communicate more transparently with residents. This continued after the fires; for example, the association demanded action when the building was without heat for 24 hours. The participant felt that as a result of the tenants' association, there were now more regular updates from management about maintenance-related interruptions.

"Looking at these experiences and being part of it brings me hope. If every building in St. James Town had their own tenants association where residents came together to address issues and work together with the management there will be a lot of hope for residents."

**"Despite its reputation, it's a neighbourhood of hard-working, caring individuals. Some have been dealt a poor hand...The pandemic has affected us all hard, but I feel like the perseverance and the hearts of the people in the community have really been shown."**

However, people who have lived in or worked with the St. James Town community for some years observe a relatively low level of organizing

within and between buildings. One reason that tenants' associations are uncommon may be a high proportion of people who end up moving out of the community after just a few years. The prospects of solid grassroots networks among neighbours are undoubtedly enhanced by having a core critical mass of people who remain as residents of particular buildings for relatively longer periods of time. This is suggested by the strength and density of networks in the housing co-op described by one of the residents. Cooperative housing tends to retain residents longer than do private rental apartment buildings, and of course, has other attributes that promote collective action among the members. But in-depth study would be required to gauge and quantify the level of transience in St. James Town, to compare between buildings and between entire communities to understand the difference this makes to tenant organizing.



St. James Cemetery in autumn 2020 by Lovlyn D'Souza.

#### ii. Neighbourhood and city-based networks

Several participants described involvement in other social networks beyond their own buildings that were conduits both for giving and receiving support. For example, a newcomer who was also a mother of an infant received material and emotional support from other mothers in an ad hoc mutual support network. This included babysitting her child so that she

could attend a daily meeting; the donation of items such as food, sanitizer, and children's clothing; a lead on a job training opportunity; and a surprise birthday dinner basket which she found particularly moving. During the first lockdown, friends in this network called her multiple times to ask if she needed things like diapers or baby food.

### iii. Civic engagement and availability

Participants were asked about belonging to groups and organizations, and participation in collective activities. This was separate from the question about providing or receiving support for needs related to the pandemic, though in practise, it overlaps with the topic of volunteering. Answers to this question suggest a life-course effect whereby seniors, and younger to middle-aged people who did not have children, were the most active. About a third of our 18 participants were too time-crunched with activities essential to their own or family's survival: paid work, rearing the children, and education or training oriented to employment.

Among those who were more civically active, several people talked about faith-based communities being a major arena for their civic engagement: these were people who did not just attend services at their religious institutions, but through these institutions took part in volunteering, spiritual discussion with fellow congregants, checking in on fellow congregants, etc. One participant, for example, who normally attended mass daily at a local church, belonged to one of the church's ministries and helped to create a new spirituality-based group through the church. During the pandemic this person did volunteer accounting work through the church as a free service for fellow congregants.

Another pattern was volunteering through one of the main service provider organizations in the

community, particularly The Corner, and the broader SPN. One participant volunteered several days a week with The Corner, including in the bike repair shop. During the pandemic this person also volunteered with their church, most recently doing online events with children, and also events with youth their own age, all by video conferencing. There were also participants who took part in the SPN's Fall 2020 Leadership Forum, sub-committees of the SPN, and the planning of the Annual Spring Gathering, which unfortunately was cancelled in 2020. By training, channelling, and organizing volunteers, agencies and institutions in the neighbourhood such as The Corner form an integral part of the community's supportive social capital web.



Vase by Priyal Goenka, 2019, inspired by six-week workshop "Trash to Treasure" at The Corner. Photo by Priyal Goenka.



Lastly, participants were also involved in mutual support networks and groups beyond the neighbourhood, including groups for seniors, a refugee support group, and a group promoting LGBTQ acceptance.

Something that should be taken into account as a possible constraint on people's availability during the pandemic was time consumed by tasks and activities that the pandemic imposed, such as longer waits for elevators, and in the early months of the pandemic, far more laundering of clothes (in some cases by hand to avoid the laundry rooms), and sanitizing the surfaces of items purchased. On this point, one participant commented about the impact of confusion regarding COVID transmission.

"During those days I must say that despite of all guidelines given by the government there were many myths going around. For example, at the beginning of the pandemic the WHO [World Health Organization] announced that the virus was spreading through droplet and contact transmission but later they suddenly announced possible airborne transmission....After doing groceries, I started keeping groceries out for a day, washing and sanitizing all packets before keeping them in fridge, taking a bath and washing clothes after coming from shopping. So basically, going for groceries became nightmare for me, every time I went it was exhausting mentally and physically."

The participant suggested that this burden fell more heavily on women:

"People started avoiding going for the laundry due to fear of contracting disease. Instead many of our friends started washing clothes at home only. They started washing bedsheets and used clothes on a regular basis as a precaution against virus, which led to increased workload of many

of the housewives. Some people we know started taking baths and washing all their clothes after coming home from outside."

## **8. A neighbourhood of choice to call home**

Participants' length of time living in St. James Town ranged from just over one year to 40 years. Most were in the range of 5 to 20 years. The youth participants had been there almost their whole lives. An interesting pattern emerges from a set of inter-related questions the interviews posed concerning why participants had decided to live in St. James Town, what they liked most about living there, what needed to be improved, what changes they observed in the community during the pandemic, and how safe they felt vis-à-vis the virus. Notwithstanding many criticisms of problems like landlords' under-investment in their buildings and grounds, or descriptions of unsafe or aggressive behaviour by some people, virtually all resident interviewees expressed an overall positive feeling toward the neighbourhood. In fact, two participants who moved from their buildings during the pandemic both opted to stay within St. James Town. This glimpse of why people like living in St. James Town may be an antidote to misunderstanding and stigmatization of this neighbourhood among Torontonians, whereby only its problems are noticed.



Hindu deity Lord Ganesha, pottery clay and acrylic paint, by Priyal Goenka, 2020. Photo by Priyal Goenka. Made at the beginning of the 10-day celebration of Lord Ganesha's birth, the clay idol is completely dissolved in water on the 10th day.

Beyond the usual celebrated traits of its physical centrality and walkability of access to services, businesses, transportation, and other amenities, which did come up in most responses, many participants also pointed to the ethnic diversity of the community as a feature that attracts and retains them. To mention one example of many, a senior who had lived in the neighbourhood for about 40 years found the ethnic heterogeneity as a welcome contrast to where they grew up. They also prized the peaceful relations between all the different groups, and diversity in other realms such as age and family structure.

"I find St. James Town is a perfect place for me to be...It's a very family oriented community. There's a great mixture of people of all ages, you

see the old people, youngsters, young adults... Where I grew up it was a very homogeneous society....My building is a perfect example: people literally from all over the world. Just on my floor there are people from Afghanistan, Albania, Pakistan, Bangladesh, Nigeria, Philippines, I mean this is amazing, and every building is like this. And people are extremely good to each other. I've never actually witnessed any confrontation, neither physical nor verbal."

While some loved their neighbourhood despite disappointment in their landlords, for others, their affection encompassed positive appraisals of their building management. There is some suggestion from the interviews that the buildings whose residents were happier with management were ones which are newer, and where rents and consequently incomes are higher, one exception being the co-op building (as co-ops are sought-after partly because of the combination of affordable rents, not-for-profit collective governance, sense of community, etc.). Participants praised management of these buildings for their overall care of their properties, for responding quickly to residents' issues, and for adherence to pandemic protocols. On the latter point, for example, a participant in a housing co-op explained that the Board decided to keep the laundry room open 24 hours to reduce numbers of people using it at any given time.





Painting of a woman by Priyal Goenka, 2020. Photo by Priyal Goenka.

Additionally, many participants, ranging from long-timers to newcomers, feel a strong sense of community living in St. James Town. For some, this seemed to operate at least partly through ethnic networks, as seen in the joy one expressed in celebrating an albeit constrained Diwali festival in the fall of 2020. Certainly, living for years in one neighbourhood can contribute to a sense of belonging and being known by others; one of the more long-term residents noted being greeted by name by the small business owners in the area. But even newcomers among our participants talked about feeling cared for within a network of people in St. James Town who reached out to them during the difficult times they were experiencing with income and stress.

One participant remarked on a slow but steady improvement in many types of infrastructure development in St. James Town, such as the library, the Wellesley Community Centre, and its long awaited pool. Along these lines, specific features that people highly valued are well encapsulated by this interviewee's comment:

"We have a beautiful garden surrounding where I can take a walk and then we have the Community Corner. We have the library. Although I never been to library like once or twice before, but I could see there are a lot of activities like they recently started swimming pool there. They have a big gym. They have a table tennis, but because of the lockdown I couldn't enjoy all of those. But I think this this neighborhood is great and I really I think I'm fortunate that I am in this neighborhood, although our apartment is small. We are thinking of relocating from here but I don't think I'll move out of St. James town."



Some local businesses of the neighbourhood. Photo by David Sobel.

Several said they planned to use the new pool at the Wellesley Community Centre once it opened. Another participant noted "classes and various activities for kids during summer." On the topic of green space, another participant appreciated

and made continued use of several nearby parks for walking during the pandemic, including Winchester Park, and Riverdale Park West.

One of our youngest participants, when asked about sense of safety in the neighbourhood during the pandemic, had coincidentally observed a person being arrested days earlier in their building. Implying this was a rarity, they said they felt generally very safe, and also voiced this mature reflection: “Despite its reputation, it's a neighbourhood of hard-working, caring individuals. Some have been dealt a poor hand.” They described instances of helpful acts between neighbours, and even strangers, as examples of the generosity and caring in the community, having witnessed someone pay for another shopper's groceries when the person did not have enough money. “The pandemic has affected us all hard, but I feel like the perseverance and the hearts of the people in the community have really been shown.”

## 9. Strategies for Coping and Resilience

Many of the St. James Town residents interviewed for the study coped with stresses of the pandemic by devising or continuing healthy routines, some of which had a social component. For some, staying active in volunteering was part of this, even if it could no longer be in person. One participant reflected on volunteering online in several capacities through their church community during the pandemic, as well as at a local service provider agency, “They've given me a purpose, a bit of a routine and a schedule, so that I actually know what day it is! [laughs]. If you don't have a routine and a schedule, your days really start to blend.” Several participants said that volunteering in whatever way they could helped to fill the void of work and/or in-person voluntary activities that were no longer taking place. An example was a participant who found themselves essentially home-bound due

to an immunity-compromising condition, and unable to continue several forms of in-person volunteering. This person reached out to as many people as they could by phone, to ask how they were doing and to refer them to agencies they knew could help those in need.

Others devised routines to ward off the demotivating effect of not being expected to be anywhere by anyone, and to counter the inclination not to leave the house. In this respect, one participant devised daily task lists, made regular phone calls, and walked regularly with a friend. For another who found the pandemic was making them oversleep, owning a dog compelled them to go outdoors on a daily basis. This proved to be an opportunity to socialize with other dog-walkers, which they found vitally helpful. Several people deepened their spirituality through meditation and prayer, and some also sustained their social interactions within their faith communities in whatever form they could.



Popular informal vendor market. Photo by David Sobel.

With greater free time thrust on them by the pandemic, some participants used the liberated hours to increase or acquire skills and abilities, in some cases bolstered by online classes. At least five of the participants who had experienced considerable stress early in the pandemic took advantage of online Lessons of various kinds including balcony gardening, learning a new language, and learning an instrument. Several people did more cooking and baking or explored these pursuits as novices; for example one participant and their housemate successfully tried making bread for the first time. One of the skilled and prolific writers in the sample channelled their abilities into starting a blog. Several participants revived long-held aesthetic passions and skills by creating works of art and photography. Likewise, our research assistants were also artistically active during the pandemic; images of their creations can be seen in several places in the report.

Several people transitioned from outdoor or gym-based exercise to the use of online workout videos. For others, outdoor physical activity proved just as important. For example, one of the younger participants described daily walks in nearby green space areas as a way of dealing with stress and loss, and was also part of maintaining a daily routine that a school teacher encouraged. This youth reasoned through the confusing official messaging that pandemic restrictions allowed for these solitary walks.



Produce for sale! Photo by David Sobel.

“They always tell you, only go out when necessary, you can go to the store, but you can’t go and meet up with people, and parks were closed in early part of pandemic. I’m talking about the early days of when Ford locked us down. You couldn’t sit on bench, and the playground near us was closed off with a yellow line. A quarantine doesn’t mean that you can’t go outside but rather just avoid crowded areas like the Yonge and Dundas Square.”

Another participant who had reverted to walking on their balcony for the first months of the pandemic, took great joy in participating in an annual run for women’s mental health in the fall.

Finally, several participants seemed to draw on a well of inner strength and resilience to sustain themselves and their loved ones within the pandemic’s constraints. It might be assumed that such attitudinal coping is easier for the materially better off members of the community, but it was also described by people with lesser resources and who dealt with substantial challenges. For example, a sole parent dealing with chaotic conditions in their building, and the disruption of needed in-person classes and activities for their child, evinced a strikingly resilient attitude of optimism and positivity. On an important ethnic-based holiday, which fell during a 14-day quarantine resulting from a contact-traced exposure, this participant prepared the special food, and dressed in the cultural attire.

“We had a great day. I love my life so I try to enjoy the every moment of it, no matter what situation I am in. So I tried hard that the lockdown would have less negative impact on our life.”



## Part II: Interviews with Agency Personnel: Marshalling Collaborative Connections and Crisis Experience

### Introduction

In approaching agency personnel to request interviews for the study, the researcher aimed to encompass a variety of types of service provision in areas such as health, food and nutrition, and economic need, and also key demographic groups being served. Most of the interviewees were professionals employed by agencies that are part of the St. James Town Service Providers' Network (SJTSPN, or SPN for short). A few work with organizations outside that network, which rely mainly on volunteers rather than professionals.

Interview questions with the agency participants explored a few broad themes: their perspective on how problems and needs changed or increased among the St. James Town residents they work with, how their agency or organization responded, and how their work was affected by the pandemic. There were also more specific questions tailored to the type of service their agency provides, or the position the individuals held; for example, some were in a position to compare St. James Town with other communities in Toronto's downtown east.

The summary that follows will first present the findings on agency personnel's knowledge and experiences in five broad and overlapping areas: food security; the wellbeing of seniors; the wellbeing of youth; health; and economic hardship as it bears on tenants' issues. Taken together, the synopsis of findings in these realms of service provision will show that agencies' ways of working before the pandemic laid the foundation for largely uninterrupted work during

the pandemic, albeit in different forms. It will also make clear ways in which a holistic approach to health and wellbeing characterizes these agencies' work.

The report will then turn to other forms of agency action and vision that cut across or lie somewhat outside those five types of service provision, and that have relevance for their pandemic response. This discussion will highlight agencies' role in strengthening social capital among St. James Town residents; environmental and climate consciousness in their work; collaborations with landlords; crisis preparedness; and inter-agency collaboration as a response to government neglect.

### 1. Agency personnel knowledge and experiences in five areas of service provision

#### i. Food insecurity

Food insecurity was identified by a number of agency personnel as one of the most urgent and salient needs to emerge early in the pandemic. This is far from a new problem in St. James Town, rooted partly in depressed household earnings in this community. But agency staff noted that it was now affecting people who held well-paying jobs but had lost hours and income with the pandemic. In addition to income loss and fluctuation, other contributing factors were issues specific to seniors, such as the halt to in-person programs that combine a hot prepared meal with socialization, and an indefinite pause on home visits by support workers who prepared meals, and isolation. As St. James Town has a higher proportion of seniors living alone relative to the city as a whole, these were serious disruptions. Further, the pandemic made shopping for food and groceries a daunting or impossible proposition for anyone with mobility issues or who were immune-compromised.

Another factor to be taken into account is the dramatic rise in the price of food that began early in the pandemic, particularly of fresh produce and meat.<sup>20</sup>

An observation by one agency interviewee encapsulates how agencies were able to respond to this sudden exacerbation of the food issue: “Because we had certain systems in place, we were able to enact things quickly to address an emerging need.” Three forms of this readiness to respond were: partnerships and good relations among organizations of different types, the founding of a food catering collective, and the presence of nutrition education specialists and programming.

The agencies that participated in the study had a history of working collaboratively not only with other agencies that were part of the SPN, but also with organizations of different kinds, including a local Catholic Church and a private property management corporation.

“With the partnerships with the building landlords and the faith based organizations, we were able to quickly strike up a food bank and emergency food funds to address the need as well,” one interviewee explained. “The New Common, which is across the street from The Corner, was able to operate the food bank which was a partnership with Our Lady of Lourdes [Church], the SPN’s Community Engagement Subcommittee, and through Medallion [a property management corporation that owns several towers in the community].”

The pandemic also prompted new collaborations with non-profits that work beyond St. James Town. An important example of this was a partnership between Sherbourne Health and the city-wide food security non-profit Foodshare, which for several months, delivered 40 to 50

produce boxes weekly for Sherbourne Health to distribute.

Inter-agency collaborations also made possible a food security response specific to St. James Town seniors, to be discussed below. A crucial element in that response is the catering collective Flavours from our Neighbours, launched in 2019<sup>21</sup> with support of Sherbourne Health, and composed of, and led by, women in St. James Town. The collective is an initiative that sprang out of recommendations made by St. James Town residents at the Annual Spring Gathering the previous year. One interviewee explains its origins and role:

“We knew that there were lots of skills in the community and residents were looking for income generating opportunities. Creating the Catering Collective was a way to formalize that work and because we had the Catering Collective in place, we were able to respond to COVID... Flavours from our Neighbors was able to provide food at The Corner for people in need.”

The collective had been operating for about a year, filling orders from organizations and businesses when the pandemic struck. It became one of the main contributors to the preparation of nutritious hot meals for seniors in the collaborative program that ran from mid-March 2020 to the end of June 2021. Thus the agencies were able to draw upon local skills and knowledge of St. James Town residents and at the same time direct some of the resources for their food security response into compensation to these women.

An additional aspect of the agencies’ readiness to address worsening food insecurity is their work in the realm of nutrition education. For example, dietitians at one of the major health agencies in St. James Town supported the launch

of the catering collective by providing advice on the nutritional needs of particular health groups. One dietician with this agency described their role as encompassing one-on-one counselling and educational workshops with groups at different locations in and near St. James Town, oftentimes in collaboration with other agencies. They explained, “Other dieticians and I would run a community kitchen so people would come and we would cook together and eat together as a group of ten.” Such hands-on work over several years undoubtedly serves to establish connections of trust with St. James Town residents. Though the group cooking sessions were disrupted by the pandemic, they and their colleagues made use of digital communication technology to continue providing services, in part by making nutritional counselling videos posted on the internet, and also by video calls.

“I know some people that have done more video counseling find that it's good because the client has their fridge right there and you can go into there, basically do a home visit, but virtual, and they don't have to worry about forgetting to do a food diary or worry about forgetting their glucometer which is used in diabetes. Because you're basically in their home through a screen, that's one positive. [In face to face appointments] there's the issue of no shows, people forget about their appointments and they don't come, but when you call them there at home they are more likely to pick up.”

The agencies' response to food insecurity also illustrates continual innovation as the situation evolved and presented new dilemmas. To illustrate, Sherbourne Health collaborated with Foodshare to distribute produce hampers. This initiative, involving dieticians, nurses, and directors, entailed deep reflection and a shifting of roles. “We decided to turn it into a weekly food bank and that's not our area of expertise,

that's not what people go to us for and we had to shift gears completely,” one of the personnel explained. Because the agency did not have space or other conditions to store surplus food, the initiative was designed such that people would pick up their produce on a specified day of the week, with any unclaimed hampers delivered to People with Aids (PWA). The program's design took account of the variable situations of their clients, as explained by one of the participants:

“There are three different types of hampers that you can get based on clients' access to a kitchen, because we work with homeless, under-housed folks, people sleeping rough who don't have a kitchen. Then we have people who may have access to a partial kitchen or a shared kitchen. Then we have folks who are more housing secure and have a full kitchen.”

Around the time of the interview in the fall of 2020, the agency was strategizing a further sort of pivot for the produce hamper initiative in response to the colder weather. It was becoming “risky to ask people to come out to the centre to pick up the food hampers because they would have to take TTC. We're asking people to leave their homes to pick something up. We don't want to do that during the winter months so we've looked into gift cards instead.”

An aspect of the agency's work that could not easily be continued within the produce hamper program was nutrition education, other than through putting fliers with “fun facts” into the hampers about produce that people may not know much about. But another interviewee pointed out that agencies in the SPN incorporated their overall emergency food responses into a holistic service provision to the community:



“We didn't see it as just a food strategy. This is also an opportunity to engage people into the larger system, like you're coming for food so what else do you need? What other supports are required? We're not talking about somebody distributing a hamper. It's a larger conversation with the person around how they're doing holistically and then referring them appropriately.”

Although during the pandemic, a great deal of agencies' energies in the realm of food security were pulled toward crisis response, their pre-pandemic work evinces a broader vision of how to address this longstanding problem. Returning again to the role of partnership building, an interviewee who specializes in stakeholder engagement observed that service provider agencies consider local grocery stores and the TCHC as potential partners in this realm of work, the former for their ability to hire St. James Town residents, which some have done, and the latter for figuring out how to use the space behind 200 Wellesley for a community garden. Meeting people's food needs is, in their view, a multi-faceted process.



Nutritious meals prepared for seniors by Flavours from our Neighbours, March 2020. Photo courtesy of the Corner

Shortly after the agency interviews for this study concluded in late 2020, a multi-stakeholder process to strategize the creation of a Food Hub in St. James Town was initiated.<sup>22</sup> Key actors were OASIS (an advocacy organization that specializes in food security particularly in this community), several SPN member agencies, and TCHC. One interviewee spoke hopefully that shared values among the actors involved was a good starting point, particularly the value placed on community leadership in any such initiative.

“We didn't see it as just a food strategy. This is also an opportunity to engage people into the larger system, like you're coming for food so what else do you need? What other supports are required? We're not talking about somebody distributing a hamper. It's a larger conversation with the person around how they're doing holistically and then referring them appropriately.”

#### ii. Seniors' wellness

The pandemic imposed particular challenges on seniors in St. James Town. By exacerbating the isolation that was already a concern for this demographic group, the pandemic presented new challenges to their emotional well-being and affected their ability to obtain food and other essentials. Certainly these were top concerns for agency personnel serving and working with seniors in this community, who knew the crucial role of social interaction in seniors' wellbeing, as they directed and staffed programs for that purpose. By seven months into the pandemic, they could see signs of mounting loneliness and mental health struggles.

Service provider agencies had been working for years to address the interlinked problems of food security and isolation among St. James Town seniors, establishing the relations of trust and

the inter-agency partnerships that enabled continued support to this group when the pandemic was declared. A cornerstone of service providers' work with St. James Town seniors has been a drop-in program held three days a week at The Corner's 200 Wellesley location, informally called the St. James Town Seniors' Corner, but formally called St James Town Senior Mental Health Day Program. Offered to seniors 55 and over who are contending with health issues and isolation, the program provides a space to socialize informally and to participate in a wide variety of activities, including arts and crafts, fitness, and trivia games. A prepared lunch is also served.

The seniors' drop-in program, a collaboration among Progress Place, Dixon Hall, The Corner, Hospice Toronto, and Toronto Public Health, was suspended when the pandemic was declared. In an agile pivot by the core agencies, the Community Meals and Wellness Check Program was mounted to supply hot, nutritious meals six days a week to about 60 seniors (prepared at both The Corner and Progress Place, and distributed out of The Corner). They also created a system to check in on a much larger group of seniors in these agencies' client base. Collaborating in the hot meals component were again, Progress Place and The Corner, and now also the catering collective Flavours from our Neighbours, Sherbourne Health, and The Neighbourhood Organization. The New Common and Volunteer Toronto channelled volunteers to the deliver meals to those who could not go to The Corner to pick them up due to mobility issues. Indicating the success and effectiveness of the initiative were frequent expressions of gratitude by seniors to agency staff and volunteers.

As mentioned, when the pandemic was declared, the service providers' response to

seniors also encompassed a holistic concern for their wellbeing beyond food security. The Coordinator of the St James Town Senior Mental Health Day Program, who is also a mental health worker at Progress Place, explained "We've got about 250 seniors from St. James Town that are active in our program. There are about 50 of them that are very active and participate a lot, [but] we have to do more for those that don't actually come to the program." This participant relayed how phone-based check-ins frequently generated the need for further related calls to pharmacies, social workers, and doctors on behalf of these seniors.

"I was helping people and reminding them they have appointments to go to, asking do they have enough medication at home, calling the pharmacy. Some people would say my cat doesn't have any food, so I'll make a connection to the food bank. It was just a whole list of things that are different for everyone."

Asked whether it was difficult to get seniors to express their needs in these phone consultations, this interviewee explained that they and their colleagues have established bonds of trust and are skilled at drawing people out, and that in fact, the seniors are quite forthcoming about their situations. To reach those seniors who participate less actively in the program, and may not even have a phone, this interviewee and their colleagues mailed out "miss you" cards asking people to get in touch.

In a further effort to overcome isolation among the seniors and to foster their continued connections among each other, an additional component of the pivot from the in-person day program was a weekly zoom-based meeting to which seniors could connect by video or phone. Typically attended by about 30 people, these virtual meetings involved group games, music,

conversations on diverse themes, and engagement with experts on topics relevant to seniors and the pandemic. The agencies also prepared activity packages that seniors could pick up at The Corner to help sustain their connection to the program.

Testifying to the importance of the in-person seniors day program, the phone-based check-ins that the participant and their colleagues did were a source of information about how its interruption was affecting them:

“People who used to come to our program [which starts at 10am] would be there at 9:00 o'clock outside the door even sometimes before I was there. Now these people are sleeping till 12:00 o'clock, 1 o'clock in the afternoon. When I call them they're like 'Hello', 'You used to be up this early, what happened?' 'Oh there's nothing to do and I like to sleep.'”

When the day program restarted in person in the fall of 2020, with considerable modifications to maintain distancing, there was immediate uptake.

“It's nice to just have that connection back and this little window has given us time to reconnect. The first two weeks people just wanted to talk, and to heck with the activities that we planned, we just want to talk and talk, and we just let them talk,” the interviewee shared.

Another program operating for St. James Town seniors for many years prior to the pandemic was the Bleecker/Wellesely Activity Network, a grassroots initiative founded and led by a resident, Vickie Rennie, who became locally famous for her tireless commitment and accomplishments in this voluntary role. Vickie covered the Network's expenses through government grants and donations she obtained

on a yearly basis. One volunteer with the Network who was interviewed for this study was still devastated by Vickie's sudden recent passing. The participant described the Network's main activities prior to the pandemic:

“Before COVID, we had sit down meals twice a month, the second Tuesday of the month and the last Thursday of the month. We have activity groups on the last Tuesday of the month and we have trips to Center Island, the ROM, the Flower Garden. We have trips anywhere, we go on walkabouts, we go on picnics.” They also recalled how they came to know of the network: “I got involved because I was bored, so Vickie offered me a volunteer job. It was great working with her, the group was great, you got to know people and laugh. You see them on the street, they stop and talk to you as well.”

In a video tribute to Vickie's dedication to seniors released in March 2021<sup>23</sup>, another volunteer observes that Vickie planned meals months in advance, and celebrated cultural diversity of the seniors who took part. Several recall that that Vickie “corralled” the Royal York Hotel kitchen to prepare a number of turkeys for the Christmas dinner. The video reports that anywhere from 70 to 90 seniors would show up for these meals, generally the same people each time. The volunteers that Vickie recruited spanned the age range from teens to people in their 60s. “It's a lot of hard work,” one states, “but it's enjoyable so you don't think of it as work. We have a lot of special volunteers who worked with her for a very long time. A lot of them are still working with us at the group.”

The volunteer interviewed for this study described how the Bleecker/Wellesley network pivoted when the pandemic was declared. The volunteers continued preparing meals for the members and also delivering to their doors. They

also did wellness and meal reminder calls by phone ahead of the delivery, purchased craft kits that the members could request to do at home, and provided a produce bag at the end of the month.

Agency personnel described forms of support that St. James Town seniors received from other sources. For example, the Coordinator of the St James Town Senior Mental Health Day Program heard repeatedly of informal grassroots support to seniors within their own apartment buildings:

“I think neighbors really stood out. I've heard a lot of my seniors tell me, my neighbors are so good, they came to me or they come knocking on my door checking on me asking if I need groceries, buying me food sometimes even making food for me.” They also relayed getting a very prompt and helpful response from a building superintendent when one of her clients was upset about noise from a neighbour late at night. With the building staff member’s help, they were able to determine that there was no actual noise, and that the senior actually needed health-care and medication, which they intervened to mobilize. The senior later reported that they were doing well.

“I think neighbors really stood out. I've heard a lot of my seniors tell me, ‘my neighbors are so good, they came to me or they come knocking on my door checking on me asking if I need groceries, buying me food sometimes even making food for me.’”

### iii. Youth wellness

From early into the pandemic, reports on the toll of lockdown on youth mental health across North America have raised serious concern, if not outright alarm.<sup>24</sup> Several agency personnel participants in this study work specifically with

youth, while several others spoke from a more generalist perspective through their work on health in St. James Town more broadly. Fortunately, at eight months into the pandemic, none of these interviewees relayed situations of severe mental health distress in the youth they served. But they were seeing challenges that confirm patterns described elsewhere of the multiple ways that youth wellbeing is vulnerable to the pandemic prevention measures, particularly through isolation.

A youth mental health counsellor with one of the agencies in the community, who works with refugees and newcomers, notes that this sector of the St. James Town population was already experiencing struggles pertaining to the immigrant experience and the conditions that compelled their families to leave their countries. With the pandemic, isolation from peers, and multiple challenges of online schooling, including not having the necessary technology (at least at first; some were on wait lists to get internet-enabled devices), became central in the concerns expressed by the youth that they were able to reach through phone or online. In addition, recency of arrival to Canada compounded these issues for some youth. Several youth this participant works with arrived shortly before the pandemic was declared. “Imagine coming here and then all of a sudden schools are closed. It just brings so many more difficulties and challenges into their lives.”

From the time this participant began her counselling position, offering one-on-one sessions and group workshops on different mental health topics to youth 12 and over, they could see strides in mental wellbeing:

“A definite issue with a lot of newcomer and refugee youth is that stigma around mental health, so even reaching out and getting that

support is pretty big. At the beginning they're very hesitant. When they start attending the workshops, then they start building that rapport with me, that's when they come in and say hey I need to talk with you, I need support. I think that's a big success...They begin to open up and engage in conversations about mental health."

This kind of work established the trust needed for continued connections during the long months of restricted interactions. When the pandemic was declared, all of this agency's workshops and counselling services went online. But because they have that relationship with me," the youth counsellor stated, "they do reach out to get support." They acknowledge that some youths' ability to take advantage of the services may be impeded by not being able to meet in person, and having few alternatives to talking from their homes: "They might not feel comfortable speaking while they're at home about what they're going through, and opening up about what their mental health challenges are." Nevertheless, they felt that when the pandemic restrictions are lifted, online counselling should continue to be offered, because it makes access easier for many youth. Whereas the in-person services are attended by youth in specific neighbourhoods, online services do not have that kind of geographic limitation.

Outside of the SPN, an organization working with youth in St. James Town aged 11 to 14 also innovated to keep youth engaged as best they could when in-person activities were halted. Staffed by volunteers in their early 20s, this organization, which has been running several groups in St. James Town since 2008, focuses on the spiritual growth and civic engagement of youth. Its focus is on helping youth develop themselves emotionally, ethically, and socially in connection with improving their community. In

weekly meetings, the youth reflect on the needs of community, such as the shortage of green space, the need for healthy food, and infrastructural problems in the apartment towers. They then develop plans of action that they can take on. The youth also discuss and plan acts of service toward people they live with. Asked about the difference this work makes in kids' lives, one of the volunteers interviewed for the study explained:

"The connection with an older person [the volunteer] who is still young provides a mentorship, like a friend who is also a guide, someone who is not your peer and not your parent. For some, it can help them with something missing in their lives, like if they are missing a parental presence. And it also supports the ability to express oneself. In my group there are kids who at first didn't make eye contact when they said hello. So it's learning how to voice one's thoughts. It's meaningful conversation about particular question each time. An example of a topic we have discussed is the difference between perseverance vs. obsession."

When the pandemic was declared, online meetings with their youth fizzled after about six weeks, as kids were either weary of video meetings by then, or lacked the technology, or did not have the quiet space within their homes to engage in thoughtful, reflective discussion. Outdoor meetings they held during the summer of 2020 were sparsely attended, as parents did not consider it safe to gather. The interviewee described how the staff innovated in response to these hurdles and to the cancellation of both their spring break and summer camps that year:

"A neat thing that happened. We wanted to see how we could do an online camp. No one wants to be online for as long as two hours, so we



thought of doing a media camp where kids could make short videos. They could do them with small numbers of in-person and then share them. Quite a few kids participated. One kid did an animated film. One went out and filmed community residents.”

Another innovation was the creation of a newsletter in which youth contributed by filming their day, drawing comics, or writing fictional stories to document their life and experiences. The effort lasted just a few months, but along with their other creative pivots, it demonstrates what is possible when a group is committed to supporting a community’s youth over the long term. In describing these pivots, one of the volunteers with this organization reflected:

“In the beginning, we simply kept all operations the same as in person when we switched online, which did not seem to work well at all. Then, we were forced to use more creative methods to connect and operate online, which has led us to much more involvement from the community.”

#### iv. Health: holistic perspective and response

When news media, city government, and even advocacy groups use the term “underserved” to describe St. James Town, they seldom clarify what they mean.<sup>25</sup> We will return to the general usefulness of this adjective below. But a glance at several crucial health indicators suggests that the term’s greatest relevance is in relation to government funded health-care services. Within the Mid-East Sub-Region of the Toronto Central Local Health Integration Network (LIHN), a district with some of the poorest health indicators in the city, St. James Town has the highest rate of hospitalizations for mental health, and hospitalizations in general; the highest rate of low-urgency emergency department visits among children and youth up to age 19; and higher rates of chronic conditions such as

diabetes and chronic obstructive pulmonary (COPD).<sup>26</sup> One interviewee observed that these dismaying statistics reflect “not just an under-investment in primary care but also long-term follow-up support connected to primary care.”



One of many neglected outdoor spaces in the community. Photo by David Sobel.

This is the context in which the health-focused service providers in St. James Town operate. Three key entities in this regard are The Corner, Sherbourne Health, and Health Access St. James Town (HASJT). Interviews with personnel reveal several inter-related features of these organizations’ work: interdisciplinary and inter-agency collaboration, an ethos of community engagement, and a holistic understanding of health that addresses its social determinants. These features help to understand the collaborative and holistic nature of the response to pandemic-amplified problems on the part of these organizations and other actors in the wider web of stakeholders in St. James Town.

The three key features identified above – and how they shaped the agencies’ pandemic response -- become clear in several interviewees’ descriptions of how the major health-focused agencies work. A core function of Sherbourne Health was summarized by one



participant as working “to ensure that individuals, groups and the community at large have access to services and supports that they need for their own health and wellbeing and have access to knowledge, education and resources to be able to take charge of their own health and wellbeing and have healthier outcomes.” A key component of this work, they explained, is bringing residents and other agencies together to jointly assess the emerging wellbeing needs of the community. This takes place through several mechanisms including focus groups and the annual Spring Gathering. Over the years, these processes helped to identify social isolation in high-rises, community safety, and harm reduction as prioritized realms of action. Soon after the pandemic struck, virtual consultations identified food insecurity and mental health as areas of urgent need. The SPN agencies’ food security initiatives are described in an earlier section. In regards to mental health, virtual gatherings that Sherbourne Health convened early in the pandemic with participation by mental health counsellors from several agencies gave rise to “workshops that address Covid related stress and anxiety.”

A second major component of Sherbourne Health’s work are preventative health initiatives carried out in conjunction with The Corner and HASJT. These include pop-up clinics for flu vaccinations, pap screening aimed at under-screened women, and eventually also COVID testing. St. James Town residents are integrally incorporated in the planning, development, and implementation of these preventative health actions. For example, for testing and vaccination clinics, they employ community members “to help in the planning, outreach, implementation to act as bridges between community services and community members, and to act as informal interpreters and translators”. The organizations

also train residents to circulate knowledge in the community regarding flu and cancer prevention.

This preventative health aspect of Sherbourne Health’s work, in collaboration with The Corner, swung into action with the pandemic. Online consultations that the two organizations convened with residents and stakeholders in September 2020 prepared them to launch a community-based COVID testing initiative by the end of October. By March 2021 they had held 30 clinic days and tested 875 individuals. The initiative deployed staff from HASJT as well; its workers offer additional wrap-around services to those who test positive, encompassing primary health-care, income support information, and obtaining groceries, depending on the client’s needs. At the end of March 2021, the organizations added COVID vaccination clinic to their work, with support from Unity Health Toronto and several other agencies.<sup>27</sup>

Thirdly, Sherbourne Health also creates and circulates informational resources related to specific kinds of social determinants of health. For example, early in the pandemic, they prepared a financial guide regarding new government relief programs for those who had lost jobs and income.

Sherbourne Health and The Neighbourhood Organization (TNO) co-chair another of the community’s core health-focused services, Health Access St. James Town (HASJT). Launched in 2014, HASJT was the culmination of a coordinated response among numerous existing non-profit agencies, the Toronto Central LIHN, and community residents to the multi-faceted needs of people affected by a massive building fire in 2010.<sup>28</sup> Intake staff of HASJT working primarily at The Corner, and a few other locations in the community, connect clients to a range of services provided by over 15 partner

agencies. Because HASJT is networked with a variety of helping disciplines, it can direct residents to the care path that is most appropriate to their needs.

Descriptions of some of the core functions of HASJT by several interviewees provide a glimpse of a collaborative, interdisciplinary, holistic approach to health. For people who lack a family doctor, specific HASJT staff who act as client navigators help match them to primary care services provided through its 15+ partner agencies. Many clients have needs that are best met through other kinds of professionals and services to which HASJT can connect them. These include social workers, physiotherapists, income support workers, legal aid professionals, and others. One interviewee describes these non-medical interventions and contacts between agency workers and the community as immensely important to health:

“I think the overarching understanding of what a clinician can do for you is very focused on a medical element, like a physical health element of wellness. When you're connecting with folks outside of that clinical space, that's when I think the most profound and robust information comes....I think many patients feel that their mental health or experiences of trauma aren't relevant to who they are in the moment and in the day. But when you build a relationship with somebody and resembles a trusting friendship as opposed to a professional relationship, then I think it's easier to explore who you are and what your needs are around health and wellness.”

Illustrating its holistic approach to health, HASJT's work also encompasses people's economic situation, through health promoters who focus specifically on income security. When the pandemic was declared, these promoters' focus shifted toward helping people to

understand and navigate government income relief supports. Income-related problems can shade into challenges with making rent and dealing with landlords. In this regard, one of HASJT's partners is the St. Mikes Family Health Team, which in turn, is part of a medical-legal partnership known as the Health Justice Program. In this program, doctors, nurses, nurse practitioners, and social workers screen patients or clients for income and legal needs so that they can be referred to legal aid clinics or other specialized legal services that are part of the program.<sup>29</sup>



Promotional poster for late night pop-up COVID vaccination clinic held at The Corner, August 2021, in collaboration with the Healthcare User Experience (HUE) Lab, and Sherbourne Health, and Flavours from Our Neighbours. Photo courtesy of The Corner.

Several interviewees talked about how the suspension of in-person interaction impeded their agencies' health-focused work in ways that could not be fully remedied by internet or phone-based communications. Some kinds of individuals' connections to the web of caring

professionals are diminished or lost with the shift to technologically mediated communications, and this is not only due to lesser income; for some it is the very nature of their health situation. One participant explained that even after a special program to assist clients who do not have cell phones or tablets,

“There is a group of patients who just don’t prefer doing the virtual means of connecting; also they’re not interested in attaining those kinds of skills. Those are the kinds of people who will walk in [to our offices] even though it’s not a walk-in clinic. There is a kind of built culture around those kinds of people who live directly around our clinics and who also felt there was a social aspect to their clinic visits – they’d come with treats to talk with the front desk staff to make appointments. And another population group we struggle to reach with all the virtual means, are those living with mental health challenges or addictions. That group is more vulnerable.”

“A lot of my role was truly just meeting with people, going to community events, meeting with grassroots groups and chatting with folks about who they are and what they think is important for their health and wellness and in a community sense as well. That hasn’t been happening and it’s quite challenging in a professional sense to do my work. It’s challenging on a personal level too, because it’s a piece that I was really passionate about and I really enjoyed that part of the role.”

An additional problem is that infection control measures have put a pause on home visits to vulnerable community members formerly conducted by nurse practitioners and other kinds

of workers to people returning from a stay in hospital.

The morale of many agency personnel is also affected by the pandemic’s interruption of face to face interaction, since it renders less relevant the particular skills and expertise they bring to their health-focused work. One interviewee observed:

“My connection or interaction with patients themselves or community members is reduced significantly just because I’m not able to be out in the communities at all, as I was before. A lot of my role was truly just meeting with people, going to community events, meeting with grassroots groups and chatting with folks about who they are and what they think is important for their health and wellness and in a community sense as well. That hasn’t been happening and it’s quite challenging in a professional sense to do my work. It’s challenging on a personal level too, because it’s a piece that I was really passionate about and I really enjoyed that part of the role. That’s kind of fallen into a different form of connecting. Now it’s just virtual.”

#### v. Economic hardship, tenant-landlord issues, and legal support

Income security, with its multiple impacts on quality of life, including housing security, bears directly on health. A sense of the income-related hardships that the pandemic imposed on St. James Town residents is presented in the previous section summarizing resident interviews. The overall situation is encapsulated well by this agency staff member’s observation: “Anyone who works in the field [as a service provider] or on the receiving end of it knows that pretty much any systemic inequity that exists has just been amplified significantly as a result of the pandemic.” Several interviewees were in a position to comment on the ways in which

income challenges propelled the need for legal assistance among St. James Town residents, particularly in the realm of housing, and how agencies that serve the community responded.



Aerial photo of St. James Town.

From early in the pandemic, legal assistance agencies working with the community kept residents and other non-profits informed of ways the legal landscape was changing on topics such as workers' rights, the nexus between provincial social assistance and federal income relief program, and landlord-tenant relations. On the latter, they held workshops on how to defend against eviction attempts so that renters understood there were legal remedies in such cases. Such information became urgent for residents of Toronto's downtown east in light of the July 2020 lifting of a temporary moratorium on evictions that the provincial government enacted at the start of the pandemic, and the passage that same month of Bill 184. The "Protecting Tenants and Strengthening Community Housing Act 2020" changed the rules governing the eviction process to make it easier for landlords to evict and more difficult for tenants to make a case before the Landlord and Tenant Board (LTB).<sup>30</sup> A second temporary halt to residential evictions was enacted in mid-January 2021, scheduled to last the duration of the province's stay-at-home emergency measures

declared at that time. Thus, as those measures expired in June 2021, the moratorium was lifted again.<sup>31</sup>

In relation to St. James Town, the tenants' issue that loomed largest for the agency interviewees was TCHC's inflexibility in adjusting the rent subsidy according to fluctuations in tenants' income, a problem that is discussed in the section on residents' experiences. "The reporting requirements are generally onerous for those in TCHC buildings," one participant explained. "It's the equivalent of filing your taxes every month. But it's become worse during the pandemic because their income is fluctuating more due to losing employment income and then getting the CERB, and yet they have to report every month." In taking CERB into account, the interviewees noted that TCHC was not deducting \$75 off the amount received before calculating the rent subsidy as it does with income from employment. This effectively reduces the subsidy, or in other words, raises the rent. But more worrying was TCHC's response to income from employment.

Agency personnel pointed out that particular categories of people were being especially affected by TCHC's failure to re-adjust the rent subsidy upward when tenants' income declined. One is "the working poor," who have a harder time than those receiving assistance from ODSP or Ontario Works, because for the latter, "income is stable and scheduled." Secondly, families with kids pursuing post-secondary education are also affected because during the pandemic, many have transitioned from full time to part-time studies, and moved home to save money and earn income through part-time work. Their earnings added to household income reduces the rent subsidy as well, due to the stipulation that studies must be full-time in order for



income to be excluded from the rent subsidy calculation.

Interviewees also signalled that TCHC inflexibility in rent adjustments has been worse in particular properties in St. James Town: 200 Wellesley, and several buildings where TCHC has contracted a private management company. In one case described by interviewees, this company has even evicted someone over issues with their documentation of income supports, in a situation that could have been cleared up without such a drastic end.

“A woman who was evicted a few weeks ago. She was an Ontario Works [OW] recipient for years. She said that she submitted her documentation [to TCHC’s private management company] back in January or February, which included an OW pay stub. TCHC through [this company] said that she hadn’t provided her documentation, so she had lost her subsidy. She ended up receiving a sheriff’s notice for eviction and she’s like ‘What’s this all about? Why am I being evicted?’ I took it to the management office and they basically said you have to provide your income information and provide a pay stub. She provided it the day that the eviction was supposed to happen, but I guess she just put it in their mailbox or something and they carried out the eviction...TCHC through [the company] refused to even entertain the idea of returning her back into her unit and so we’ve had to review the eviction decision and review the subsidy calculation, so like, two appeals that we’ve had to file. She’s still homeless.”

The fact that these problems are occurring in a context of recent deep cuts to legal aid in Ontario makes it much more challenging for these organizations’ staff to respond, which ultimately jeopardizes low-income people’s access to legal counselling for a variety of

issues<sup>32</sup>. One interviewee outlined the distressing situation this creates for legal aid workers serving the downtown east.

“[The cut] was deep and substantial and this really limits what we can do. We have St James Town, Regent Park, Moss Park, Cabbage town, Cork town, the Church-Wellesley village, which are some of the most densely populated neighborhoods in all of Canada. We have two housing lawyers, one immigration lawyer, one full time social assistance caseworker, and one part time social assistance caseworker. For a lot of issues, we have to triage, so we’re not able to represent people at the landlord tenant board for a lot of issues like for maintenance or repair issues. We just generally don’t have the resources to send somebody to the board. In a lot of cases it limits us to just getting people some advice and giving people the tools to self-represent as best as they can...We have to basically limit ourselves to representing people who are the most in need and legal intervention would be the most impactful.”

While agencies that attend to income struggles in St. James Town were being compelled by the circumstances to direct an enormous amount of their energy and resources to crisis response, an understanding of the roots of poverty, inequality and depressed incomes, and of the need for systemic solutions, comes across in many of the interviews. As one participant relayed, there is a growing recognition within St. James Town of the need to develop a community-based local economy that meets multiple needs including income-generation. While advocating for a basic income is part of the agencies’ discussion, “there’s also things we can be doing internally to create our own systems for income generation. It’s looking at our own economy within St James Town.” The catering collective stands as one example of an initiative that has arisen from this



vision, prompted and led by community members, and supported by the agencies. To this can be added the practice of hiring of community members in various preventive and holistic health initiatives such as the pop-up clinics, mentioned above. The interviewee also envisioned bold and ambitious initiatives that would wrap together environmental concerns, food security, and income-generation, for example, in the form of environmentally sustainable jobs that would divert discarded produce from grocery stores into healthy and affordable food.

## **2.Agencies' action and vision across other realms**

Several additional forms of service provider action that cut across, or lie somewhat outside types of services described above, also highlight ways in which their prior work paved the way for collaborative, swift, multi-faceted responses to the pandemic. This part of the report will highlight agencies' role in strengthening social capital among St. James Town residents, an environmental and climate change consciousness, agency-landlord collaboration, crisis preparedness, and inter-agency collaboration to address government neglect.

### i. Strengthening social capital in the community

Several kinds of programs and initiatives implemented prior to the pandemic by non-profits serving St. James Town both reinforce, and draw upon, the inherent social capital of the community, while addressing practical needs. This is well exemplified by The Corner's training of community members to serve as volunteer repair people at its 240 Wellesley location, as part of this agency's "reduce, re-use, and repair" ethos (with "recycle," one of the traditional three-Rs, deliberately omitted as it is considered a last resort). With modifications for adhering to pandemic protocols, this initiative continued

during the pandemic, providing free repair work on home electronics, small appliances, tools, small furniture, bicycles, clothing, watches, and jewellery. Residents can also opt to learn from the repair volunteers how to fix items themselves. Because The Corner@240 was one of the few places across the GTA that continued to such services during the pandemic, one interviewee pointed out, it drew people from across the city. During the pandemic, this participant said, demand for the service remained steady, requiring the daily presence of two or three volunteers, and one or two people working from home.



Resident volunteer fixer at The Corner@240 in Partnership with Café Toronto. Photo courtesy of The Corner.

An aim and undoubtedly an outcome of this was to enable St. James Town residents to cope better with spending much more time at home where the full functioning of televisions, computers, and kitchen appliances took on even more importance. Furthermore, having repair as an alternative to wasteful and expensive replacement is both a lifeline to people facing fluctuating and reduced incomes, and a way of practising sustainability. In that sense, the program overlaps with a growing environmental and climate vision at The Corner and among

other service providers and community residents, to be discussed below. It also builds skills of the trained volunteers, and of residents who opt to learn from them how to repair their items. There is also an impact on social connectivity, among the volunteers certainly, but also among a wider group of residents. The interviewee explained:

“One of the other important things about this particular program is the social circle of the friendships that have been formed in this group. There are some community members who are regular to the program, they come even though they might not actually have something to get fixed, but just to engage with the community and the volunteers, and have a good time while the volunteers are fixing items, so it kind of turned into a social group.”

Though in-person gatherings of this sort were interrupted by the pandemic, the continuation of the core repair activities may well have served as a sustaining thread and reminder of those social connections to St. James Town residents.



Resident led “Knitting with Tea” at The Corner@240.  
Photo courtesy of The Corner.

Another pre-pandemic Corner initiative that builds skills as well as social fabric are regular in-person sewing classes held at the @240 site. On the eve of the pandemic, the classes drew ten to fifteen participants each time, most of them newcomer women. The classes became a social and friendship group as well as an opportunity to expand their sewing abilities to suit the Canadian market. Similarly, The Corner launched a social and conversation group they called “Knitting with Tea”, in which women worked on pieces with help from a teacher, and with an initial donation of yarn and other supplies by Toronto Police Services 51 Division. The pandemic displaced these regular gatherings, in part because it had to close all in-person events for the first months, but later because of the expanded space needs of the repair activities. However, in response to a considerable demand for this service, The Corner managed to provide some space to resume in-person sewing classes in the fall at the @200 site, amidst its new activities for pandemic food security.

During the pandemic, The Corner also launched a weekly Online Social Group aimed at building and sustaining connections among community residents, along with exchanging useful information. These virtual gatherings tended to be frequented mostly by newcomers, though longer-term residents who also took part shared experiences and knowledge with the newer participants.<sup>33</sup>

An additional initiative that is aimed at forging connections among residents within and between the apartment buildings of St. James Town is The Corner’s Ambassador program. Launched about ten years ago with a goal of establishing two to three resident ambassadors per building, the program trains and compensates community residents to perform outreach in the community regarding the

activities, programs, and services that are available to the community. In practise, it was also observed to be a means of supporting newcomer women who might have been staying at home while their husbands worked, to integrate socially and economically in the life of the community. In 2021, The Corner's Ambassadors contributed crucially to the vaccination component of the service providers' pandemic response by door-to-door contacting of hard-to-reach residents and registering them for their doses, as well as staffing the vaccination clinics. Over the years, the Ambassador program has not consistently met its full potential due to instability in funding. Plans were being made to revamp the program when the pandemic struck. Ideally, interviewees explained, the program would not only serve as a means of recruiting St. James Town residents to community-based clinics but would also form an overarching Resident Council.

"One of the other important things about this particular program is the social circle of the friendships that have been formed in this group. There are some community members who are regular to the program, they come even though they might not actually have something to get fixed, but just to engage with the community and the volunteers, and have a good time while the volunteers are fixing items, so it kind of turned into a social group."

Finally, the St. James Town Annual Spring Gatherings, which have been taking place since 2014, can be seen as a way in which service provider agencies encourage and give space to social connections. The Gatherings can also be seen as a manifestation of the social capital

inherent in the community. These highly attended events bring agency personnel together with hundreds of residents to identify emerging issues that affect health and wellbeing. One interviewee described what the Gatherings look like and how they function:

"It's where we have round table discussions about issues that are important like harm reduction, community crisis planning, and even the neighborhood improvement area petition was discussed there. Each of those tables of about 20 residents, there's 20 different tables, are all facilitated and documented, and the feedback from all these tables goes back into our strategic planning."

While the pandemic obliged the cancellation of the 2020 Spring Gathering, it was being held as a series of virtually events in the spring and summer of 2021 as this report was being completed.<sup>34</sup>

#### ii. Environmental and climate consciousness in agency work

The Corner's "reduce, re-use, and repair" initiatives outlined above form part of its expanding environmental vision that recognizes the intersection of a global situation with dilemmas of everyday life in St. James Town. A set of additional related initiatives offer St. James Town residents opportunities to address practical problems in ways that promote sustainability. One of these is the Library of Things, which loans out a variety of items that individuals may need only once or occasionally, including toys and board games, power and hand tools, party equipment, camping equipment, and sports equipment. The library closed for first few months of the pandemic but later re-opened. As this report was being drafted in July 2021, The Corner was about to add a digital library that also makes computers and related devices

available for loan. In the planning stages currently, are an in-home repair service for St. James Town residents who cannot bring their item to The Corner, and a service to help people assemble or disassemble furniture.



Resident-led bike repair clinic at The Corner@240.  
Photo courtesy of The Corner.

Another initiative within this growing environmental vision is a set of efforts to promote and facilitate greater use of bicycles. Additional to the bike repair clinics mentioned above, and repair workshops in which students keep the bike they fix, in June 2021 The Corner initiated a social club that incorporates group rides and bike-riding lessons. A related set of initiatives in the planning stages at the time of this report's completion were community clean-ups, and an ambitious process to tackle the problems of household garbage. In this respect, one of the interviewees envisions The Corner intervening to improve waste management in the high-rises, through collaboration with residents and building management; indeed such conversations with landlords had already begun toward the separation and diversion of different waste streams. This participant also sees the organization taking a stronger role in fomenting much needed community gardening, to address food security and to create and

improve green spaces for resident enjoyment and wellbeing.



The Corner's "Earn a Bike by Fixing it" workshop, July 2020. Photo courtesy of The Corner.

This interviewee felt that the pandemic's convergence with increasingly undeniable climate-related emergencies around the world creates an opportunity, not an impediment, for The Corner to stretch its role in these ways, essentially being an advocate and promoter of transformation: "Climate change and those things are top priority. [Society] can no longer ignore those things like we did for a few years back. I think in a high rise community like St James town, it makes a lot of sense to have something like The Corner@240 and spread it in a way that residents are impacted on a personal level by the initiatives."

### iii. Agency-landlord collaboration

Collaboration among agencies and other kinds of social actors has been signalled in this report as a core feature of how the agencies serving St. James Town work. Several examples have been discussed or mentioned. The report does not pretend to present an in-depth or thorough look at the nature of broader, inter-stakeholder



collaborations; for example, agencies' work with branches of city government, or with provincially-funded entities such as hospitals, are noted but not explored. As a sub-type of these broader types of collaborations, however, the relationships between agencies and building management merits a brief separate section because it demonstrates an orientation of practicality on the part of the agencies whose primary objective is community wellbeing, in a neighbourhood where the vast majority of people are renters. These collaborations also suggest that at least some building management companies transcend the narrow role of managing transactional relations with their own tenants to work for the betterment of the broader community. Of course, as is suggested in the section on residents' experiences, there is great variation between property companies within that transactional relationship, with some performing much better than others in what they offer to their tenants. This section will not explore that further. Rather the point to be made is that landlord-agency collaboration had beneficial outcomes for community residents during the pandemic, a few of which are touched on here, and that this rested on a longer history of cooperative relations pre-dating the pandemic.

In their observations of both private landlords in St. James Town and the major social housing entity, TCHC, interviews reveal a complex picture as to the traction that agencies have in obtaining support for initiatives or for specific situations. An interviewee whose work enabled them to compare across different Toronto neighbourhoods felt that on the whole, there is more traction with the social housing provider than with private landlords. Thus, in neighbourhoods with a higher proportion of social housing than St. James Town, such as Regent Park and Moss Park, service provider

agencies find more support at the building level for wellness initiatives or for resolving individual difficulties. "Social housing has its own challenges, but there's a lot more support in terms of service provision and supporting financial wellness," they observed. The Corner itself occupies ground-floor space in the largest TCHC building in St. James Town, and TCHC allows use of its space for a large seniors activity network. Nuancing this picture are the more negative experiences that other interviewees relayed of TCHC's handling of rent subsidies, discussed above.



The Corner@240's newly formed cycling club "Bike Buddies" on a weekly excursion August 2021. Photo courtesy of The Corner.

This participant, however, concurred with several others that a few large private landlords have been exceptional in their openness to working with the SPN agencies. This has encompassed, for example, "allowing us time once or twice a month in the buildings and lobbies to connect with folks to set up a table to be there and talk to them about what their priorities are for health and wellness," and to connect people to services. During the pandemic, landlords



permitted their lobbies to serve as drop-off points for donated groceries. In the realm of food donations, Medallion, which manages several properties in the community, supplied dozens of grocery boxes to The Corner at the behest of this company's own tenants; they voted to donate rather than keep the food items that had been purchased for them in lieu of the cancelled annual barbeque. During the pandemic, the company also circulated fliers in its building that advertised a new telephone "warm line" for emotional distress that was offered by Progress Place, an expansion of its hot line services. Undoubtedly there are additional examples of such beneficial outcomes of these relations.

The groundwork was prepared for these collaborations years earlier. Dating back to the 1990s, Medallion was distinctive among private landlords in supporting annual summer and winter festivals that were being organized by residents of other buildings. By becoming involved in the early years of the City's Tower Renewal program which began around 2007, and through an initiative called Recipe for

**Some agency personnel have suggested that youth should become a stronger focus of agency work going forward.**

Community, Medallion gradually increased its networking for community needs. One visible manifestation is the mural on the side of the Shoppers Drug Mart building on Sherbourne street, the result of a partnership that also involved Recipe for Community, City of Toronto, UforChange, Art City in St. James Town, Amnesty International, and The Corner. The mural is an

interpretation of Article 26 of the UN Declaration for Human Rights.<sup>35</sup>

Medallion also has a long history of supporting mental health in St. James Town. One way it does so is by housing 60 members of Progress Place in several of its buildings, an arrangement dating back 30 years whereby the agency subsidizes the tenant's rent. The improved affordability has made it possible for tenants to stay for many years, enabling their rent to remain low compared to most other units in the buildings. In another example of collaboration around mental health, Medallion reached out to The Corner for help in supporting a group of its tenants elsewhere in the city who had witnessed a traumatizing, violent event. Medallion knew through its prior connections with The Corner that the organization excelled in responding to such incidents. The connection proved to be extremely helpful in this situation. Before and during the pandemic, the company also designated community room space to service providers' needs, such as use of a space in their 561 Sherbourne Street property in fall 2021 for the seniors' day program.

#### iv. Crisis preparedness

Service provider agencies' responses to the pandemic, and those of residents as well, rest on a history of dealing with large-scale emergencies. One interviewee enumerated events of the past few years that affected populations of entire buildings: "St James town is not new to crises. We're very familiar...and when we had the 650, 280, 260, 240 fires there was ongoing conversation about food security when the power was out, and even things like access to blankets when the heat went out." Service providers, working with residents, have also developed expertise in responding to incidents of violent injury or death that community members witness or are touched by in some way.

It was also observed that St. James Town residents and agencies have developed an approach to crises that is preventive, not just reactive, and that this may distinguish St. James Town from other neighbourhoods. One participant commented:

"I think there's a distinct quality about St James town that looks at health promotion, preventative health, engaging with the community and building capacity for the community to identify and solve some of the challenges the community faces. We're there to support folks that are experts in their own lives in their own experience."

Another interviewee reflected on how the experience acquired in responding to recent past emergencies reflects in the present circumstances.

"This is a community that when something this large scale happens, it has that capacity and infrastructure that's ready to act, because the pandemic is just another type of disruption. I'm trying in particular to not emphasize that the pandemic is like an isolated thing. This isn't much different from a major natural disaster like what happened at 650 Parliament when there was a big fire and everybody had to leave their housing. There's a lot that we can learn from this and the way that St. James town was able to mobilize, organize and support each other through these major incidents in the past. It's really showing how coordinated everyone is in responding to the pandemic as well."

A poignantly paradoxical aspect of this was not lost on this participant, who noted that the agencies' effectiveness keeps growing because these kinds of incidents keep occurring.

The statement quoted above also alludes to an understanding of emergencies as systemic, not singular: they are caused by a convergence of structural problems, and/or their impacts are worsened by those problems. To illustrate, the August 2018 fire at 650 Parliament that displaced about 1500 people for an 18-month period, was a reflection of "macro-level neglect", not an unfortunate or surprising accident in a single building. In this vein, agencies of the SPN have been working with the City of Toronto's Community Crisis Response Program since before the pandemic to improve its conceptualization of "critical incident." Specifically, the concept has to be understood as relational, and rooted in system-wide problems, rather than as one-off incidents or inter-personal conflicts. Noting that the pandemic itself can be looked at as "one long sustained critical incident," this interviewee added, "That's why we've written these really detailed critical response protocols that fit into how we respond to the pandemic."



Late night pop-up vaccination clinic at The Corner's 200 Wellesely location, July 2020. Photo courtesy of The Corner.

By extension, this kind of reconceptualization that the SPN agencies offer would lead to a different way of responding to crises that arise in St. James Town and other similar neighbourhoods. Rather than relying exclusively on police, fire departments, or ambulance, as typically tends to be the case now, different kinds of actors would alternatively be called upon, such as agencies specializing in harm reduction work, and work with people who are street involved or have mental health crises. Many such agencies are members or partners of the SPN. Thus, the critical incident conversation is “part of the broader dialogue that’s happening right now around reallocation of police funding into communities based services.”

**Do the community’s residents face an increased threat of eviction or need legal support for other issues with either private landlords or the TCHC? Problems stemming from the latter’s handling of rent subsidy adjustments, documented in both sections of this report, should also be a focus of more in-depth study.**

#### v. Inter-agency collaboration and the meaning of “underserved”: a final reflection

This section of the report closes by returning briefly to the collaborative orientation of so many of the agencies, especially those of the SPN. Inter-agency and inter-stakeholder collaboration is a hallmark of the non-profits linked to the SPN, a coalition that dates back to 1998. The breadth of the partnership linkages multiplies the social capital resources beyond the approximately 20 members of the SPN itself. Further, there are a great many actors outside of this network which serve and advocate for the community in multiple ways, among them the Bleecker/Wellesley Activity Network, Community

Matters, OASIS, and Community Resilience to Extreme Weather (CREW), to mention just a few. A question posed to a number of the SPN agency personnel was how to reconcile such an abundance of actors working in such diverse realms of community wellbeing including, health, youth, seniors, income generation, and safety, with the frequent description of St. James Town in the media and elsewhere as “underserved.”



Volunteers doing outreach to promote The Corner’s vaccination clinic, July 2020. Photo courtesy of The Corner.

**Economic scarring is a phenomenon that follows periods of widespread economic strain, whereby many people find themselves struggling long after the large-scale crisis is considered over. Attention should be paid to non-workplace forms of exploitation of people who face ongoing economic need, a major example of which are pay-day loans.**

The responses to this question make clear that the term needs to distinguish between governments and non-profit entities, the former of which, at various levels, has in fact been underserving the community. Though the service provider agencies whose areas include St. James Town are plentiful, they cannot adequately meet

the scale of need in St. James Town. The fact that the SPN agencies not only implement their individual mandates (some of which extend beyond St. James Town) but have formed a collaborative entity with each other for the community. But the latter is something they do “off the side of their desks,” as one person put it. That is, they do not have funding that is designated specifically for inter-agency work. The reason they do it is because of the shortfall in government investment in the community, particularly in health, but in other realms as well. As one interviewee reflected:

“We have put together this infrastructure in St James town at a very grassroots way. The underserved bit is really more that levels of the governments have not invested into St. James to the extent that they could be, given how empirically apparent [the need] is....For those that do need to access services, there are services but when you look at in proportion to the amount of people it still is quite underserved....We [are] very impressive and very organized, but we've done it in spite of the neglect, almost in a way that's been a response to...the shortcomings.”

## Concluding Thoughts on Directions for Future Research

The exploratory nature of this study introduced several limitations. As breadth of focus was prioritized over depth, several issues and topics were not systematically addressed or were omitted from the frame. To mention just a few, these included the problem of green space shortage in St. James Town, the impact of the pandemic on people with disabilities, and the workings and accomplishments of the agencies' COVID testing clinics and vaccination machinery, the latter of which was precluded by the time frame of the data collection. Constraints on the method of participant recruitment, whereby face to face outreach was not possible, meant that important categories of community residents were not included or were insufficiently represented, among them youth, of whom there were just two in the study, members of particular ethnic and linguistic groups, those working in occupations with high exposure to COVID, and residents of buildings which might have distinctive characteristics. Thirdly, the tight budget created many constraints on what the project could do, excluding, for example, community members lacking English proficiency given the prohibitive cost of translation.

Approximately eight months have elapsed since the data gathering for this study concluded. Thus, any insights or conclusions drawn from it must be tempered by that limitation. It is hoped, however, that the findings can serve as input to the processes of analysis and reflection on the community's situation that are already underway in St. James Town, as seen in the Spring Gathering of 2021 and subsequent related conversations. One key goal of the study was to signal future topics on which narrower, but more in-depth research on the medium and longer-term impacts of the pandemic on St. James Town should be conducted. In qualitative social research focused on communities enduring multiple forms of oppression, the studies with greatest theoretical and practical utility are those designed to address the informational needs of community members. The author of this study hopes for feedback from, and dialogue with, community residents, service provider agencies, and other stakeholders as a form of direction and guidance for specific themes to pursue in future research.

The following thoughts are offered as a starting point for discussion regarding topics on which more in-depth knowledge could be beneficial to the community. These ideas derive from what the present study addresses, as well as the silences in the data. They also stem from the author's experience and interest in researching social justice themes.

1. Youth mental health. Youth were a category of St. James Town residents whose situation was only glimpsed in the findings, as there were only two youth among the participants. But youth mental health is signalled as an area of serious concern in a number of studies and reports on the pandemic's impacts. Further, some agency personnel have suggested that youth should become a stronger focus of agency work going forward.

2. Tenants' issues. During the pandemic, the situation of residential tenants in Ontario has gained importance as a focus of study and activism by housing justice advocates. This reflects the increasing potential for evictions in a context of fluctuating or lost income from employment, and the alteration of the rules governing landlord-tenant relations under Bill 184, the "Protecting Tenants and Strengthening Community Housing Act 2020," passed in July of that year. The disempowering impact of this legislation



for renters is worsened by the Landlord and Tenant Board (LTB)'s use of remote hearings to clear backlogged cases soon after the Bill was passed, further disadvantaging lower-income renters and people with certain kinds of disabilities.<sup>36</sup> Funding cuts to Legal Aid Ontario reduce the support available to lower income tenants for these and all manner of renters' issues, as short-staffed aid workers are compelled to "triage" their ballooning caseload. Attention should be paid to possible future effects of these changes in St. James Town. Do the community's residents face an increased threat of eviction or need legal support for other issues with either private landlords or the TCHC? Problems stemming from the latter's handling of rent subsidy adjustments, documented in both sections of this report, should also be a focus of more in-depth study.

3. Workers' susceptibilities in an uneven pandemic recovery. St. James Town is rightly referred to as a neighbourhood of choice to call home, based partly on the ease of travel to important destinations, including jobs. Supportive interventions for St. James Town residents as workers might benefit from a clearer understanding of the patterns in the types and geographic locations of jobs that St. James Town residents tended to retain and also lose during the pandemic. For those who continued working or who find employment as the economy recovers, it would also be helpful to know what sorts of pressures they have faced, or may face in future, to accept stressful or unhealthy conditions at work. Are they facing greater job precarity, in the form of contract or gig work, than before the pandemic? Finally, "economic scarring," is a phenomenon that follows periods of widespread economic strain, whereby many people find themselves struggling long after the large-scale crisis is considered over.<sup>37</sup> Attention should be paid to non-workplace forms of exploitation of people who face ongoing economic need, a major example of which are pay-day loans. This form of financial exploitation and debt entrapment may become increasingly relevant to communities like St. James Town, in light of an overall rise in pay-day loan use during the pandemic in Ontario,<sup>38</sup> and pay-day lenders' increasing marketing of their services to immigrant groups.

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