Hopeful Resilience

THE IMPACTS OF COVID-19 ON YOUNG ONTARIANS

YOUNG
ONTARIANS
UNITED

AUGUST 2021

Acknowledging this land and the ongoing oppression of Indigenous peoples on Turtle Island.

We acknowledge **the lands and resources of Indigenous peoples across Ontario**, on and through which our research and impact has been made possible.

While much of our work spans Ontario, it is largely coordinated through Tkaronto (Toronto), **the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples** and is now home to many diverse First Nations, Inuit and Métis peoples.

As young people in what is today known as Canada, we grow up learning about the struggles Indigenous people suffered in the past tense, which makes it easy to believe that such oppressions are of the past.

It is easier to deny Indigenous peoples their rights if we historicize their struggles and simply pretend they don't exist.

Our living here is a freedom undeserved, and our ignorance is a propagation of the erasure of Indigenous culture.

We commit ourselves to the struggle against the systems of oppression that have dispossessed Indigenous people of their lands and denied their rights to self-determination.

We encourage our readers to reflect upon this and <u>learn about your own region's traditional lands</u> and the Indigenous peoples who have cared for them since time immemorial.

*The beautiful artwork above, "**Wisdom of the Universe**", was created by award-winning Métis artist <u>Christi Belcourt</u>, part of a collection of the Art Gallery of Ontario.*

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⚠ CONTENT WARNING

This report discusses mental health concerns, abuse, addiction, eating disorders and suicidality, as these were concerns expressed anonymously by youth. Mental health and crisis resources were provided throughout the course of research experiences in the case that such challenges were raised by young Ontarians. Please use your discretion in reading particularly the health sections of the following chapters as issues discussed might be triggering. If you'd like to skip ahead, please do.

BPOC Youth   Young Women   At-Risk Youth   Rural and Remote Youth

For mental health support for youth, please contact Kids Help Phone by calling 1-800-668-6868 or texting CONNECT to 686868. If you are in distress, crisis, or are experiencing suicidal ideation, text SUPPORT to 258258

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Foreword

After a year of countless Zoom calls, many lost opportunities, and frankly, overwhelming exhaustion and disappointment, one thing is clear— youth have been disproportionately impacted by this pandemic and not enough people are talking about it.

Amid a global pandemic, over 500 young Ontarians' voices raised concerns, shared lived experiences and built solutions. We learned a lot. Issues with virtual delivery of education. Mental health challenges and lack of institutional support. Unprecedented youth unemployment. Feelings of missing out on formative experiences.

It is evident that our institutions and infrastructure are not designed to consider young people's unique needs or opinions. Consequently, these unilaterally-made decisions and outcomes are often unsustainable and do not thoroughly address root causes.

The solution cannot exist in our current limited systems. It requires a reimagined infrastructure that is inclusive and youth-informed.

For a truly comprehensive recovery, this does not mean rushing back to the "normal", but instead, defining a new normal.

What does this look like?

We call for youth-led solution-building, reinforcing the generativity and innovation that young people inherently possess and bring to the table when discussing our own challenges.

Our own youth innovation is an untapped resource that can only result in stronger, more sustainable, and more inclusive outcomes.

We're building a youth-friendly future. Will you join us?

If so, read on.

Terence D'Souza & Katelyn Wang
Co-Founders, Young Ontarians United

youth aged
16-30
from all across Ontario

20+
community organizations and leaders consulted

500+
young Ontarians engaged

one of Canada's Top
100
Recovery Projects

68
Ontario cities, towns & regions comprised

100%
youth-led

Encouraging young people to speak up is easy.

Listening to them when they actually speak up is hard.

01

Community consultations

Before anything, a clear framework for analyzing the youth experience was built in the summer of 2020 through the insights collected from more than 20 community organizations and individual experts that either serve youth or are led by youth. These meetings also set up boundaries for both authentic and effective engagement with marginalized youth groups, many of which have participated in our insight collection.

02

Province-wide survey

After ensuring ethical research conduct through an independent review by the Community Research Ethics Office, a province-wide youth survey was digitally conducted in October to November 2020, where all youth aged 16-30 were invited to respond to questions on employment, education, well-being and community.

This brought 485 respondents from diverse backgrounds and varying amounts of representation. Due to the exploratory, inclusive and largely-qualitative nature of this research, all responses were analyzed for the report's findings, so as to not leave out any youth insight.

03

Innovative design jams

To provide safe spaces for youth to both talk about the impacts but to also present hope for future solutions, instead of focus groups, participatory action research was pursued in the form of 3 design jams on employment, health and community from December 2020 to February 2021. These allowed participants to not only reflect on the pandemic's impacts, but also, innovate solutions in a moderated group setting.

Consequently, the outcomes of this discourse were incorporated into the recommendations throughout the report. This method was less extractive or transactional, and opened an exchange of ideas rather than a Q&A period that would have been less meaningful for youthful participants.

Listening to Youth Voice in Ontario

OUR RESEARCH APPROACH

530

total youth participants represented in our research

485

total participants in youth-led survey

45

total participants in youth-led design jams

Age

Breakdown of age based on common life stages (n=485).

- 27-30 8.5%
- 24-26 9.7%
- 16-18 37.8%
- 19-23 44%
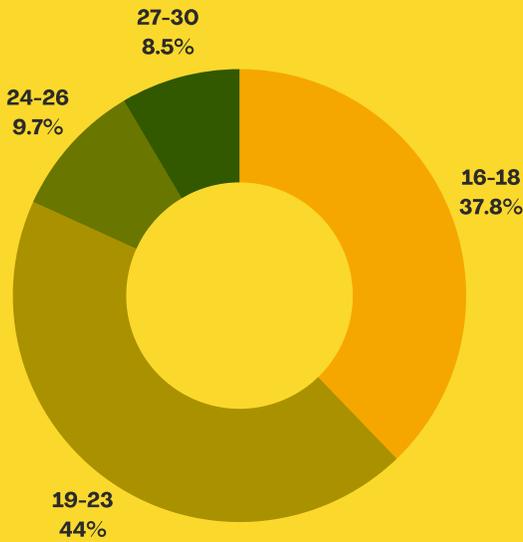
Gender

Breakdown of youth participants by self-identified gender (n=485).

- Transgender 2.6%
- Non-Binary 4.5%
- Male 19.4%
- Female 72.9%
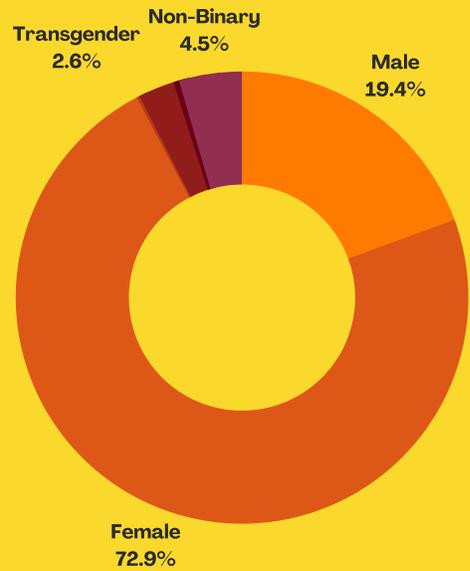
Location

Breakdown of youth participants by the 68 Ontario cities, towns land regions n which they reside. (n=485)

- 55 additional cities across Ontario 21.6%
- Toronto 19.6%
- Mississauga 13.9%
- Richmond Hill 10.7%
- Ottawa 7.5%
- London 7.2%
- Brampton 4.4%
- Markham 4%
- Scarborough 3.2%
- Burlington 2%
- Kingston 1.4%
- Waterloo 1.2%
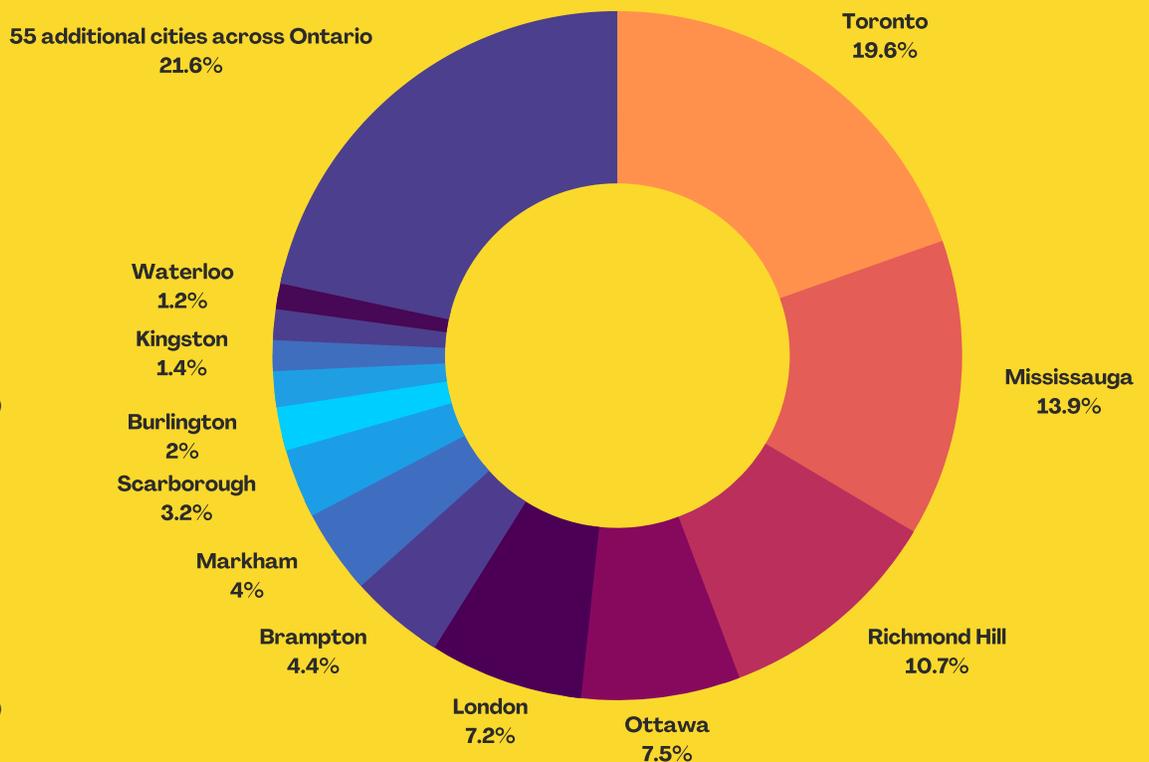
Race/ethnicity

Breakdown of racial diversity of self-identifying youth participants (n=282).

- Black 7.1%
- South Asian 20.6%
- East Asian 21.8%
- Southeast Asian 8.7%
- West Asian/Arab 3.5%
- First Nation, Metis, Inuit 1.5%
- White 33.1%
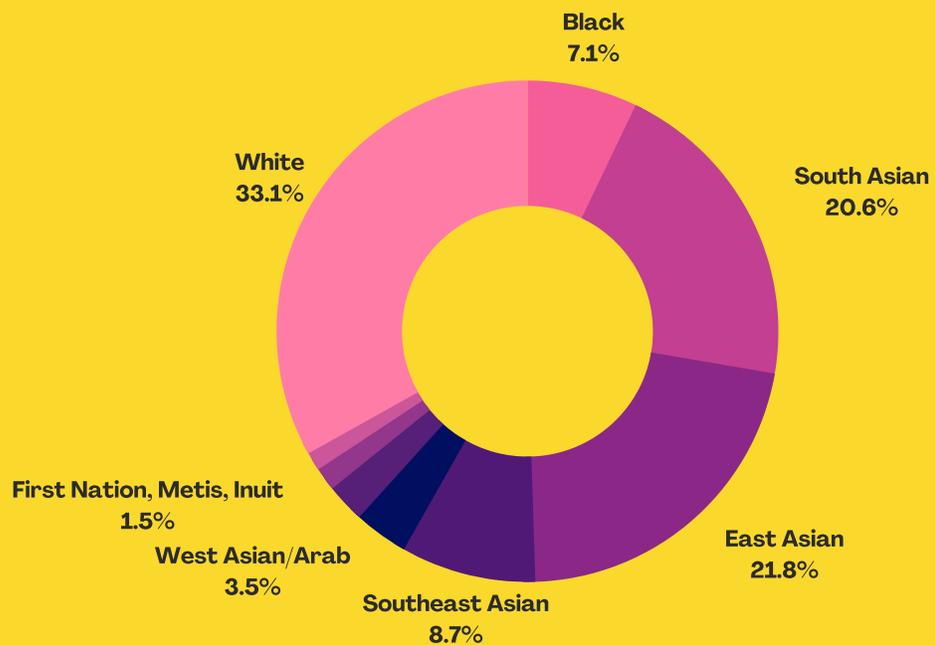
Lived experiences

Breakdown of additional identities held by youth participants (n=284).

- 2SLGBTQ+ Youth
- At Risk Youth
- Youth In Care
- Youth with Disabilities
- Neurodivergent Youth
- Rural + Remote Youth
- Immigrant or Refugee Youth
- Low-Income Youth
- NEET Youth (Not in Education, Employment or Training)
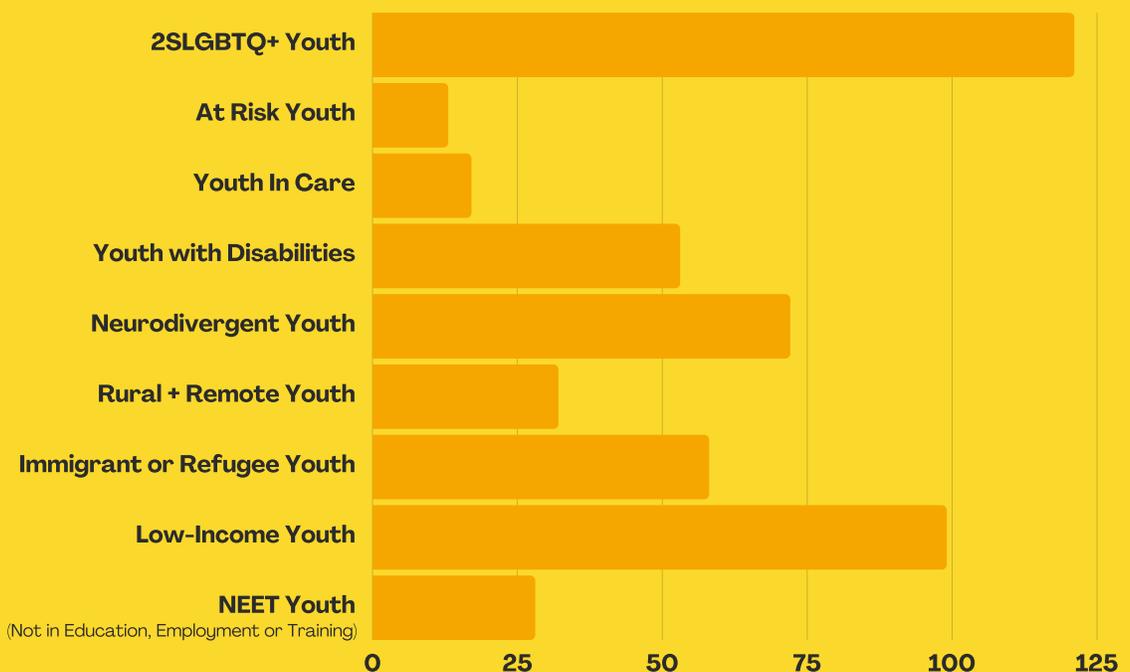
Research undertaken by this group has been carefully checked and scrutinized before any decision-making. COVID-19's impact on young Ontarians was examined through a combination of external resources and original data-collection. Original data-collection was achieved in the form of community consultations, a province-wide survey, and design jams.

The survey on the impacts of COVID-19, created by youth, delved into the pandemic's impacts in a profound yet remote-online format, asking necessary questions about young people's personal challenges. Therefore, all questions in the survey underwent a review process. The survey portion of this project has been reviewed and approved by the Community Research Ethics Office. For information or concerns regarding ethical review, please contact the Community Research Ethics Office, at creo@communitybasedresearch.ca or call 1-888 411-2736.

Executive
Summary

If there is anything that has come up from this community-based research, it is that young people are in need of urgent support. While this statement has been repeated numerous times, by political and community leaders, it cannot be stressed enough. The situation is dire and ensuring young people are part of recovery is crucial.

Young Ontarians and Education in COVID-19

According to Statistics Canada's October 2020 survey report, 92% of respondents indicated that their education had transitioned into an online learning format, with 26% of post-secondary students stating that their education had been disrupted.[1] It is clear that COVID-19 has drastically changed the education landscape in Canada and Ontario. While students have been resilient and adaptive to new educational delivery, there are exceptional challenges faced by many. It is important to address these concerns methodologically and work towards bettering conditions for students. Education is a holistic experience for many individuals, one that vastly contributes to their personal development. Hence, education ought to be a primary focus area to build back better.
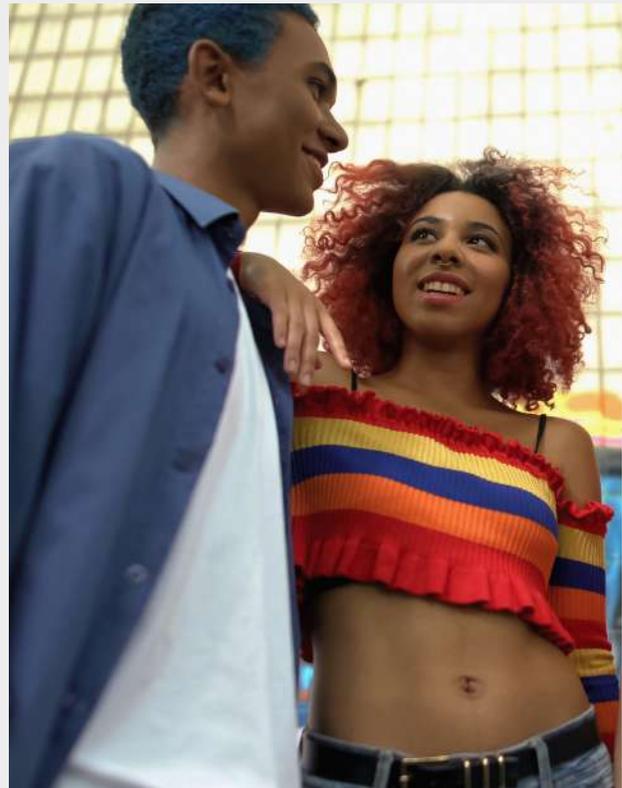
In Ontario, based on survey data, approximately 56.5% (n=402) of respondents indicated that they either agree or strongly agree that there are problems with remote distance learning, illustrated in Figure 1. These issues stem from various aspects of remote distance learning. Representatives of OSTA-AECO noted that, in high schools, unstructured learning environments and overloading students with work in virtual settings has led to issues for many students.
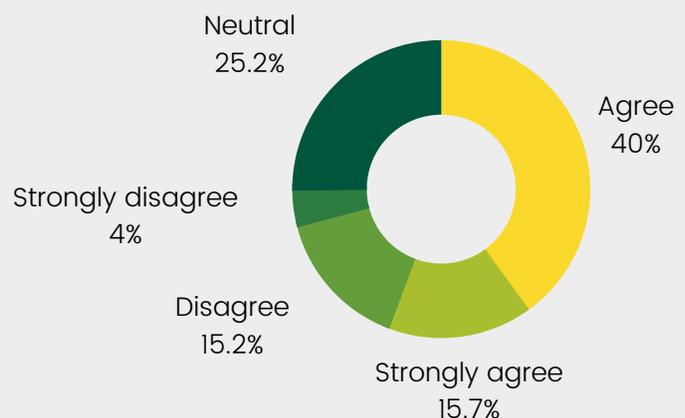
Figure 1.

"I have had problems with remote distance learning" (n=402).

_____

[1] Statistics Canada, *"Impacts on Youth" (on post-secondary education).* 2020*.*

Agree
12.2%

Disagree
43.7%

Neutral
16.4%

Strongly disagree
25.7%

Figure 2.

"My quality of education is as good as it
was before COVID-19" (n=401).
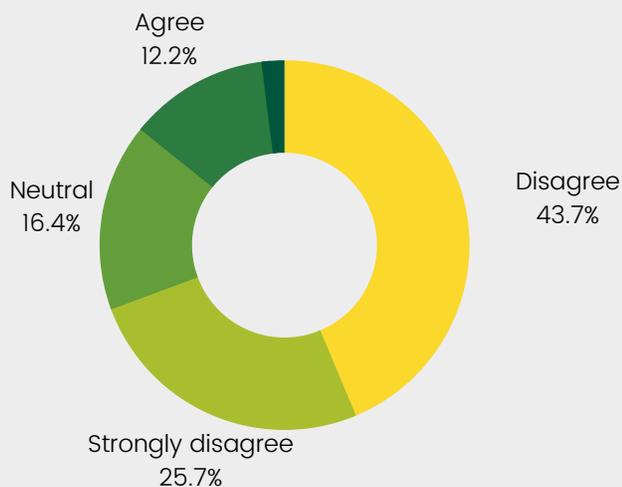
Furthermore, just under 60% (n=401) of respondents indicated such challenges impacted the inherent quality of education, noting either they "disagree" or "strongly disagree" that it was as good as it was prior to COVID-19, as shown in Figure 2. Overall, there are a number of flaws in the current education system, such as the lack of appropriate accommodations for youth with disabilities, discrimination and prejudice, and the inflexibility and outdated-methods of assessing learning, all of which are noted several times throughout the report.

Young Ontarians and Employment in COVID-19

According to Statistics Canada, the "impacts of the pandemic on youth employment may be felt for years to come."[2] Many students across Canada, especially post-secondary students, reported experiencing labour market disruptions onset by COVID-19. Per the same Statistics Canada report noted above, the percentage of 15 to 24 year old youth working decreased from 58% in February, 2020 to 39% in April of that year.

Based on the pandemic, employment in Ontario decreased by 7.8%, compared to a 4.2% decrease Canada-wide; unemployment rates in Ontario remain significantly higher than pre-pandemic levels, rising to approximately 20.4%. These statistics are hard to ignore.

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[2] Supra note 1

Figure 3.
Reason for summer 2020 unemployment (n=250).

Not interested in pursuing work.
30%

Lost job due to COVID-19.
25.2%

Lost job for another reason.
1.6%

Unable to secure work during that time.
43.2%
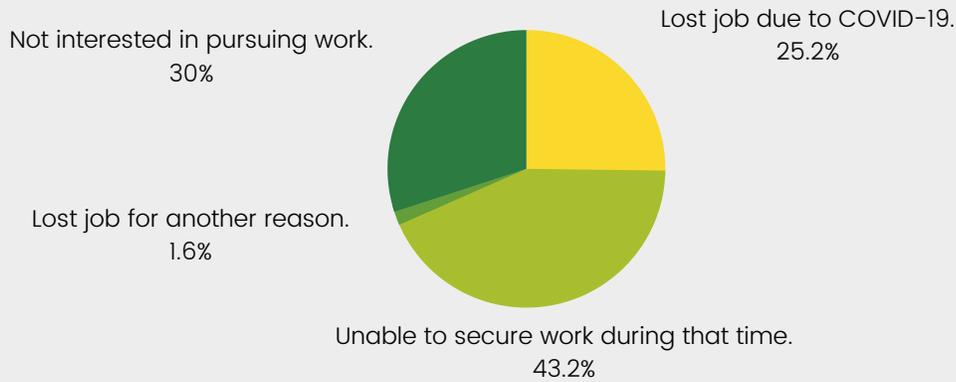
Based on the survey conducted, of those identifying as not working during the pandemic, 43.2% (n=250) indicated that the reason for summer unemployment was the fact that they could not secure work during that time, while 25.2% (n=250) of respondents indicated that they lost their job because of COVID-19, shown in Figure 3.

Youth are the future of the economy. It is therefore imperative that the provincial government bolster work opportunities for youth, to equip them with the necessary experience to be active economic agents in the next several years.

Many anecdotal responses regarding unemployment during the pandemic expressed frustrations and difficulties associated with finding stable work, as well as fears of contracting COVID-19 by virtue of going to work.

Representatives from First Work, Ontario's youth employment network, note that the work available for youth has dramatically changed and shifted due to the pandemic. Although some jobs pivot to become online opportunities, many of the jobs that youth held before the pandemic, such as retail jobs or seasonal camp jobs, continue to shrink.

Increased
10.1%

Decreased
37.8%
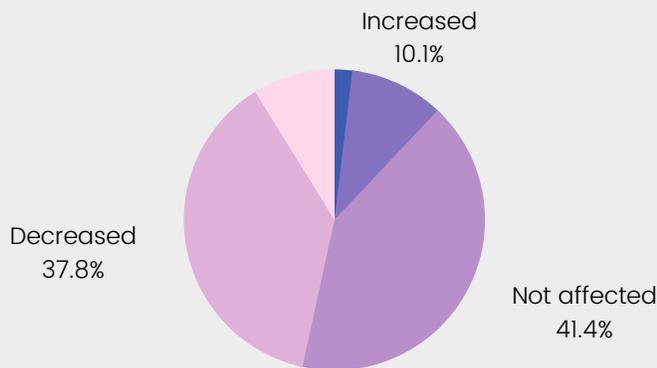
Not affected
41.4%

Figure 4.
Access to money (n=474).

The lack of employment opportunities for youth has consequently affected their access to money. Due to the pandemic, approximately 46.7% (n=474) of respondents reported that their access to money decreased or greatly decreased, shown in Figure 4, which is likely linked to having fewer employment opportunities, coupled with educational and basic needs.

Figure 5.
Uses of CESB/CERB payments (n=292)

Use	Value
Tuition	~165
Savings	~150
Basic needs	~148
Recreational	~62
Other uses	~8

(x-axis: 0, 50, 100, 150, 200)
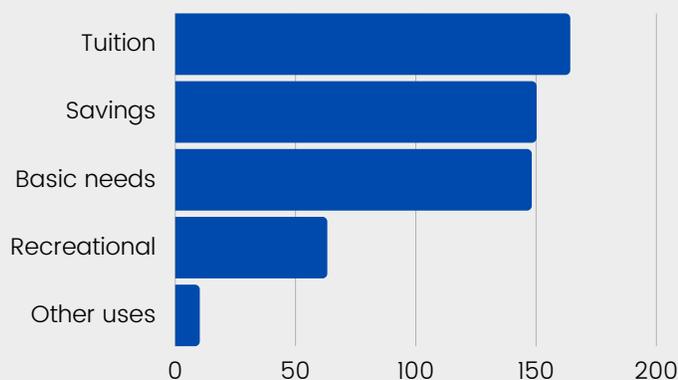
During the pandemic, 61.5% (n=475) of all respondents received CESB/CERB payments. For those who received CESB/CERB payments, Figure 5 illustrates their use. Tuition, savings, and basic needs are the top three uses of these payments.

The effect of the pandemic on employment has affected all youth differently. Hence, it is important to understand employment-related impacts from an intersectional lens, one that adequately considers different kinds of youth: women youth, 2SLGBTQ+ youth, BPOC youth, at-risk youth, youth-in-care, rural and remote youth, newcomer youth, and youth with disabilities.

The following issues detail specific experiences, sentiments, and subsequent recommendations regarding employment from these youth categories. There are several prominent considerations to highlight:

- Industries most impacted by the pandemic were mainly composed of young women.
- 2SLGBTQ+ youth often face structural discrimination relating to employment, fearing facing prejudice in the workplace.
- Unemployment rates are generally higher for the BIPOC community.
- At-risk youth are not often supported with the relevant financial literacy resources to understand the nature of taxation requirements in relation to government relief programs like CERB and others.

- Youth-in-care still lack adequate supports or plans when transitioning out of care into the economy.
- Rural and remote youth often work in smaller businesses, which are more susceptible to COVID-19-related closures.
- Newcomer youth often experience difficulty acquainting themselves with a new job market context and its accompanying customs.
- Youth with disabilities feel that systemic barriers, such as discriminatory and ableist employers, hinder them when searching for job prospects.

Young Ontarians and Health in COVID-19

The impact of the pandemic on youth health has been significant. According to the same Statistics Canada report referenced above, several intersectional factors have contributed to lower mental health and increased substance abuse among youth.[3] Since the onset of COVID-19, Statistics Canada reported a reduction in 'good mental health' for youth aged 15 to 24 from 60% in 2019 to 40% in July 2020. In addition, due to this reduced mental health, there has been an uptake of substance use such as cannabis. The Portrait of Youth in Canada Data Report by Statistics Canada (1 February 2021) noted that as of January 2021, youth aged 20 to 29 accounted for 18.7% of COVID-19 cases, 3.1% of hospitalizations, 2.8% of ICU admissions and 0.1% of deaths.[4]

Based on our survey data, we observed a couple of patterns. First, when assessing general feelings at the beginning of the pandemic in Figure 6, youth noted significant increases in anxiety (78%), frustration (64%), loneliness (73%), and "fear of missing out" (52%). Similarly, youth also reported a significant decline in excitement (57%), feeling in control (68%), and energy (71%).

Figure 6. General feelings among youth during the pandemic.

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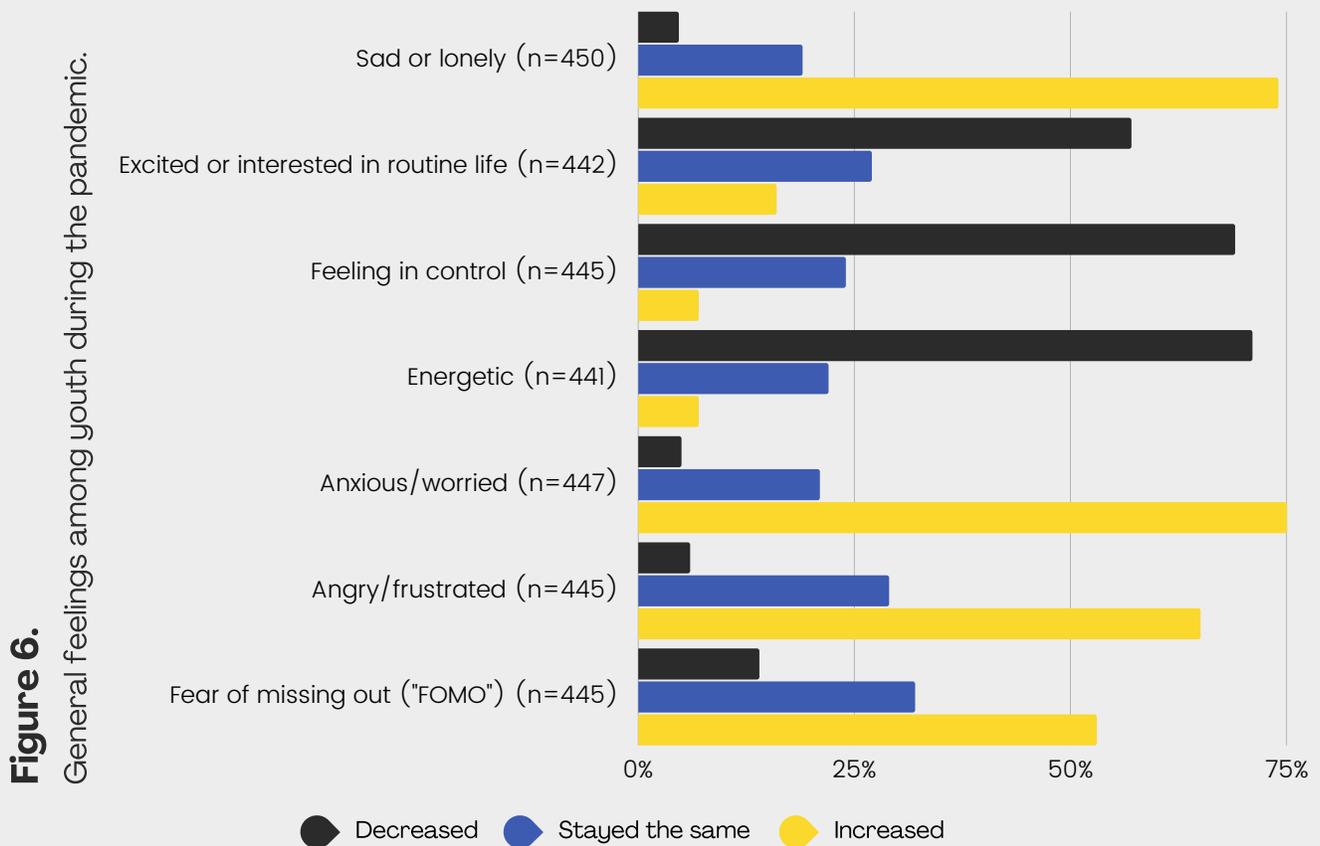
[3] Supra note 1
[4] Garriguet, Didier. *"Portrait of Youth in Canada: Data Report."*

Some notable changes in general health behaviours are displayed in Figure 7. There were significant increases in screen time (94%), including the use of smartphones, laptops, TVs, and other electronic devices. Youth also reported a decrease in time spent outdoors (64%) and physical exercise (59%). Mixed changes in healthy eating and sleep were observed.

Figure 7.
General trends in health behaviours among youth.
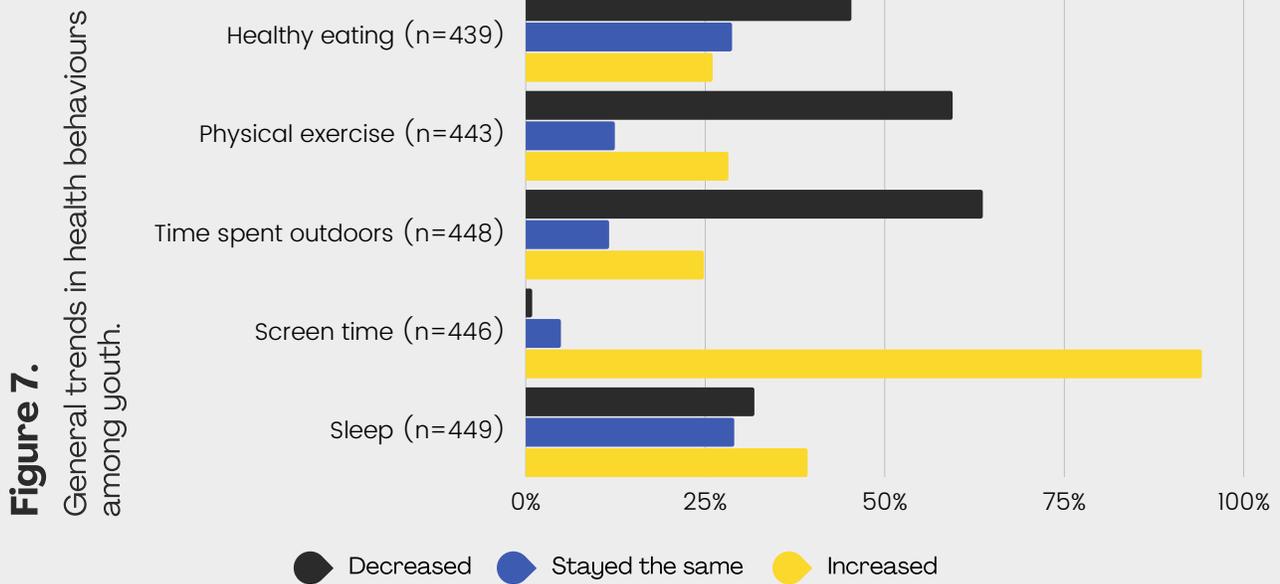
Lastly, the survey asked youth regarding their substance use behaviours as shown in Figure 8. There was a marked increase in vaping (47%) and non-medical cannabis usage (57%), and a moderate increase in cigarette usage (40%). Mixed changes in alcohol consumption were observed.

Figure 8.
Trends in substance use behaviours among youth
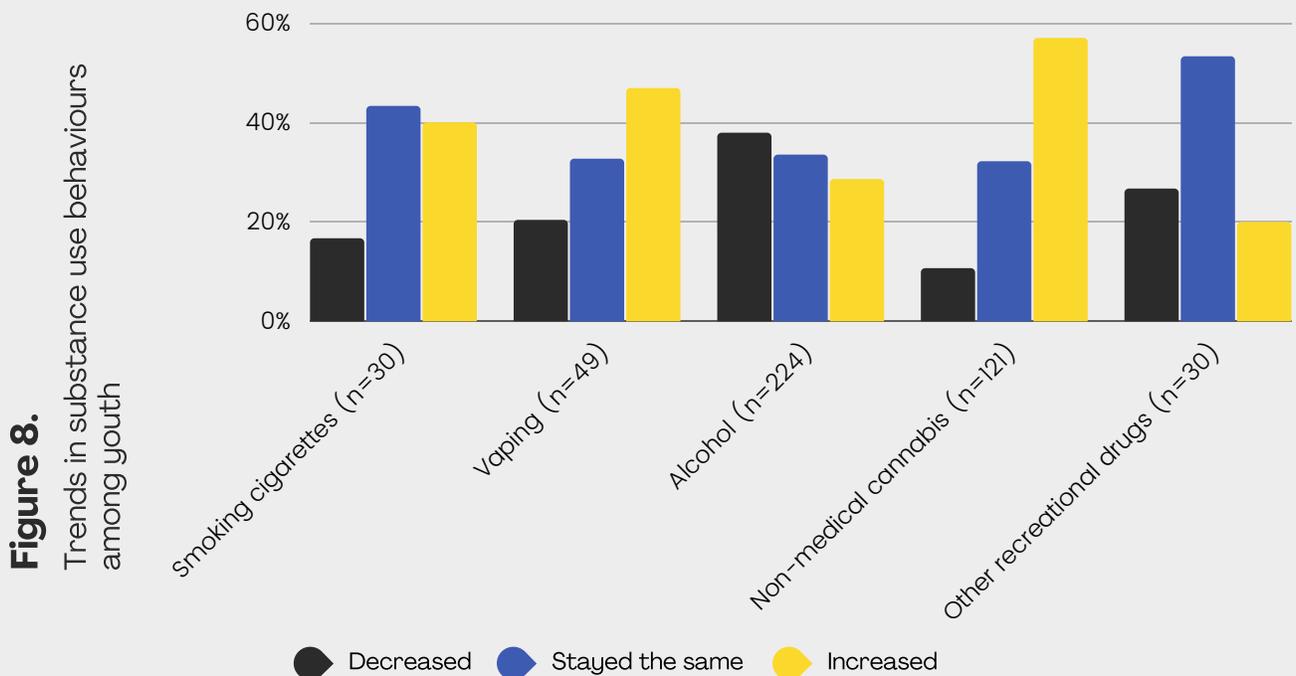
When we asked youth about the health system's challenges they faced during our design jams, they highlighted some critical gaps shown below:

- Inconsistent communications from the government.
- Inability of telehealth systems to replace in-person services due to privacy concerns, not feeling comfortable speaking about personal matters virtually, internet accessibility.
- Strong need for youth-friendly navigation sites to refer youths to appropriate mental health support.
- Concern over the affordability of personal protective equipment (PPE).

RECOMMENDATIONS

01
Involve youth in decision-making processes.

02
Ensure accessible government communications.

03
Educate youth on positive coping strategies.

04
Develop and share tools for identifying misinformation about vaccines.

05
Allocate resources to grassroots youth-led mental health initiatives

06
Promote healthy strategies on physical activity to combat increasing sedentary lifestyles.

07
Create a rigorous monitoring system for the impacts of COVID-19 on youth mental health and substance use.

The general health issues among youth populations have magnified due to reduced access to health and social services. We advocate for the following recommendations to ensure immediate and post-pandemic recovery for youth health.

Youth of Colour

BPOC Youth

For the purposes of this research, BPOC youth are those who identify as Black and/or other people of colour. Various studies have notably also used markers such as racialized persons to indicate BPOC. For the purpose of our study, we will be considering the impacts on BPOC youth within the following section, as compared to the generally-used categorizations for racialized youth. Please see page 26 for our note on Indigenous youth-led research.

It is important to note here that the matters pertaining to BPOC youth are highly intersectional and interconnected. For example, employment can impact and be impacted by the healthcare system, education, housing or family socio-economic status and so on. It was noted that in the Toronto Public Health data that "while Black people make up 9 per cent of the population, they account[ed] for 21 per cent of COVID-19 cases."[5] The analytical study, based on other research, highlighted that the higher incidence can be attributed to "inequalities" in living conditions such as "residing with elderly relatives" and "cramped housing" or in the level of public transit usage.[6] As it will be highlighted in the sections below, many BPOC are essential workers during the pandemic, which can also implicate the higher numbers of COVID-19 infections.

The confluence of race, economics and COVID-19 impacts can be seen through the example of one marginalized community located northwest of downtown Toronto that became "the epicentre for COVID-19 infections" with an infection rate "10 times that of the least-infected parts of the city."[7] The community's high school has been noted to have the "'largest Black student population in the country'" and the "average annual income for community residents" is $27,984 (about half of the average in Toronto).[8] These statistics demonstrate the interconnectivity of various factors like race, economics and health care facilities. Comparatively, effective public health measures facilitated "lowering the curve" (that is, decreasing the exponential nature of COVID-19 cases) much better in the "wealthier, [and] less diverse neighbourhoods."[9]

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[5] James, Carl E. *"Racial Inequity, COVID-19 And The Education Of Black And Other Marginalized Students"*. 2020
[6] Supra note 5
[7] Supra note 5
[8] Supra note 5
[9] City of Toronto. *"8: Theme: Climate Change And Resilience". Impacts and Opportunities.* 2020

A York University study aptly discusses that "COVID-19 serves to exacerbate the inseparable systems of embedded inequities,"[10] and it is evident that the pandemic has explicitly demonstrated the struggles of BPOC communities, providing strong impetus to evaluate and develop sustainable solutions. As another study highlights: "COVID-19 pandemic has demonstrated that there are significant systemic vulnerabilities in the social and economic infrastructure of communities."[11] We are making the effort to understand this highly overarching matter in the context of the Ontario youth.

An intersectional approach to understanding racialized youth's concerns is still needed. There is a need for an intersectional approach to combat the issues that BPOC youth have faced and will face. This is because it is understood that "racism is itself a rampant epidemic which restricts individuals' airflow, stifles their ability to breathe and move freely, and constricts their health and productive life."[12] This recognition would mean mandating provisions such as collecting race-based data to explore these intersections between precarious work, sick leave, housing situation, welfare and healthcare. An example of this approach is how OCAD University is undertaking an advisory committee, encouraging young BIPOC youth to discuss their COVID-19 experiences and recovery suggestions.

This program will "'show how OCAD University's design thinking and strategic approaches can bring the voices of the vulnerable to the development of policy recommendations, especially as we face the impacts of COVID-19."[13] The program, It's My Future Toronto (IMFTO), involves "bringing education, industry, government and BIPOC community partners together to provide opportunities for BIPOC youth, aged eight to 12 years, to design Toronto's recovery from COVID-19 and address systemic racism for the next three to five years."[14] We recommend that the provincial government and community partners prioritize collaboration with such institutions that can facilitate both general and academic insight into intersectional understandings of BPOC youth and their COVID-19 experiences.

RECOMMENDATIONS

01

Create better housing strategies that target the inequities faced by BPOC youth and their families, considering the cultural element of intergenerational living when providing housing assistance.

02

For more insight and transparency, continue periodic release of race-based health data that Ontario collects.

03

Consider the intersectionality of issues that BPOC youth face when providing services related to online learning.

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[10] Supra note 5
[11] Supra note 9
[12] Supra note 5
[13] OCAD Univeristy. *"Unique Program Lets BIPOC Youth Give Toronto Advice For Recovery From COVID-19 And Systemic Racism"*. 2020.
[14] Supra note 13

BPOC Youth & Education

The educational trends for Black and other racialized students prior to COVID-19 show poor outcomes for these students. For example, Toronto District School Board (TDSB) records highlight that Black students are "overrepresented in the lowest level of educational programs […] and less likely to pursue postsecondary studies". Additionally, teachers hold "low expectations" and there are "more punitive disciplinary practices toward Black students". These observations are limited to TDSB because it is the "only board that provides relevant data".[15]

Upon the onset of the COVID-19 pandemic, students generally lost critical opportunities for "peer-to-peer learning opportunities", physical activities, and socialization. A York University study highlights that the "absence of the socialization and sensory feature of in-person learning" will hinder their "emotional and social development."[16] These losses are exacerbated for BPOC students in maintaining their learning process due to the reported "lack of access to learning materials, quiet spaces, computers or tablets, and reliable internet" for some students in low-income families.[17] Research has shown that "breaks from schools" such as vacations, widen the "achievement gaps" since lower-income families (the socio-economic class that historically consists of BPOC) cannot afford "supplementary academic or extracurricular programs that could contribute to their children's intellectual development while away from school".

Therefore, the combination of the absence of school and lack of technological access during COVID-19 can reduce BPOC students' engagement and "disaffirms their needs, interests and ambitions."[18]

As has been discussed above, the intersectionality of factors such as education, health, housing, wage disparity and employment feed into each other and cause even greater disparity for BPOC youth and their families. For example, school closures affected the meal programs on which students from low-income neighbourhoods are dependent, thereby directly impacting their attention and productivity in learning.[19]

Studies have recommended that the education system take this chance to "reimagine schooling and education that is accessible and responsive to all students and parents." Prior to COVID-19, many school boards were "re-evaluating programs, such as French immersion (which attracts a higher proportion of affluent, white students) and streaming (which routinely put Black children on a path to applied courses, which limit their options after graduation)".[20] However, the focus shifted away from this to factors such as online schooling transitions and then the reopening of schools. We reaffirm the importance of addressing these key questions of equity within school boards, in addition to ensuring that students from across the province are listened to in the design of Ontario's de-streaming plans and policies.

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[15] Supra note 5
[16] Supra note 5
[17] Supra note 5
[18] Supra note 5
[19] Supra note 5
[20] Supra note 5

This educational effort will teach students how to be proactive, culturally sensitive and anti-racist. These pursuits will work in tandem with ensuring equity within the schooling system.

Additionally, the current e-learning approach is based on "meritocratic political philosophy" that ignores how differences in the students may influence degree of merit (lifestyle, resources, ability and so on) and perpetuates a "one-size-fits-all across a diverse range of learners".[22] Having teachers checking in with students to understand their life beyond may be helpful in diversifying the learning processes. Hence, there is a need for teachers to better transition their student familiarization processes from the in-person programs such as Ontario Student Record (OSR) and Individual Education Plan (IEP) into the virtual learning set-up and process. Fostering better student-teacher communication would allow instructors to develop individualized strategies that will help combat the online schooling issues mentioned above.

Insufficient equity within the schooling system also shows a lack of BIPOC-inclusion in school curricula.[21] Inclusion of BIPOC history and issues is a necessary and salient addition in the curriculum. Recognition of racism, discrimination and microaggressions is enhanced when students are educated on the history and on-going issues related to race.

L.I.G.H.T., another youth-led organization working in Ontario, conducted research on racial justice in schools and developed solutions. They recommended creating an extensive anonymous alert system that allows students to contact administrators, through which students can receive responses and resolutions. They also specified the need for greater visibility, transparency and accessibility of resources for racialized students on school and board websites.[23]

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[21] Supra note 5

[22] Supra note 5

[23] This research was conducted in consultation with L.I.G.H.T.'s Policy Advocacy Team which involved Ulain Umar, Angelina Zhou, Mehka Gnanendran, Shelley Yao.

01

School boards (other than TDSB) should collect or should be assisted in collecting race-based data which allows for a province-wide study and analysis on the long-term impact of COVID-19 on BPOC students on matters such as changes in their enrollment in post-secondary programs and other factors like administrative disciplinary actions.

02

Combat the inequity faced by BPOC in provision of services needed for their education and extracurriculars - Internet, quiet spaces, personal/working computers, learning materials.

03

Work to decolonize the curriculum and increase B(I)POC inclusivity into lessons.

04

Create additional easy-to-use initiatives that promote interactions between peers - either online or physically distanced.

05

In the de-streaming, work on producing curriculum that is diversified for various learner-types.

06

Identify and balance intersectional difficulties faced by BPOC students due to their household circumstances around housing, precarious work and health concerns when undertaking school closures.

07

Continue the work on de-streaming secondary education to reimaging our systems and allow parents of BPOC students equal opportunity to participate in this reconstruction.

BPOC Youth and Employment

Given the systemic barriers for BPOC youth, it is important to consider how employment within the family can have an impact on their lives. While Statistics Canada data does not distinguish by age category, gathered information highlights that racialized persons are in higher-risk jobs. For example, "Black and Filipino workers are disproportionately employed in the healthcare field and, on average, earn significantly less than their white co-workers."[24]

The Statistics Canada report published in August 2020 illustrates congruent results on unemployment; higher unemployment rates for South Asian (17.8%), Arab (17.3%) and Black Canadians (16.8%) are experienced across various cohorts ranging from 15 - 69 years of age.[25]

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[24] Canadian Union of Public Employees. "COVID-19'S Impact On Indigenous, Black And Racialized Communities". 2020

[25] Government of Canada. "Labour Force Survey, July 2020", 2021.

A labour force survey conducted by Statistics Canada in July 2020 indicated that a "significant proportion [of BPOC individuals] tend[s] to be precariously employed as essential and frontline workers."[26] While this data does not specifically identify trends for youth, BPOC youth are nonetheless affected either as part of the general group or as dependents. Parents working in frontline positions may be required to choose between earning income and their own health, when working remotely is not possible.

In general, youth employment was reduced by 17.4% in July 2020 compared to February 2020.[27] Unfortunately, this data does not expand on how these unemployment rates are further distributed on the basis of race.

RECOMMENDATIONS

01

Work with employers to provide better work-place benefits because these feed into the better facilities in healthcare and limit the impact of precarious work on families, which further help BPOC youth.

02

Identify race-based disproportionality in healthcare fields and general essential work to provide better programs for these impacted households.

03

Stronger employment security and workplace safety leads to better services for BPOC youth in their education and healthcare.

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[26] Supra note 25
[27] Supra note 5

BPOC Youth & Health

An analysis for BPOC youth means understanding their intersectional experiences within a study. For example, BPOC precarious workers are "less likely to have sick leave and have fewer options when employers ignore health and safety standards." This, coupled with inadequate housing during quarantine, and financial insecurity if a member of the family encounters an illness or job loss, has fed into the "sharp disparity in COVID-19 infection rates among racialized people" (based on early data). As of now, the Toronto Public Health unit data from May 20, 2020 onwards has shown that Black and racialized residents make up 83% of cases while representing "only half the population." As a province, Ontario started collecting data of "race, income, household size and language" 4 months into the pandemic in June 2020 for people who test positive. Mandated race-based data collection is necessary given the harrowing statistics for different neighbourhoods.[28]

The Toronto Star found that BPOC cases have been predominantly from multigenerational homes.

These concerns over health, specifically mental health, also involve schooling and the education system. It has been noted that "school closures have the greatest impact on students living in poverty, particularly in terms of access to food, academic support, mental health and schooling arrangements." This is because schools provide resources that lower-income BPOC families may not otherwise have access to. Given the minimal focus on BPOC issues and subsequent lack of support, it can be "surmise[d] (based on CAMH data) that given systemic inequity, Black Canadians, for example, likely experience higher levels of anxiety and depression insofar as they have to cope with anti-Black racism as an additional mental health stressor." This indicates that in addition to inherent inequalities discussed above that influence general health of the BPOC populace, these additional mental health issues need to be addressed as well.[29]

Collecting race-based health care data would assist in optimizing present facilities as well as creating new targeted programs for youth of colour.

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[28] Supra note 24
[29] Supra note 5

01
Focus on researching race-based data in healthcare and periodically release the such data so that social determinants of health can be reviewed.

02
Provide stronger financial security while quarantined/ill working family members recover to reduce the infection rates and mental strain of these earners because their daily work is instrumental in the survival of their household.

03
Provide proper places for recovery and self-isolation away from family, where necessary particularly in intergenerational households to decrease transmission.

04
Create low-charge or free programs for youth that facilitate positive mental health and good meal provision - which have been reduced due to unsteady school availability.

Young First Nations, Métis & Inuit People

We affirm the necessity and importance of including young First Nations, Métis and Inuit (FNMI) voices in policymaking. Regrettably, in spite of sincere efforts to reach youth respondents, we were unable to receive sufficient responses from FNMI youth to adequately reflect their concerns and experiences during COVID-19 with integrity. To represent the voices of FNMI youth without enough data would be to speak without their shared knowledge and consent. We commit ourselves to our ongoing efforts to establish safe and equitable partnerships so that we may collaborate and co-create with young FNMI leaders.

Young FNMI voices matter and leaders across the province are speaking up to share their recommendations for governments and civil society to create a more just Ontario.

We refer to the expertise of organizations that include, but are not limited to, the Métis Nation of Ontario and its Youth Council, the Ontario First Nations Young People's Council, Tungasuvvingat Inuit, and Canadian Roots Exchange.

Moreover, we emphasize the significance of individual experiences, opinions and suggestions; whether you are a lawmaker, leader of an organization or individual looking to implement better practices, we implore you to recognize the value of and listen to young FNMI individuals.

In spite of this Ontario-based lack of data, a broader national context is available. In "Canada's First State of Youth Report" for 2021, on COVID-19, Indigenous youth felt that their challenges were similarly compounded in education and employment, citing that the current housing and infrastructure crisis forced Indigenous students to undertake online learning and work in unsafe living conditions. Addictions, abuse and suicides have also become more frequent in Indigenous communities across Canada. The most important issue being that many pandemic services are often offered without consultation of Indigenous communities whose youth have uniquely different needs, through the lens of both past and current oppression and the battle against colonial genocide. In recognizing this, we echo the recommendations of youth considering the national context, by encouraging that governments strive to ensure higher quality of life and "streamlining infrastructural capacity projects for physical health resources, creating additional spaces" for youth to heal and cope with these impacts.[30]

Also, in the national context, resilience among Indigenous youth was noted as something that sustained many of their communities dealing with much harsher challenges, per a report from Canada's Chief Public Health Officer: "Indigenous Peoples and COVID-19." In the report, Indigenous youth's leadership was demonstrated in their initiative and care to disseminate critical public health information and other resources to their communities through social media. These efforts were "connected back to Indigenous ways of knowing such as through human, animal, and land characters and illustrations". This report also noted the difficulty of completing work and accessing schooling remotely due to unreliable access to Internet and/or lack of digital devices, while the State of Youth Report highlighted concerns regarding living conditions. It is likely that Indigenous youth have had to face both of these impacts, and therefore, deal with multiple challenges to working and studying effectively from home. [31]

RECOMMENDATIONS

01

Additional mental health support for Indigenous youth was a recommendation in both national reports, recognizing the need for social workers and school counsellors in Indigenous communities.

02

Per the State of Youth Report, increase investment into infrastructural capacity projects for physical health resources and create more spaces for Indigenous youth to collectively heal and deal with their challenges.

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[30] Canadian Heritage. "Canada's First State of Youth Report." 2021.
[31] Waakebiness-Bryce Institute for Indigenous Health. "What we heard: Indigenous Peoples and COVID-19." 2021.

Young Women

In this report, the term 'women youth' refers to individuals who identify as women, which includes cis-gender and trans women. The pandemic has heightened the disparities between women and men. While research has noted that men have a higher fatality rate, women are faced with economic and social crises during and in the aftermath of the pandemic.[32] Several underlying factors such as societal gender roles and expectations, discrimination, and access to support services have led to the increased strain on women regarding their health, employment and communities.

One such consequence of the pandemic is the increased unpaid work done by women. This can be attributed to several reasons: lockdowns and restrictions of schools and childcare facilities, job loss, societal expectation, and more.[33]

A recent report named "Whose Time to Care? Unpaid Care and Domestic Work During COVID-19' by the Women Count programme at UN Women found that 56% of women and 51% of men have increased the time they spend on unpaid care work. Women were more likely to increase the time spent on household chores and helping loved ones. According to the report, women were more likely than men to take on additional household tasks such as assisting with childcare, teaching, caring for elderly, and preparing meals.[34] The "Resetting Normal: Women, Decent Work and Canada's Fractured Care Economy" by The Canadian Women's Foundation noted that women spend about 50% more time on unpaid work per day than men do (3.9 hours for females vs. 2.4 hours for males per day).[35]

[32] UN Women. "From Insight to Action: Gender Inequality in the Wake of COVID-19". 2020.
[33] OCC. "The She-covery Project." 2020.
[34] UN Women. "Whose Time To Care." 2020.
[35] Canada Women's Foundation. "Resetting Normal" 2020.

Our research assessed intersectional factors such as community involvement, unpaid work, employment and more to determine the disproportionate impact of the pandemic on women youth in Ontario. Our survey looked at six types of unpaid work: homeschooling children/siblings, childcare for children/siblings, caregiving of elderly, cooking meals for one's household, volunteering in-person, and volunteering online. As illustrated in Figure 9, almost all types of unpaid work had a higher proportion of female engagement, except for volunteering in-person. Approximately 30% of females compared to 22% of males engaged in homeschooling of children. The largest difference was in volunteering online, with 35% of females engaging in unpaid work compared to 25% of males.

Figure 9.
The proportion of engagement in unpaid work between young women and men.
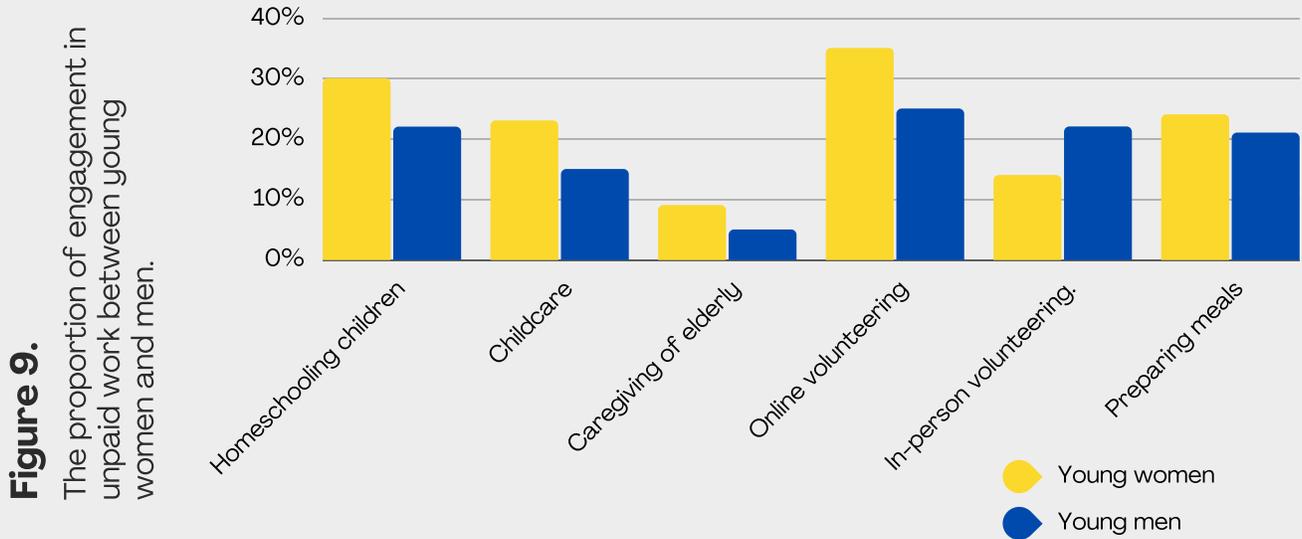
Overall, our research on how women engaged in their communities showed consistent findings with how the pandemic has had unequal impacts on women. The implications of these disparities can have significant impacts on women's mental health outcomes and reduced financial security.

RECOMMENDATIONS

01

Development of gender-responsive policies to address women's leadership and labour, in and out of the workplace.

02

Increased prioritization of gender-based research and data to inform policy and resource allocation.

03

Greater availability of free online programs/resources to help with educating young children and keeping them occupied.

04

Promote and increase remote work opportunities with more flexible hours/schedules to accommodate for women youth with other responsibilities.

05

More grants and funding for women youth engaging in childcare or elder care work.

Young Women & Education

The pandemic has highlighted the severity of gender inequality across various aspects of young women's lives. According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO), it is possible that 11 million young girls may not return to pursue their education after the pandemic.[36] Globally, this uncertainty puts millions of young women at risk of inadequate standards of life and financial instability. Statistic Canada's 2020 Labour Force Survey data found that the largest level of employment declines were overwhelmingly among workers with lower education. Additionally, women faced more job losses than men at lower education levels. For women with high school education or less, employment fell 19%, while men in the same group only saw losses of 12%. For men and women with diplomas, women saw a 13% decrease, while men only saw an 8% decrease.[37] It is well documented that increased unemployment leads to increasing inequality. The link between women's greater losses in employment and education is an obstacle towards young Canadian women achieving financial stability.

Given the sudden shift to remote distance learning, our survey sought to examine the effect of remote education on young women's education experiences. Many young men and women expressed similar difficulties with remote distance learning. Many young women said they experienced technical and connectivity issues when accessing remote education:14% of females expressed that they did not have access to reliable internet access, while only 7% of male respondents felt the same. Several women also reported struggles with staying motivated from being outside of the classroom. Many respondents also reported that the online structure of education increased their stress because the increased workload requires a greater amount of time and energy.

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[36] UNESCO. "Keeping Girls in the Picture," 2020
[37] Supra note 25

One woman-identifying respondent noted "I feel as though the teachers are focusing more on meeting deadlines rather than teaching me, which is why I sometimes feel unprepared when it comes to tests and other evaluations. Furthermore, we are going at double the pace and it is adding a lot of stress to my life." Due to the shift to online education delivery, many young women have been facing an increased burden of domestic responsibilities within their household. Taking care of younger siblings and family members or helping out with domestic tasks primarily falls on women, preventing them from dedicating time to other responsibilities and subsequently, causing burnout. Time is a valuable resource, of which young women are losing, thereby affecting other facets of their lives, including education. Therefore, this impacts their learning and academic performance. Another challenge that young women reported is reduced access to professors, something that has impacted their educational experience and also made remote distance learning more difficult.

Many women also reported struggling with accessing counselling and support due to campuses being closed for online learning, further exacerbating feelings of stress and anxiety. One respondent stated,

"It's difficult to get in contact with professors, TAs, and other support staff working with the university in a timely manner - I have to wait several days to be able to book appointments with resources such as Accessibility Services and the Learning Development and Success centre. Also, some professors are wildly underestimating the amount of time it may take students to complete tasks. With online learning, instead of the occasional test or midterm, there are now weekly quizzes or assignments or forum posts due, and oftentimes the amount of work we are expected to do is unreasonable and overwhelming. Additionally, there has been insufficient explanation of how to use new online learning tools e.g. Perusall, Proctortrack, or Voicethread, and many of my classmates are struggling to navigate these complicated systems."

Based on the feedback responses to our survey, a list of recommendations to foster a better educational experience for young Canadian women in education has been detailed below. Economic crises disproportionately affect young women. Therefore it is important to improve young women's educational experiences to help them gain financial stability, better standards of life, and to move the dial forward on gender equality in Canada.

RECOMMENDATIONS

01 | Professors should increase their office hours so that students can reach them more easily if they have questions. We also recommend that office hours be conducted directly through Zoom or via phone so that students do not have to struggle with explaining their questions or difficult concepts through email.

02 | Universities should cease the use of proctoring services because of privacy concerns and technical difficulties.

03 | Lecture materials should be recorded so that students can learn at their own pace.

04 | Professors should assign realistic/manageable workloads to students. Many young women perform domestic duties in the household, and this should be taken into account.

Young Women & Employment

Around the world, the pandemic has disproportionately affected women's economic stability. This is because many of the most impacted employment sectors predominantly involve women, such as healthcare and nonprofit work. The Canadian Centre for Policy Alternatives found that in March 2020, around 300,000 women aged 25 to 54 years old lost their jobs, which was more than double the losses experienced by men in the same age group. Almost half of these losses were experienced by women working part-time in care work and low-paying services.[38]

This is also related to the fact that in general, of all individuals aged 25 to 54 year years old, women account for 70% of all job losses. In March 2020, youth aged 15 to 24 years old represented about 40% of all job losses, and specifically, young women accounted for 59% of those losses in the youth demographic.[39] Research has also shown that racialized women experienced the majority of job losses, and that recovery for women's employment has been weak.[40]


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[38] Scott, Katherine. The Monitor, "Women Bearing the Brunt of Economic Losses" 2020.
[39] Supra note 38
[40] Supra CCPA, Canadian Women's Foundation, ONN. "Recovery through Equality" 2020/

Our survey examined how young women's employment security in Ontario had been affected by the pandemic. Many young women reported that their finances had been negatively impacted by the pandemic. Our survey found that 69% of young women had been employed over the summer of 2020, compared to 43% of young men. Despite more women being employed over the summer than young men, slightly more young men (54%) secured full-time employment over the summer than young women (52%). This may have partially been due to decreased hours as a result of pandemic closures and job losses in sectors such as retail and the restaurant industry, in which women are the majority of the workforce. It is also possible that more young men had full-time employment due to the fact that many young women have been participating in increased care work and unpaid labour at home due to the shut-down of in-person activities.
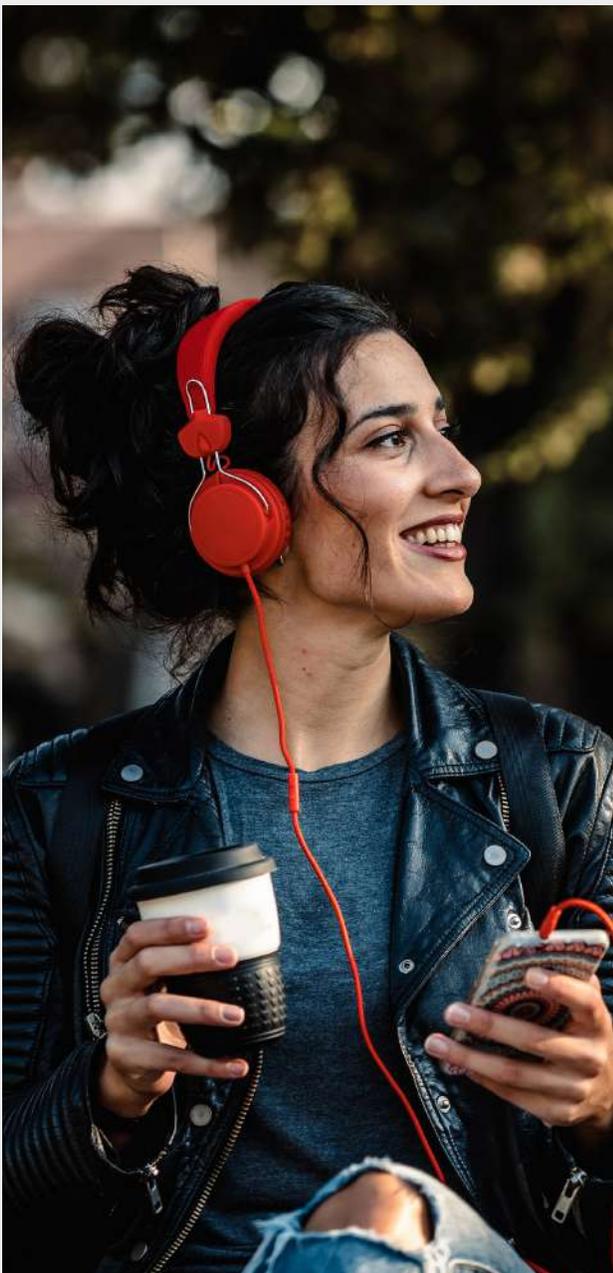
Women face significant financial precarity due to lower wages in the part-time workforce. This financial instability widens the gender wage and wealth gap, thereby affecting the quality of life and long-term earnings of women. Additionally, 49% of young women could not work from home during the pandemic. Many young women could not work from home because a majority of the front-line work-force is composed of women through sectors such as healthcare, care work, and teaching.

Working in person during the pandemic not only put young women at risk of contracting COVID-19 but also led to an increase in stress and anxiety about the pandemic. Of the 48% of women youth who were not employed during the summer, 70% were unemployed because they could not secure employment or they had lost their jobs due to the pandemic (vs. 66% of men). This is significant because lack of access to employment often hinders women from being able to pay tuition fees, leading to accrued student debt.

Many of the young women who lost their jobs relied on EI or CERB/CESB to meet their financial needs. Women youth also reported that their households suffered financially--47% of young women reported that their access to money had decreased or greatly decreased, which was 3% more than for young men. Many young women said that access to income supplements helped them meet their needs, including assisting their parents who had also lost jobs or hours. One respondent said, "At the beginning of the pandemic I was initially impacted as a new graduate from an undergrad program. I had initially planned to find a summer job starting as soon as my classes were finished, however I was unemployed from April to July. During this time I received the CERB." In fact, about 64% of young women reported that they received a CESB/CERB payment, which was 13% more than young men who also received the same. Young women who lost employment earnings relied significantly on government financial support. Around 86% of young women used the government assistance payments for basic needs (28%), tuition (31%), and savings (27%).

In general, young women faced challenges in finding summer employment and in replacing lost employment. Young women who were graduating and who were already unemployed reported that they struggled to find employment. One respondent said that she was "[u]nable to secure entry-level employment in any field (public service, non-profit, private sector)." and that she was "[l]ooking for [a] career ([that] matches postgraduate training in social sciences) and unable to enter labour market due to limited opportunities as a result of COVID/ limited opportunities for social science new grads." There was also a small portion of respondents who said they chose not to work because of high risk family members. The pandemic has highlighted that domestic labour and care for family members is overwhelmingly performed by women in families. The burden of unpaid domestic labour in households not only prevents young women from stable employment, but also contributes to the gender wealth gap and women's economic instability. Mitigating these effects and providing young women with employment supports will be vital to an equitable recovery after the pandemic.

RECOMMENDATIONS

01

Targeted skills training should be offered for young women so that they can be competitive candidates in employment (digital, in-person after the pandemic, targeted career fairs, etc).

02

Mentorship, internship, & networking opportunities should continue to be offered online so that all young women can access important opportunities that will help them in future employment.

03

Employers should be flexible about experience for entry level jobs given that many young women experience inequalities based on intersecting identities (such as ethnicity, education, sexuality, disability, etc.).

Young women also recommend that employers undertake the following practices to ensure an equitable recovery.

04

The implementation of flexible work arrangements - these will allow employees flexible arrangements of when and where to fulfil their job responsibilities thereby allowing employees to meet personal or family needs and maintain a sustainable work-life balance.

05

Support working women with safe childcare options - child care is crucial to family-friendly policies and can provide critical support to young mothers who are faced with limited or no childcare options.

06

Support government social protection measures - by offering employees paid sick leave employers can reduce the potential financial implications of missed work, especially for young women who are often primary caregivers, allowing families to maintain their livelihoods.

Young Women & Health

Women youth have had unique health experiences during the pandemic.

In a survey conducted by CAMH in September 2020, about ¼ of women (24.3%) indicated experiencing moderate to severe anxiety, significantly higher than the 17.9% among men.[41] Women are increasingly put in higher health risk situations. The healthcare workforce consists of about 70% women, which disproportionately requires women to treat patients in close proximity at risk of exposure to diseases like COVID-19.[42]

One UN Women report found that marginalized groups, especially BIPOC women were 1.2 to 4.3 times more likely to die from COVID-19. Moreover, there has been a marked increase in domestic violence against women during the pandemic. In 2020, an estimated 243 million women and girls aged 14-49 globally have been faced with sexual and/or physical violence by intimate partners.[43] In Canada, women's shelters and organizations have seen an uptick in violence against women during the pandemic. The Ontario Association of Interval and Transition Houses reported that about 20% of their 70 shelters had increased crisis calls.[44]

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[41] CAMH. "COVID-19 pandemic adversely affecting mental health of women and people with children". 2020.
[42] Catalyst. "Women in Healthcare (Quick Take)". 2020.
[43] Supra note 32
[44] Canadian Women's Foundation. "The Facts: Women and Pandemics". 2020.

A Statistics Canada survey on the impacts of COVID-19 also highlighted that approximately 10% of women are very or extremely concerned about the possibility of violence in the home.[45]

The disaggregated data of women-identifying youth in our survey showed similar trends to current research in regard to women's health. We explored three key health indicators to gain a nuanced understanding of the mental and physical wellbeing of women participants. These included general feelings, substance use and health behaviours. Women youth compared to men reported increased feelings of sadness, frustration, loss of control, and anxiousness. When asked about substance use patterns, women youth reported increased use of cigarettes and vaping. The general health behaviours of women youth were not as statistically significant when compared to other demographics.

The women youth in our research, through the surveys and discussions, identified distinctive challenges faced by their demographic compared to others. As many women left or lost jobs due to lack of childcare options or increasingly took on unpaid work, it took a toll on their mental health and wellbeing. Survey participants also noted several issues not being addressed by decision-makers during the pandemic such as lack of resources/decreased funding towards essential services such as sexual health, and spaces where social distancing is not possible like homeless and women's shelters. This inadvertently puts women at risk.

In our community consultations with the Canadian Council for Young Feminists (CCYF) and the CAMH Youth Engagement Team, some key points were brought to light. Mental health among women has been put at an increased risk during the pandemic. Eating disorders such as anorexia and bulimia, which predominantly affect women, have seen an increased spike, as well.[46]

Groups continue to advocate for intersectional mental health resources and support.

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[45] Statistics Canada. "Canadian Perspectives Survey Series 1: Impacts of COVID-19". 2020.
[46] SCBC. "Eating disorders spiked during the pandemic, and that forced a rethink in how they are treated". 2021.

RECOMMENDATIONS

01

—

Increased resource allocation for young women's mental health services and resources.

02

—

Reduce financial burden on women by making menstrual products and child care more accessible and affordable through school care programs.

03

—

Increased cessation and drug management programs for substance use among young women.

Youth in Care

Per the Ontario Association of Children's Aid Societies, "youth in care" refers to the "children and youth who live in kin, foster, and group homes... who are not able to live safely with their primary caregivers because of neglect and abuse". In Ontario, on average, there are more than 9,000 children and youth in care each month.[47]

Youth in and from care experience an intersection of challenges, such as unstable housing, limited mental health care, restricted access to food and a completely nutritious diet, lack of available transportation, poverty, and more. These difficulties have all been exacerbated by the pandemic. As such, we recommend the inclusion of youth as lived-experts at every level of decision-making, to inform strategies and solutions.

Based on consultations and the recommendations of the Ontario Association of Children's Aid Societies, there is a pressing need to deliver equitable, racially affirming, and culturally responsive services. It is vital to fully acknowledge youth's entire identities, ensure health and well-being, and guide services and support. Racial and cultural identity cannot be viewed as a gratuitous part of youth, when it is a fundamental part of their experiences, world view, and identity.

Furthermore, we reaffirm the need for a readiness-based system, as pursued by the Ontario Children's Advancement Coalition and it's partners, which is a youth-centered approach poised to significantly improve outcomes compared to the age-based system, where youth are treated homogeneously, and their individual needs are ignored. To most effectively implement a readiness-based system, customized care dictated by youth is necessary to ensure relevant readiness indicators.

Overall, we observe a lack of youth voice prioritization in the past, wherein youth are often the last stakeholders to be consulted, only to be included in merely the approval stage, not the brainstorming or designing of policy or strategy. Therefore, to push back against old methods of systems change and to develop an effective readiness-based system, youth must be at the forefront, allowing for their lived experiences to guide how readiness is measured and achieved, from the beginning to the end.

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[47] OACAS. "Facts and Figures." 2020

01

Include youth as lived-experts at every level of decision making with an increase of equitable, racially-affirming and culturally-responsive services folded into child welfare in Ontario.

02

Continue the work towards a readiness-based system for youth leaving care, and ensure youth-in-care are primary voices in this new system's design, from determining indicators to development and implementation, in addition to ensuring that youth-friendly stakeholders and advocates on the ground are responsible for such engagement.

Youth in Care & Education

For many youth, school can serve to be a source of consistency and continuity. In fact, it represents an important space for youth to check-in and express a need for support or care. According to our consultations with OACAS and their fiscal reporting from 2014-2015, a significant number of youth in care who were in previously unsafe situations were referenced by an educator (the second most common referral avenue, after law enforcement).[48] Accordingly, there is a need to equip youth with the necessary skills to recognize and articulate inappropriate neglect and abuse.

Moreover, we recommend developing more accessible reporting systems that may be used in online formats, with consideration towards safety and privacy of youths sharing in their own home. In seeking educational reform, we reaffirm the importance of including youth in care, who often deal with multiple barriers to opportunity. With regard to the transition to online schooling, there has unfortunately been an increase in inconsistent attendance and disrupted continuity. Therefore, it is imperative that schools and the Ministry of Education ensure Internet and device access for all students, in order to facilitate full accessibility and participation in virtual education.

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[48] Supra note 47

Back-up planning in the event of lack of Internet access should be prepared to ensure no student is left behind as a result of technology in access. Due to the significant impact that exacerbated mental health challenges have on youths' engagement with education, steps should be taken to check in with students, and as mentioned, co-brainstorm and encourage positive coping strategies. These should consider the healthy consumption of news intake and screen time as excess exposure to repeatedly negative news can harm mental well-being, as some of our respondents had noted.

RECOMMENDATIONS

01

Creating a mechanism for youth to express inappropriate neglect and abuse in school and seek assistance, particularly in online settings.

02

Inclusion of youth-in-care in consultations about educational reform to increase wrap-around support.

03

Co-development with youth of healthy coping methods, with attention placed towards ensuring physical exercise, fresh air, and a healthy consumption of news and screen time

Youth in Care & Employment

Youth in care face similar challenges navigating employment and economic support programs; thus, improved youth-friendly interfaces to facilitate youth entering the job market are needed. Specifically, for youth transitioning out of care, better system navigation for income programs, in addition to increasing available financial support are key to setting up youths for success in attaining education and sustainable employment.

With regard to the evolving job market, it is important that youths are provided transferable skills (e.g., digital literacy, resume / CV writing, interview skills, conflict resolution and leadership, financial literacy, etc.), many of which are not covered by school curriculum. Therefore, we recommend compiling free training resources into one place (e.g., a dedicated webpage with an easy-to-navigate directory or database) so youth can readily access the skills training they require.

Furthermore, regular skills seminars/webinars can be hosted to deliver synchronous instruction, provide direct guidance, and answer questions. The topics can be rotated or youth may vote on which topics are most relevant to their needs.

Next, employment programs are effective tools to create more opportunities for youth, while also supporting the operations of companies, organizations and the government. Current offerings such as the Job Bank for Youth (an online collection of job listings available for youth), the Canada Summer Jobs Program (a program which provides funding to non-profit organizations to enable them to employ youth over the summer), and the variety of youth job programs offered by the Government of Ontario (e.g., Ontario Youth Apprenticeship Program, Youth Job Connection, etc.) are an excellent starting point to addressing the challenges of our current job economy; however, greater efforts towards long-term solutions are needed to provide stable opportunities for employment, as opposed to short, precarious stints.[49]

Moreover, the accessibility of these programs should be assessed regularly to ensure that:

- youth are aware of these tools or know where to find them; and
- discrimination & bias in hiring are minimized as much as possible; and
- these solutions are inclusive to all individuals (e.g., youth with disabilities, BIPOC, newcomers, youth not in employment, education or training, etc.), as in, there are no systemic barriers that prevent the participation of vulnerable communities.

Additional tools that we recommend are mentorship and coaching programs to provide personalised help and support to youth in care, to assist them in transitioning out of the system, and to orient them to the workforce.

RECOMMENDATIONS

01

Integrate better system navigation for income programs (e.g., rendering technical aspects such as eligibility, taxation easier to understand).

02

Increase support for youth transitioning out of care (e.g., in the form of one-on-one mentorship or coaching to provide personalised support).

03

Create transferable skill seminars (e.g., digital literacy, resume / CV writing, interview skills, conflict resolution and leadership, financial literacy, etc.).

04

Dedicated space (e.g., a web page or online/print book) where these resources are amalgamated and easy to locate.

05

Greater efforts towards long-term solutions that provide stable opportunities and liveable wages.

06

Ensure accessibility and elimination of barriers to current employment programs.

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[49] Government of Ontario. "Get help finding a youth or student job." 2021.

Youth in Care & Health

In this pandemic, isolation and loneliness have been a significant challenge. Youth in care experience estranged social connections due to the transition to online school, reduced time spent with friends, along with counselling and social worker sessions being conducted online. As well, the added uncertainty of youths' future with regard to their care or potentially aging out of the system exacerbates the burden of the pandemic on mental health. To combat this, better defined timelines should be set (e.g., the moratorium extension), as ambiguity in such timelines creates unnecessary burdens and stress on youth while impeding support and planning for their transitions.

Though virtual conferencing platforms provide a relatively more accessible way of communicating online, they are limited in nature and do not fully replace the in-person experience. As mentioned earlier, access to the Internet and technology is key to seeking mental health support online;

therefore, programs to distribute devices or facilitate Internet connectivity (e.g., via free Internet services, WiFi dongles, etc.) are necessary. Moreover, we recommend the facilitation of virtual gatherings, particularly activities that strengthen cultural ties and personal identity, one respondent noting that: "Children in care are not being given ample resources and activities to do which causes them to feel trapped and depressed indoors all day."

We note an increasing apathy and exhaustion, as found by our survey, in which 51.7% (250 respondents) of all youth reported a decreased interest in their daily routine and 64.3% (311 respondents) of all youth reported a decrease in energy. Therefore, we recommend special attention be taken towards reaching out to youth to invite them to such events, being cognizant of these present conditions, and providing incentives to help youth engage in these beneficial programs.

Additionally, as access to food programs has decreased, ensuring proper access to food and nutrition is essential to supporting health, growth and development, as well as focus and engagement at school. We recommend ensuring that all foster parents and guardians are informed on ways to ensure proper nutrition, and providing stipends to cover healthy food options (especially a healthy breakfast or lunch, which may have been typically provided by school programs).

With regard to medical care, gaps in services for youth in care with medical or complex needs are exasperated due to the pandemic. Telehealth does not sufficiently replace in-person support, but it does provide critical online access in a time when in-person services are unavailable. Therefore, we recommend mental health counselling that acknowledges and affirms racial and cultural identity, further focusing on the role that identity plays in lived experience. Finally, we reinforce the need for teaching youth positive coping strategies and prioritizing self-care to equip youth with skills to be proactive in monitoring their mental health, and seeking support when needed.

RECOMMENDATIONS

01 | Well-defined timelines and dates to reduce uncertainty which exacerbate anxiety in regard to youth in care's status regarding leaving care, or any major shifts to their routine way of life.

02 | Virtual gatherings, particularly those that strengthen cultural ties and identities.

03 | Providing incentives to attend online activities to combat increasing apathy.

04 | Educating foster parents and guardians on preparing meals that provide complete nutrition and providing stipends to ensure nutritious diet.

Youth with
Disabilities

While survey respondents were asked to self-identify as a person with disability, it is important to note that various definitions exist. The Canadian Survey on Disability (CSD) defines persons with disability as "anyone [...] limited in their daily activities due to a long-term condition or health problem, and anyone [...] 'rarely' limited if they were also unable to do certain tasks or could only do them with a lot of difficulty." [50] Most importantly; however, as echoed in the Ontario Human Rights Code, this category "should be interpreted in broad terms [...] includ[ing] both present and past conditions, as well as a subjective component based on perception of disability." [51]

According to the 2017 CSD, "more than 540,000 youths aged 15 to 24 years (13%) had one or more disabilities" and "among youth, mental health-related (8%) was the most common type of disability, followed by learning (6%), and pain-related disabilities (4%)." "About 15% of youth with milder disabilities were neither in school nor employed, compared with about 31% of youth with more severe disabilities." [52]

[50] Government of Canada, Statistics Canada. "Canadian Survey on Disability, 2017," 2018.
[51] Ontario Human Rights Commission. 2. What is disability? Accessed May 1, 2021.
[52] Supra note 50

As evidenced by a report authored by the Student Experience in the Research University (SERU) Consortium , COVID-19 has exacerbated issues youth with disabilities already face.t. One notable issue was the fact that persons with physical, learning, neurodevelopmental, and cognitive disabilities are more likely to face financial hardships, including spending for technology, unexpected increases in living expenses, and loss or reduction in income.[53] As a result, these individuals are more likely to experience food and housing insecurity.

From a consultation in the first few months of the pandemic with Alex McLean, an advocate for youth with disabilities, several recommendations were ideated. Primarily, in planning for accessibility needs, it was noted that there should be a standard accessibility checklist used to approve events and programming for information on the pandemic, where all conditions must be met for the event to be run. Some suggestions included adding closed captioning on all video media and meeting sign language needs. Additionally, on the issue of job

postings, it was suggested that including a sentence saying "based on equity" to recognize that organizations will ensure that they will fully accommodate individuals from all backgrounds. As a result, if applicants any accommodation requests, their needs will be met such that will be everyone is able to apply for work regardless of background and ability.

In our survey, some respondents reported that COVID-19 has positively impacted their experience of living with a disability, noting that "studying from home suits [their] physical health problems and means less social anxiety" since "physical health condition [... makes] in-person social life and public transportation difficult." However, many respondents reported negative repercussions of the pandemic including technical disabilities, difficulty concentrating, and increasing stress levels that their disabilities exacerbated.

RECOMMENDATIONS

01

Increase access to translators and using masks that have transparent openings to support lip-reading.

02

Dedicate attention to food and necessities insecurities through frequent contact with youth with disabilities not able to leave the home or secure necessities easily.

03

Available support call and text lines for youth with disabilities engaged in remote learning.

[53] SERU Consortium. The experiences of undergraduate students with physical, learning, neurodevelopmental, and cognitive disabilities during the COVID-19 pandemic. 2020.

Youth with Disabilities & Education

Education is an important aspect of an individual's life journey. Not only does a robust educational experience afford one with tangible skills to enter the workforce and contribute to the economy, but education also enables individuals to engage in meaningful personal development and introspection. According to UNESCO, COVID-19 is having a disproportionate impact on students with disabilities.[54] This is particularly problematic as many disabled students already face social disadvantages. It is important that the Government of Ontario address these problems to ensure the pandemic does not exacerbate an already dire situation.

To better understand how those with disabilities are being affected by the pandemic, consultations were conducted with the Disability Justice Network of Ontario and a youth with disabilities advocate (an individual who has had lived experiences as someone with disabilities). Through both consultations, it became clear that educational reform during these unprecedented times is needed. A primary concern was the lack of funding for those with disabilities. One survey participant stated they were being "left out of funding options", despite the fact that disabled students "need it the most". This is evidenced by the fact that, in light of the pandemic, as of April 2020, the government of Ontario has only siphoned a one-time payment of $100 for those who rely on fixed payments from the Ontario Disability Support Program (ODSP). Moreover, federal funding for the United Way that was meant to assist vulnerable populations made no mention of those living with disabilities.[55] Students have been concerned that an increase in OSAP funding would in turn decrease ODSP and OW funding, resulting in no net increase. As such, we call on the provincial government to increase disability-specific funding and ensure that **increases in this funding will not lead to commensurate decreases in other funding avenues, such as OSAP.**

Additionally, based on consultations, it was noted that post-secondary institutions in Ontario have not ensured accessible online education for those who need it. Although some institutions, such as McMaster University, have offered in-person learning for students with disabilities, many are worried about the potential health ramifications of being physically present on campus. In a sense, students with disabilities feel they are being given an ultimatum: "either take a gap year or risk their health" to attend live lectures, as noted by a respondent to our survey. Moreover online learning has been especially difficult for those with autism and Down syndrome, as stated in one of the community consultations. A survey participant with a disability noted that they have had "difficulty concentrating and focusing due to isolating". Students require a more tactile learning environment, with an emphasis on hands-on experimentation. In fact, according to ACCEL, there are seven prominent learning styles.[56]

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[54] UNESCO. "Including Learners with Disabilities in COVID-19 Education Responses." 2020. pra
[55] CBC News. "Disabled Population Left out of Emergency Funding, Advocate Says" 2020.
[56] ACCEL. "How Learning In Multi-Sensory, Hands-On, and Creative Ways Helps Children with Special Needs" 2019.

Hence, we call on the Government of Ontario to **create incentive-compatible methods for institutions to improve their accessibility measures for students with disabilities.** Incentive-compatible methods would entail ways to help youth with disabilities that are financially and personally beneficial for the institutions implementing them. If performance-based funding comes back to postsecondary institutions in the next year, we advocate for specific metrics tied directly to the quality and efficacy of a college's/university's accessibility programs (for both in-person and online course delivery). Performance-based funding is funding based on the achievement of certain metrics, some of which are chosen directly by the institution they are applicable to. It is important that these metrics are based, in part, of the quality of service being provided to disabled youth. Youth should be involved in defining what success comprises, similarly to the readiness-based indicators currently being discussed for the child and youth welfare system.

RECOMMENDATIONS

01

We call on the Government of Ontario to increase disability-specific funding for educational support and ensure that increases in this funding will not lead to commensurate decreases in other funding avenues, such as OSAP.

02

We call on the Government of Ontario to create incentive-compatible methods for institutions to improve their accessibility measures for students with disabilities.

Additionally, respondents noted that university disability services have been more difficult to use. As such, it is important that colleges and universities work towards increasing accessibility and enhance communication regarding where to go to seek disability services. Accessibility services, like test accommodations, must evolve in light of the pandemic.

In conclusion, education is an important part of a young person's upbringing. The government's response to the pandemic has largely ignored and neglected the educational needs of youth living with disabilities. Funding and accessibility for those with disabilities must be improved to ensure educational equality.

Youth with Disabilities & Employment

According to a series of policy briefings by the SERU Consortium, "students who self-identified as having a range of disabilities - physical, learning and neurodevelopmental or cognitive (such as autism or attention deficit disorder) - were twice as likely to have lost their off-campus job during the pandemic than students without disabilities".[57] Likewise, according to a study conducted by the Government of Canada with 13,000 Canadians with long-term conditions and disabilities, over one-third of participants reported experiencing a temporary or permanent job loss or reduced hours during the pandemic. Furthermore, it was observed that employment changes were more likely to occur among young participants and those with lower levels of education.[58] These conclusions are particularly worrisome to the population of youth with disabilities in Ontario. Many youth rely on jobs, either full-time, part-time, or contract, to make ends meet and provide funding for their education.

Without having a steady source of income, there may be higher chances that less individuals can afford post-secondary education, in turn heightening unemployment and eroding the prosperity of the Ontarian economy. As one of our own survey participants stated, "no one is hiring because [I] have disabilities.." It is pivotal that the provincial government improves opportunities for youth with disabilities to engage in meaningful employment.

After conducting design jams to solicit direct youth feedback on different areas that COVID-19 has affected, it was suggested that the Government of Ontario implement diversity and equity training for institutions and employers that emphasizes policy-making from an intersectional lens. By elucidating the various problems students with disabilities face, there is hope of a more understanding environment, where employers can make available or accessible specific positions to those with disabilities, or at the very least, make application processes more reflective of the diversity of disabilities across the province. Additionally, we call on the government of Ontario to increase funding of programs for disabled employment, such as the Federal Internship Program for Canadians with Disabilities.[59] These programs are needed to maintain an equitable job market and affirm the principle that external factors should not influence one's chance of success in the provincial economy.

RECOMMENDATIONS

01 | The Government of Ontario ought to implement diversity and equity training for institutions and employers that emphasises policy-making from an intersectional lens.

02 | The Government of Ontario ought to increase funding of programs for disabled employment, such as the Federal Internship Program for Canadians with Disabilities.

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[57] Anderson, Greta. "Report: Students with Disabilities Face More Pandemic Hardships" 2020.

[58] Supra note 50

[59] Government of Canada. "Federal Internship Program for Canadians with Disabilities." 2021.

Youth with Disabilities & Health

For disabled youth, health remains a serious issue, and the pandemic has only exacerbated existing mental conditions. A Student Experience in the Research University (SERU) Consortium report noted that "students with one or multiple disabilities were more likely to report symptoms of depression and anxiety and lack of adequate food or housing." This group also reported higher rates of food insecurity and "higher rates of major depressive disorder and generalized anxiety disorder than students without disabilities." [60]

Many respondents identifying as a youth with disability cited their health and disability as restricting their abilities to adapt to alternatives for everyday events, including performing household tasks, attending classes, and working. Under quarantine orders and the closure of schools, mental health issues have been exacerbated. For instance, one respondent noted that "going to school was really my only reason to go outside; [...] not having that reason has destroyed my mental illness." In addition, some respondents indicated remote adaptations as a cause of increased mental health challenges, with one respondent stating, "I completely gave up on remote learning due to difficulties brought on by my [ADHD], depression, and anxiety. I'm taking an 8 month work term instead."

Moreover, in a consultation with Alex McLean, an advocate for youth with disabilities, it was suggested that health issues are highly tied to access to information. According to McLean, there are many inaccessible websites; few offer accessibility-based technology for youth with disabilities.

Similarly, working to overcome communication barriers in utilizing/acquiring accessibility needs in a hospital has become less important, as the focus of the system has mobilized just to keep patients alive. On this basis, we recommend increasing access to translators and using masks that have transparent openings to support lip-reading. Needs that previously had dedicated resources have diminished as a result of focus on other issues, so supporting those with pre-existing disabilities must be brought to light.

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[60] Supra note 53

2SLGBTQ+Youth

In this report, 2SLGBTQ+ youth refers to youth who are "lesbian, gay, bisexual, transgender, Two-Spirit, or report another non-binary gender or minority sexual identity," using the definition provided by Statistics Canada.[61] Many youth reported having to move back in with family after the closure of university residences or the loss of part-time jobs. As a result, there are 2SLGBTQ+ youth who must quarantine with family members, friends, or roommates who are overtly discriminatory, or otherwise not supportive of their gender identities or sexual orientations. When surveyed, 2SLGBTQ+ youth have said the experience of facing prejudice at home can be stressful, triggering, or retraumatizing. Several 2SLGBTQ+ youth also reported having to move away from their previous family or roommates due to family issues or toxic situations.

Moreover, the pandemic has created additional barriers that may limit the ability of youth to avoid or escape unhealthy living situations. These barriers include: the health risks of leaving a quarantine bubble, social distancing restrictions, closure of public spaces, and decreased access to income that could be used to move out. When surveyed, 48% of 2SLGBTQ+ youth reported that their access to money had either decreased or decreased greatly. Providing sufficient financial assistance for 2SLGBTQ+ youth is therefore essential to supporting their general safety and well-being.

Access to 2SLGBTQ+ communities is particularly important for 2SLGBTQ+ youth. In these 2SLGBTQ+ community spaces, youth are more likely to be safe from homophobia, transphobia, queerphobia, and other forms of bigotry or prejudice. There are benefits to mental and emotional health when youth can choose to talk with people who have lived through similar personal experiences. For instance, 2SLGBTQ+ youth are likely to be more adept at helping other 2SLGBTQ+ youth explore their personal identities and navigate the complex and varying challenges relating to their identities

There are a variety of reasons why 2SLGBTQ+ youth have encountered difficulties with finding or accessing 2SLGBTQ+ communities during COVID-19, including but not limited to: reduced opportunities for volunteering with 2SLGBTQ+ affirming community organizations, cancellation of in-person 2SLGBTQ+ support groups, and online support groups that are accessible by invitation only. Even before the pandemic, there were pre-existing service gaps for 2SLGBTQ+ people in specific geographic regions, and a lack of 2SLGBTQ+ support groups for young adults in their 20s—gaps such as these have been exacerbated by the logistical difficulties caused by the pandemic.

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[61] Statistics Canada, "Vulnerabilities related to COVID-19 among LGBTQ2+ Canadians", 2020.

RECOMMENDATIONS

01 Explicitly establish social norms regarding asking for pronouns and correcting misgendering.

02 Connect youth to 2SLGBTQ+ mentors in the community and create groups for different age brackets of youth (children, teenagers, young adults) to adapt to their varying needs.

03 Public health campaigns to inform youth of 2SLGBTQ+ healthcare resources that are available to them.

04 Provide educational resources on 2SLGBTQ+ issues, history, and community organizations.

05 Create online options for connecting youth across different geographic regions, as some might live in remote areas.

06 Include options for text-based participation without voice calling or video calling, and preserving anonymity instead of using legal names.

07 Enforce clear online community guidelines that do not tolerate any harassment, abuse, outing, or 'doxxing'.

08 Ensure that rules and guidelines are consistently and fairly enforced by moderators.

2SLGBTQ+ Youth & Education

The COVID-19 pandemic has impacted many students' engagement and performance in their education. 2SLGBTQ+ youth have been particularly affected by remote learning during the pandemic. The Human Rights Campaign states that 67% of LGBTQ+ youth hear their families make negative comments about LGBTQ+ people and that only 21% of LGBTQ+ youth have come out at home. For LGBTQ+ students who lack support at home, remote learning has been particularly difficult. A study done surveying 794 LGBTQ+ Canadians found that youth often guard their sexuality or gender identity from their families, particularly during the pandemic.[62] It is often assumed that households are safe environments for quarantining due to COVID-19, however this is clearly not the case for many LGBTQ+ youth. The lack of family support coupled with separation from peers due to remote learning can lead to unhealthy social isolation, negatively impacting the educational experiences of 2SLGBTQ+ youth.

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[62] Supra note 53

Additionally, with education being shifted online, there are more outlets for hate speech directed towards 2SLGBTQ+ youth. Online platforms such as social media sites are considered unsafe for LGBTQ+ users due to hate speech and harassment. NPR notes that 64% of LGBTQ+ social media users have experienced hate speech or harassment, which is higher than any other demographic.[63] Remote learning on online forums offers more avenues for online harassment compared to conventional in-person learning, potentially contributing towards a negative environment for 2SLGBTQ+ youth.

The learning experience for 2SLGBTQ+ youth has been challenging for years, however the pandemic has exacerbated issues such as isolation, hate speech, and harassment. Remote learning has shown to negatively impact 2SLGBTQ+ youth both directly and indirectly.

RECOMMENDATIONS

01

Encourage students and education staff to add pronouns to screen names/e-mail signatures during online meetings if they are comfortable with doing so.

02

Educators should refrain from building classroom activities that divide students by gender.

03

Educators and staff should use gender neutral collective terms (e.g. "hello everyone", "class", "folks", "students"; instead of "boys and girls" or "ladies and gentlemen").

04

Encourage teachers and staff who are 2SLGBTQ+ friendly to ensure students know this, so students feel safe to go to them.

05

Inform students of channels where they can report microaggressions. Educators should refrain from building classroom activities that divide students by gender.

06

Identify and balance intersectional difficulties faced by BIPOC students due to their household circumstances around housing, precarious work and health concerns when undertaking school closures. Educators and staff should be particularly careful to not out 2SLGBTQ+ students during online school, when students may be staying with prejudiced parents, guardians, or roommates.

- Before having sensitive conversations, they should check in with students and ask if they are in a private area or if they can be overheard, as well as ask which people the students are and aren't out to.
- When in doubt though, teachers should act as though 2SLGBTQ+ students are closeted, and presume that it is possible for their conversations to be overheard.
- It is also important to take these precautions during in-person school.

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[63] Supra note 53

2SLGBTQ+ Youth & Employment

A recent Statistics Canada article noted that 2SLGBTQ+ Canadians have historically experienced higher risks of unemployment pre-pandemic, and that it is likely the recent pandemic has worsened 2SLGBTQ+ employment rates. The 2018 Survey of Safety in Public and Private Spaces (SSPPS) found that of the 4% 2SLGBTQ+ population in Canada, 30% were youth (aged 15-24), whereas only 14% of the non-2SLGBTQ+ population were youth.[64]

Youth comprise a significant population of the 2SLGBTQ+ population in Canada. The 2020 Labour Force Survey also found that youth employment levels have recovered the least during the pandemic. Moreover, the 2018 SPSS also found that 2SLGBTQ+ populations are at greater risk of experiencing lower income levels, with 41% of 2SLGBTQ+ individuals having a yearly total personal income of less than $20,000 compared to 26% of non2SLGBTQ+ individuals.[65] **The impact of income is far-reaching; 33% of 2SLGBTQ+ individuals struggled to meet housing, food, clothing, and transportation needs compared to 27% of the non-2SLGBTQ+ population.**

As shown in Figure 10, our survey examined how 2SLGBTQ+ youth's financial security had been significantly affected by the pandemic. Around 45% of 2SLGBTQ+ youth were employed during the summer in 2020, compared to 49% of their non-2SLGBTQ+ counterparts. Of the youth that were employed in the summer, only 31% of 2SLGBTQ+ youth were employed full-time, compared to a significantly higher 51% of their non-2SLGBTQ+ counterparts. 2SLGBTQ+ youth experienced lower levels of employment and were more likely to have part-time jobs. This echoes the SSPPS findings that 2SLGBTQ+ youth experience lower income levels. With less access to income, 2SLGBTQ+ youth are disproportionately at risk of struggling to pay for their studies, as well as accruing more debt upon graduation.

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[64] Supra note 61
[65] Supra note 61

Figure 10.
Comparison between 2SLGBTQ+ youth employment statuses and rest of youth population.
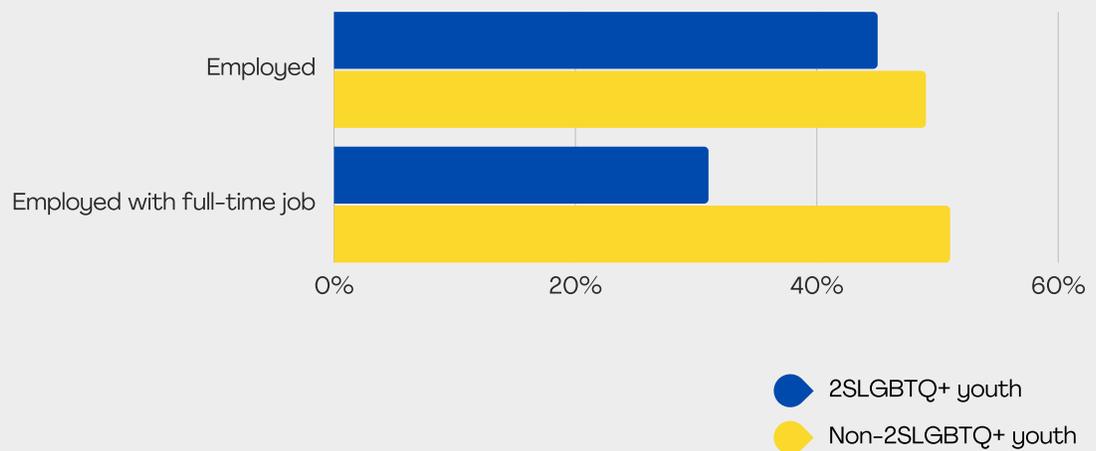
About 29% of 2SLGBTQ+ youth lost their jobs in 2020 because of COVID-19 (6% more than non-2SLGBTQ+ youth). Furthermore, 16% of 2SLGBTQ+ youth lost their job for other reasons which is significantly more than the 1% of non-2SLGBTQ+ youth who lost their jobs for other reasons. Another 38% of 2SLGBTQ+ youth were unemployed because they could not secure employment. 2SLGBTQ+ youth face barriers in finding employment, but also in their workplace. One respondent to our survey stated, "I have yet to pursue a job because of anxiety around COVID-19, and fear of facing transphobia in the workplace, plus not being able to get a legal name/gender change yet."

Fear of discrimination and harassment at work is not new for 2SLGBTQ+ youth. The 2019 Survey on Individual Safety in the Postsecondary Student Population (SISPSP) found that about one third of 2SLGBTQ+ students experienced discrimination in schools based on their gender, gender identity, or sexual orientation compared to only 15% of their heterosexual counterparts.[66] This kind of discrimination exists across institutional boundaries, and many 2SLGBTQ+ youth face similar kinds of discrimination in the workplace. Such discrimination is not only psychologically and emotionally devastating, but it also prevents 2SLGBTQ+ youth from participating fully in workplaces. Not being able to participate fully in the workplace can have subsequent consequences on career development.

The SISPSP also found that 2SLGBTQ+ youth were two to three times more likely to develop anxiety or depression from experiencing discrimination based on gender, gender identity, or sexual orientation than non-2SLGBTQ+ youth experiencing the same   . As such, it is imperative that workplaces create safe and welcoming environments where 2SLGBTQ+ youth can thrive.

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[66] Statistics Canada. "Students' Experiences of Discrimination Based on Gender, Gender Identity or Sexual Orientation at Postsecondary Schools in the Canadian Provinces" 2020.

01 | 2SLGBTQ+ friendly workplaces should prominently state their friendliness on their platforms and job postings so that 2SLGBTQ+ youth can manage expectations about possible discriminatory behaviour.

02 | Resources that help educate 2SLGBTQ+ youth on their rights and how to report workplace discrimination on the basis of their identity.

03 | Reduce barriers and increase accessibility to legal name changes for youth (e.g., not requiring them to visit locations in person, or visit a post office) so that 2SLGBTQ+ youth can secure employment without having to struggle with documents.

04 | An employment program that connects 2SLGBTQ+ youth with friendly organizations to assist youth in securing employment.

05 | Create more employment opportunities for 2SLGBTQ+ youth that include full-time work, mentorship opportunities that link them with 2SLGBTQ+ professionals, and more internships/placements targeting towards 2SLGBTQ+ youth.

06 | The implementation of programs that specifically help 2SLGBTQ+ youth navigate the process of finding employment (since 2SLGBTQ+ youth may have specific concerns, such as being too young to get a legal name change without their parents/guardians' permission or not having the knowledge or experience to know how to address or report workplace discrimination).

2SLGBTQ+ Youth & Health

With regard to mental health, our survey found that 84.6% of 2SLGBTQ+ youth reported increases in sadness or loneliness (compared to 73% of all youth), 81% reported increases in anxiety or worry (compared to 78% of all youth), and 70% reported increases in anger or frustration (compared to 64% of all youth). Many 2SLGBTQ+ youth have also noted that they have pre-existing mental illnesses, most commonly depression and/or anxiety, and that the impacts of COVID-19 have amplified the severity of the symptoms they already experience.

However, many youth expressed unease over accessing tele-counselling or virtual therapy. Depending on the level of privacy available to youth, they may be overheard by family or roommates when calling a therapist over the phone or over video. In comparison, in-person counselling typically provides a safe and private space, but is far less available and accessible during COVID-19. This is of particular concern for 2SLGBTQ+ youth, some of whom may be closeted and unwilling to risk discussing their identity around others, and would therefore feel unsafe accessing therapy around prejudiced family members or roommates.

On the other hand, the widespread shift to online or virtual counselling has increased the reach of counsellors and services. These counsellors are now able to have online counselling sessions with youth who may be situated further away geographically. One survey respondent wrote: "I previously struggled with finding therapists who are good/not ignorant with LGBTQ+ clients, because of where I live. Now that many therapists have moved online, it will be easier for me to get the support I need." **It can be difficult for 2SLGBTQ+ youth to find counselling that is 2SLGBTQ+ competent and affirming.** This disadvantage arises because there are healthcare professionals who may discriminate against 2SLGBTQ+ people, voice prejudiced beliefs, pathologize 2SLGBTQ+ identities, or commit microaggressions that damage the therapeutic rapport that is important for effective treatment.

Furthermore, therapists will sometimes claim to be 2SLGBTQ+ allied, but actually have little knowledge or experience working with 2SLGBTQ+ people, and may be unable to provide helpful and appropriate care. Experiencing these setbacks can hinder youths' abilities to continue searching for appropriate healthcare. In fact, many youth have cited that it takes significant time, effort, and energy, to start accessing mental health resources. This difficulty is further exacerbated when methods of accessing help are different during COVID-19, and keep changing due to transitions in and out of lockdowns.

Youth have also expressed hesitation around accessing healthcare in-person due to anxiety about contracting COVID-19, and this acts as an additional barrier for 2SLGBTQ+ communities, who may already experienced pre-existing hesitation towards healthcare systems due to potential discrimination by healthcare practitioners. Additionally, youth on their parents' or guardians' health insurance policies may not feel comfortable using that insurance to pay for 2SLGBTQ+ related counselling or treatments related to transitioning, as they may have concerns regarding privacy and confidentiality. Therefore, it is important to develop and enhance pathways of accessing resources through schools and post-secondary campuses, where youth can seek some help independently without relying on their guardians' permission or approval.

RECOMMENDATIONS

01 | Provide more therapists trained in 2SLGBTQ+ competent and affirming counselling.

02 | Create text-based methods of accessing healthcare, without relying on voice or video calling.

03 | Increase access to free therapy and low-cost therapy.

04 | Teach youth how to self-advocate and report discriminatory healthcare practitioners.

05 | Create an online database of licensed therapists who have training and experience with counselling 2SLGBTQ+ youth, ideally these therapists are also diverse and intersectional.

06 | Allow youth to access health services in a variety of ways, e.g. text, phone call, video call, and in-person (since different youth have different comfort levels with each).

07 | Provide clear and accessible communication about how health insurance works.

08 | Create and promote databases of healthcare practitioners who are 2SLGBTQ+ competent and affirming.

09 | Address privacy concerns & risks clearly & comprehensively.

10 | Continue to offer virtual therapy options even after it is safe to return to in-person therapy.

11 | Develop and enhance pathways of accessing healthcare through schools and university campuses where youth can seek help independently from their guardians.

Young Newcomers

The 2006 Canadian Ethnocultural Mosaic defines newcomers as "landed immigrants who came to Canada up to five years prior to a given census year".[67] Based on information from Statistics Canada (2011), around 34% of all newcomers are youth, under the age of 25 years.[68] The Toronto Newcomer Strategy highlights that different places of origin, educational understandings, political systems and institutions are some key considerations that need to be understood for newcomers.[69] This study also recognized the general services that newcomers could receive in urban places such as Toronto, including amenities to help "find skill-appropriate employment, maintain good health, secure affordable child care, arrange for safe [and] quality housing, obtain language and education training, navigate the transit system, and participate in recreation and cultural activities". It is important to note that these facilities/characteristics were based upon a metropolitan scenario and other regions, such as rural and northern areas, may necessitate additional resources for newcomer youth.

Receiving such services offers the opportunity to alleviate stress and anxiety associated with adjusting to a new environment. Recreation and/or cultural community activities can assist with building strong and healthy community ties.

Even prior to COVID-19 closures, such activities were relatively inaccessible for newcomer families. For example, costs of "museums, galleries and historic centres" and lack of "culturally inclusive recreation programs", prevent immigrants and newcomers from connecting with their diaspora, practicing their culture, and engaging in valuable experiences. Additionally, accessibility is limited with long waiting lists and the absence of language support in free and low-cost services.

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[67] Statistics Canada. "Canada's Ethnocultural Mosaic, 2006 Census" 2008.
[68] Immigration, Refugees and Citizenship Canada. "Newcomer Youth: Challenges and Strengths." 2016.
[69] City of Toronto. "Toronto Newcomer Strategy." 2013.

A literature review by the Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS) revealed that "there is no real attention being paid to this age group of newcomer youth [16 to 20 years old]. Key issues affecting newcomer youth as identified by CERIS echo several of the issues raised by youth feedback in this project: identity development, language barriers, conflicting values and gender issues. Specifically, according to the Canadian Council of Refugees, there are "four spheres of settlement and integration where service providers should focus their efforts:" economic integration, social integration (which includes establishing social networks and accessing institutions), cultural integration, and political integration. The COVID-19 pandemic, by cutting communication channels that would regularly be paths of integration, has exacerbated these issues.[70]

For the youth in this newcomer demographic, there are several unique challenges, as highlighted in our survey. Notably, 20.4% of those who responded to the question ("Please select all of the following that you identify with:") identified as Newcomer, Immigrant or Refugee Youth.

The Toronto Newcomer Strategy highlighted that challenges, such as community engagement, health, and employment, arise because newcomers are not sufficiently informed about services available to them. The Strategy recommended partnering with stakeholders that can help newcomers learn more about "local, provincial and federal governance and legislative processes".[71]

It was noted that before and during this pandemic, linguistic and cultural services are lacking for newcomer youth. In light of COVID-19 conslures, it is necessary for the government to work towards reducing waiting periods and increasing linguistic support for such programs.

Along with understanding the identity struggles of newcomer youth, it is necessary to work towards providing them with resources that will facilitate their civic engagement and community involvement.

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[70] Kilbride, K. "The Needs of Newcomer Youth and Emerging Best Practices to Meet Those Needs" 2000/
[71] Supra note 69

01

Focus on increased community engagement (either through provincial or local programs) that will inform newcomers of available services. Presently Toronto has some extensive programs, but government will have to ensure that such programs are proportionally provided across the province as well.

02

Provide sufficient mental health services for newcomers youth to discuss their identity struggles (identity development, language barriers, conflicting values and gender issues) because it is necessary for their future civic engagement and community involvement.

03

Create a proper replacement for the physical newcomer centre, while considering the disparity of online availability for newcomer households and youth.

04

Provide better linguistic or cultural services with lower waiting periods and costs, in light of online operations. These programs are necessary for reduce stress and anxiety..

Young Newcomers & Education

Education poses particular difficulties, especially regarding challenges in academics and social integration, to newcomer youth as they acclimate to a new education system during the pandemic.The process of balancing migration and schooling can be "overwhelming", confusing, isolating and unsupported.[72] According to a survey by CCR Youth in April 2020, from the start of the pandemic, youth felt "that they are losing their academic and language development because at home they do not have access to the same supports they had at school or opportunities to practice".[73] Similar sentiments on the lack of support were echoed in our survey, with suggestions for "more 1:1 interaction with students" and "more support centres" with students in similar situations. With language development being a key concern for newcomer youth adapting to a new environment, the difficulties in accessing resources are particularly challenging for this group.

Additionally, there is a noted technological gap between access at home versus school for newcomer youth. The CCR Youth survey also notes difficulties in accessing computers and the internet for newcomer families, as well as gaps in computer literacy. In our survey, it was noted that 33% of respondents faced problems with remote distance learning. Particularly for newcomer youth, problems may be exacerbated by access and computer literacy issues.

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[72] Supra note 69

[73] Youth Network - Canadian Council of Refugees. "COVID-19: Impacts on Newcomer and Refugee Youth." 2020.

For the parents of newcomer youth, language barriers and a general lack of understanding of the Canadian education system can hinder the accessibility of support programs on which they rely. Moreover, newcomer youth parents might lack knowledge about "enrollment, procedures and Canadian school culture", as noted by one respondent, which impacts the learning experience of their children. This gap, especially at home, could negatively impact newcomer youth's ability to fully integrate within Ontario's education system.

Some respondents in our survey who identified as a newcomer youth also noted that "communication with peers at school is limited," with another individual highlighting that remote learning resulted in "problems with stay[ing] connected with other classmates." For newcomer youth who are building their social circles and finding ways to better integrate into new communities, the restrictions on social interaction due to the remote classroom pose a significant challenge.

RECOMMENDATIONS

01

Interactive wraparound supports for newcomer youth within education systems to ensure they are given opportunities to participate fully in online settings

02

Increase awareness and keep newcomer youth's parents regularly informed about the Ontario education system by expanding on typical informational letters and using social media to disseminate systems information in diverse languages.

03

Introduce more educator-developed online events for newcomer youth to get involved in extra-curricular groups and avoid further isolation at a critical time when facing both a pandemic and settling into a new community.

Young Newcomers & Employment

General barriers that newcomers face for employment are the "lack of Canadian experience or credentials, language challenges, ineligibility for certain employment-related services [and a] lack of networking opportunities with employers".[74] In fact, a study by the Centre of Excellence for Research on Immigration and Settlement identified that "immigrant and street youth lack the personal networks and support systems to assist them in their search for employment," recommending "more apprenticeships and practicums" based on focus group interviews.[75] During COVID-19, these networks and support systems have been more challenging given the shut-downs of in-person career services and difficulties in moving such services to an online platform. Newcomer youth may also find this change difficult to navigate given language and technology barriers.

RECOMMENDATIONS

01 | Avenues to accessing career support programs be made clearer to newcomer youth.

02 | More outreach to help youth access these programs and build their professional networks both before entering and while properly settling in Canada.

Young Newcomers & Health

It is understood that "newcomers are healthier than Canadian-born residents" initially, but over time their health declines in the form of stress due to "migration, settlement, adaptation, [...] high rates of unemployment, discrimination, social isolation, housing insecurity" and access to healthcare. Particular barriers to healthcare involve "cost and eligibility, cultural and linguistic challenges, limited cultural competence of service providers, lack of awareness of services, shortage of physicians, and accessible services"[76].

In the COVID-19 context, it was observed that the mental strain on newcomer youth can be reminiscent of their experiences of violent conflicts. Their support from their mentors, peers or youth workers has either reduced or been lost completely, in addition to potentially increased family conflict in their living situations.[77]

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[74] Supra note 69
[75] Supra note 73
[76] Supra note 69
[77] Supra note 73

In the Health Design Jam, the responses from the participating youth displayed a pattern in accessibility seen in past research on the issue. The participants highlighted that "access to [facilities like] therapy can only [... come from] insurance through full-time employment, or through opting-in to (post-secondary) student health insurance programs, and that's only if you can afford the therapist's rates". This further illustrated the potential lack of awareness of these services, along with the associated "costs and insurance" issues. This insufficient access to information stems from the "(l)ack of programs or resources that are culturally sensitive", for example, services and information in multiple languages. The limited access to these services is corroborated with the absent support system that the youth would typically have since it is "hard to make friends and build connections" during COVID-19 closures.

The participating youth highlighted that "immigrants/newcomers with foreign healthcare qualifications [should be allowed] to practice their work sooner", with the implication that there would be better healthcare access, better cultural sensitivity and also facilitate the smoother operations of the healthcare system. They also recommended an increase in recruitment of volunteers or paid employees "who speak different languages to be translators or to create and write for different resources and organizations."

It was recommended by Canadian Council for Refugee (CCR) Youth via their report titled, "COVID-19: Impacts on Newcomer and Refugee Youth", that there should be some form of youth networking and an increase in program adaptation to online platforms in order to maintain community support for the newcomer youth. CCR Youth also highlighted that these set-ups demand increased accessibility of different service languages, technology, internet, information and social workers, and called for more support for parents to better guide their children in schooling.[78]

RECOMMENDATIONS

01 | Understand and work to reduce the health-care impacts on newcomers that comes from migration (listed in the section).

02 | Provide satisfactory healthcare services with a expansive cost and eligibility structure - particularly in light of the pandemic and lack of services for these youth during the closures.

03 | Promote awareness of the services provided in a better and more accessible fashion for optimization of these services.

04 | Increase the mental health focus for newcomer youth in order to assist them with their traumas associated with migration.

05 | Recruit more multilingual volunteers and healthcare workers in order to provide relevant medical services in the province that accommodate for cultural and linguistic considerations.

[78] Supra note 73

At-Risk Youth

At-risk youth are defined by individuals who are facing risk of homelessness, or currently experiencing homelessness. According to a 2016 study by Gaetz et al., in Canada, each year there are at least 35,000-40,000 youth experiencing homelessness.[79] Based on our consultation with 360 Kids' Youth Council, youth who are at-risk may not consider themselves at-risk, even when faced with precarious housing situations, as there is always "someone facing worse than [them]". Therefore, in our analysis of the impacts on at-risk youth population, we utilized those who self-identified as at-risk (via demographics questions), as well as, those who have changed places of residence "in the last 8 months", roughly corresponding to March 2020 - October 2020, the first months of the pandemic when a critical mass of housing insecurity was felt, excluding those who noted that they moved due to school closures or voluntary (i.e., those who willingly moved residences) reasons.

Given existing concerns for at-risk youth prior to COVID-19 which included lack of affordable housing, mental health and addiction services, privacy, and interactions with the police, the pandemic has not only exacerbated these issues, but uniquely affected youth who are at-risk due to the lack of stable housing, ability to social distance, reliable access to health information and ability staying connected. Prior to the lockdown restrictions, in-person infrastructure offered many vital services for youth experiencing homelessness or precarious housing, such as using washrooms at public institutions, utilizing free internet access at libraries and/or coffee shops, accessing basic needs (e.g., food, hygiene products, showers, clean clothing, lodging) at organizations such as 360 Kids or YMCA.

The pandemic posed many challenges. For one, many services have been greatly reduced due to lockdown restrictions, or limited space (e.g., not as many people are able to share an indoor space, which limits access to services listed above, such as showers, lodging, etc. Alternatively, youth using these spaces are not always able to social distance, given room accommodations that may house multiple youth at once. It's a catch-22, either offerings and service availability are greatly reduced due to lockdown restrictions, which leaves countless youths to be left without basic needs, or they are accommodated but placed at risk due to lack of social distancing.

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[79] Stephen Gaetz et al. "Without a Home: The National Youth Homelessness Survey."2016.

Moreover, while there has been a shift to virtual delivery of counselling and online programming, the accessibility of these services is still inadequate, due to low availability, leading to long wait times and lack of live-saving medical services and treatment (both for physical and mental health). According to the CIHI, 1 in 10 Canadians wait 4 months or more before receiving community mental health counselling.[80]

Plus, there are several challenges and barriers to access that prevent youth at-risk from receiving the services they need. Firstly, without stable internet access or phone services, connecting with online offerings is nearly impossible. Next, not having a private space to share personal concerns verbally, impedes youths' ability to express their concerns in video/call-based formats. Finally, many youth lack the knowledge of how to access mental healthcare; especially if during the pandemic is their first time needing support.

Another consideration is the impact to public transportation services. For many at-risk youth, their primary mode of transit is public transportation; with the rise of COVID-19 risk this places at-risk youth at disproportionate danger of contracting COVID-19. Without reliable access to the internet to receive health information or lack of support to provide needed healthcare, this is a significant potential for harm.

Finally, as a common theme raised in consultations with 360 Kids and from our survey, the value of community and remaining connected cannot be understated. According to a 2021 study on Youth Homelessness and COVID-19 by Buchnea et al., the top challenge identified by youth-serving organizations is social isolation and mental health.[81] Therefore, it is a priority to ensure community programming to foster social connection and alleviate feelings of loneliness or sadness during this difficult time. Of course, should programming take place online, access to internet must be ensured so that all youth may equally access these activities.

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[80] Canadian Institute for Health Information. "1 in 10 Canadians wait 4 months or more before receiving community mental health counselling." 2020.
[81] Buchnea et al. "Summary Report: Youth Homelessness and COVID-19: How the youth serving sector is coping with the crisis." 2020.

01

Increase offerings for homeless individuals by converting unutilized buildings and developing greater infrastructure.

02

Bolster youth-serving organizations by offering funding to provide basic needs to at-risk youth (e.g., food, clothing, hygiene products, etc.).

03

Ensure internet access through providing phones, phone services (which include data plans).

03

Improve public health communications through more public postings (e.g., billboards, posters, etc.) since not all youth have phones and/or phone plans.

04

Create online spaces for social connection, such as Discord servers (which allow text-based and speech-based communication for privacy and confidentiality).

05

Services which offer recreational activities that promote interests, wellbeing and health, and skill building.

At-Risk Youth & Education

Pre-pandemic, there were many barriers and challenges that prevent at-risk youth or unhoused youth from completing secondary school; as a result, a large number of unhoused youths do not complete high school - as many as 65%, according to Gaetz et al.[82] This leads to an increased risk of unemployment, poverty and social exclusion, which further impacts health, wellbeing and safety.

With regard to education, many at-risk youth discussed various challenges associated with schooling, such as internet access, transportation, lack of social interaction, inflexible teaching delivery, and privacy concerns.

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[82] Supra note 79

One youth at-risk mentioned: "Professors are often inept at making the classes fair/manageable. While I'm fortunate most of my classes have chosen to become open book and asynchronous, one has closed book exams requiring us to video ourselves, this also means that many students who work have been required to take that day off, in a time where many need all the work/money they can get. Additionally, added stress from this system, along with some professors opting to use spyware to ensure no "cheating". I feel privacy is a concern right now, and it adds to my stress significantly."

The desire for open-book assessments (those which allow the use of external information/resources, and typically provide a list of acceptable resources and often delivered asynchronously) had been voiced by a few respondents, who cited the fairness and increased effectiveness of evaluating knowledge retained during a time such as the pandemic. The case for open-book exams is in part due to the difficulty in enforcing academic integrity in closed-book settings without the use of proctoring software that harbours privacy concerns. Moreover, open-book exams simulate "real-life" settings more closely, with respondents having access to information and instead, being required to demonstrate their application and critical thinking, rather than direct recall of knowledge. Offering open-book assessments allow asynchronous delivery, which enables students to manage potential conflicts with other courses or commitments, and reduces stress.

Similarly, recording lectures for asynchronous review is also helpful in allowing students who need to balance work or other commitments to access course content. To address concerns regarding poor internet access, or lack of internet access, we recommend offering computers with internet access in youth shelters, as well as, providing phones with data plans, laptops, and/or internet dongles to allow youths to receive their education virtually and submit assignments.

Finally, school services continue to be in high demand as more youths are seeking guidance, support, accommodations and counselling. It is important that mental health counselling is made available and youth are aware of their options to provide adequate support. Access to such services may be hindered due to school closures, but it is important that these offerings are translated online. Moreover, it is necessary that reliable internet access, as well as, a private and safe space are provided for youth at-risk so they may comfortably utilize these services.

RECOMMENDATIONS

01

Whenever possible, allow for asynchronous assessments and/or open-book exams to accommodate students to balance school with other commitments

02

Offering school services (e.g., guidance, mental health counselling, etc.) online, and ensuring students are made aware of these programs

03

Ensure the availability of computers and internet in youth shelters, providing cell phones, laptops, and/or internet dongles if possible to provide mobile access to the internet

At-Risk Youth & Employment

At-risk youth were especially hard hit financially due to the pandemic. Like many youths, youth-at-risk are often involved with precarious work which lends to unsustainable finances and lack of access to basic needs and supports. Oftentimes, at-risk youth have to deal with several barriers to their access to opportunity because of the different unstable situations they deal with. Research shows that the pandemic has also added critical instability to their already complex living and working situations.

While many at-risk youth identified that their barriers to employment during COVID-19 was similar to that of other youth communities: lack of jobs due to business closures and economic stress, some indicated that their pre-existing hardships to finding employment, which has often led to their risk of becoming homeless or living in poverty were exacerbated. General anxiety with economic insecurity stems from the idea that as opposed to other youth in secure and stable employment and housing conditions, at-risk youth are essentially at the back of the line, and have to not only deal with the pandemic's obstacles, but then the added obstacles that only their communities must deal with. Survey respondents indicated their location within poorer neighbourhoods in the GTA, their inability to use public transit to go farther than their local city to attain work elsewhere, and the fact that even if they are technically ready to take on virtual work, any opportunities that were presented to them "fell through", often because did not have access to jobs even prior to the pandemic. Hence, their experience was not enough to compete with others who did have experience prior to the pandemic.

For a community of young people who have already dealt with challenges to their employment to break away from the vicious cycle of unequal opportunity and subsequent poverty, the ability to work online presented both benefits and certain challenges too. It is easy to assume that virtual work came as a relief to many adults that have already worked through parts of their career, but for young people, especially at-risk young people, it essentially forced them into wider competition, since virtual work positions were often open to not only eligible candidates in the province, but in the entire country. One respondent essentially summarized the general feelings of respondents in this area by stating that they had increased "job anxiety around adapting to certain pandemic-related socioeconomic and job market changes [they] might not be equipped emotionally nor technologically for". Another respondent noted that they, like many other respondents, were "unemployed before the pandemic began, so from the get-go, [their] options to work were reduced and limited, and [they] had no chance to expand on skills or experience in other fields to bolster [their] chances of doing remote work in a different field".

One dominating concern noted in our community consultations was that young people at-risk, due to their housing insecurity or other financial challenges, often deal with lack of access to reliable Internet. This makes acquiring virtual work that much more complex. In typical situations, young people would be able to use their local library's Wi-Fi, and in theory could rely on such a resource to work remotely.

However, due to the pandemic, most, if not all libraries and similar resources were either closed temporarily (depending on provincial or municipal guidance) or limited their capacity tremendously. While it is not immediately apparent how this may impede youth's ability to remain competitive with other candidates, employers seeking to fill new roles often ask about an individual's ability to work from home and their access to reliable Internet in job applications. This lowers at-risk youth's chances at remote work during the pandemic, without alternative options.

The one positive note however, recognized in community consultations is that many of the supports for at-risk youth in Ontario were still able to run virtually, providing them with the same access to skill-building and development even in the pandemic, with minimal reduction in quality of training and services. All in-person programs were transitioned to virtual spaces. One of the organizations that remained committed to providing such services was 360° kids, a community organization consulted in our research.

RECOMMENDATIONS

01

Increase offerings for homeless individuals by converting unutilized buildings and developing greater infrastructure.

02

Bolster youth-serving organizations by offering funding to provide basic needs to at-risk youth (e.g., food, clothing, hygiene products, etc.).

03

Ensure internet access through providing phones, phone services (which include data plans).

At-Risk Youth & Health

Due to the closure of shelters and limited capacity, many youths at-risk are forced to sleep outdoors, which leaves them vulnerable to harsh weather, such as heat waves or freezing temperatures. Moreover, these health concerns are exacerbated by limited access to healthcare. Youth at-risk who do not have phones or corresponding phone plans cannot access virtual telehealth options, which not only restricts their access, but also, often requires them to take public transportation, which places them at elevated risk. These challenges, in combination with the potential risk of shared shelter spaces intersect, resulting in a disproportionate risk of COVID-19 on at-risk youth.

The primary concern voiced in our surveys was mental health. Overwhelmingly, at-risk youth reported elevated anxiety and depression. Moreover, with lockdown closures, one respondent was **"[f]eeling trapped at home in a negative situation. Being anxious for the future and my well-being in an unknown living situation."** With few options, it is apparent why young people at-risk would be feeling powerless and distressed. One youth who identified as at-risk shared,

> "I prefer studying from home mainly because of my physical conditions and medical health problems. However, studying and isolating from home also means: Major exposure to severe family stressors and family triggers because I am isolating with triggering relatives. I am also isolating with a relative who is working from home, so I am exposed to their work stress and their complex psychological issues (PTSD, OCD, depression, anxiety, undiagnosed mood disorder) while balancing my own mental health (depression, anxiety, OCD, undiagnosed trauma-related symptoms, RTS). Isolating with family can be problematic if the family itself has a complex, toxic, unhealthy, dysfunctional, triggering, stressful dynamic. I am also isolating with ableist, religiously abusive, and homophobic relatives which has been a source of some triggers and stressors for me. My mental health has been going through the usual up and down fluctuations which is fairly common, normal, and human but there has been some severe low points such as extremely brief suicidal ideations during lockdown. I already had diagnosed depression and anxiety before COVID-19."

Others also reported relapsing into eating disorders or increased suicidality and/or suicide attempts. These negative sentiments and health behaviours have stemmed from a number of stressors, such as the dangers of the pandemic, uncertainty of re-entering the job market, isolation from friends, reintroduction of school (when schools reopened in May and June 2020), and "the constant barrage of COVID news".

Given these overwhelming concerns and challenges, many youth have been receiving mental healthcare, trying it for the first time, or at least considering it. A significant issue with mental health is its lack of accessibility - both the lack of availability and lack of awareness on how to access such services. On this topic, one at-risk youth said, "We have mental health services readily available and accessible in Ontario? No idea how I would even begin to access [let alone] afford such care". Another mentioned, "Can't afford the mental health support needed (therapy/psychologist)". This leads to a feeling of being trapped or helpless, with one at-risk youth reporting they felt, "[t]here is nowhere to turn for help". We recommend greater awareness campaigns and knowledge translation on how to receive help for mental health, as well as increased subsidization for vital mental health services.

With regard to telehealth, there are certainly mixed feelings among at-risk youth. On the one hand, some have expressed that it is more convenient not needing to bus all the way to their appointments and reducing social anxiety, such as one at-risk youth respondent who said:

> "I have to rely on close relatives to pick up my prescriptions at the nearest local pharmacy since I am isolating indoors the vast majority of the time. I cannot leave the residence for complex personal reasons. Telemedicine and telephone appointments with my Healthcare team suits my physical health barriers and social anxiety. However, specific in-person counselling services I have been registered for and on a wait list for have been drastically delayed and potentially cancelled."

On the other hand, as alluded at the end of the quote, many share that the virtual format is incompatible or ineffective for them; one at-risk youth shared, "I would say [the pandemic] has impacted [my ability to access mental health services] negatively as the online methods don't work as well for me, additionally I have anxiety specifically about contacting someone over e-mail/the phone/video calls when compared to in person." Therefore, while it is apparent that telehealth poses great potential benefits, it cannot completely replace in-person services, and requires improvement to better accommodate youths' needs.

RECOMMENDATIONS

01 | Greater awareness campaigns to enable youth to seek out and receive mental health support

02 | Accessible information about the pandemic and updates to address concerns, fears or distrust.

03 | Tools to manage COVID-19 news consumption to prevent over-consumption of news by educating youths on healthy coping strategies and balance

04 | Improved telehealth services
- Offering text-based services to maintain confidentiality when finding private spaces to discuss health matters is not possible
- Offering asynchronous services to meet youth where they are at and provide support even when synchronous services are not possible

Rural & Remote Youth

In this survey, rural areas are defined as having a population density lower than 400 people per square kilometre or a total population lower than 1000 people, in accordance with the 2016 Statistics Canada Census definition.[83] Throughout our survey and consultations, we heard from youth who live in municipalities such as Thunder Bay, Chatham-Kent, Quinte West, Strathroy, Brighton and Caledon. Consistent issues presented with regard to the pandemic include increased isolation, numerous education concerns, internet reliability, and access to health services and resources. A further issue reported in rural areas is the lack of cultural programming or community engagement activities, as well as racism in the education system.

On the topic of decreased access to programming, previous surveys involving rural youth respondents reported a lack of variety in available activities. According to TakingITGlobal's 2004 survey, "60% of respondents [felt] that they would not have the opportunity to achieve their maximum potential in a rural community," with many citing that more youth groups, sports, and opportunities for group activities are the best method to improve social cohesion.[84] Even in 2020, in our recent consultations, rural youth voiced the need for culturally relevant services, particularly in schools and healthcare. Given that the pandemic shifted most, if not all activities online, inconsistent access to the internet poses a barrier for youth in rural areas from equally utilizing online resources. This is especially harmful in preventing access to virtual social and community gatherings, which are vital in maintaining a sense of connectivity, mental health and wellness, and combating apathy. Thus, it is crucial that all youth are provided resources necessary for maintaining their education and connecting with their communities.

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83 Statistics Canada. "Population Centre and Rural Area Classification 2016." 2017.
84 Corriero, J., Walker, L. "Engaging Rural Youth." Taking IT Global, 2019.

One rural youth responded to our survey saying, "I'm volunteering way less and that means my primary source of social interaction at the Queer + Trans affirmative organization I worked with is way down". Therefore, we recommend targeted programming which focuses on fostering social interaction and bonding to address the increased isolation and loss of in-person socialization. Specifically, programming created exclusively for 2SLGBTQ+ and/or BIPOC youth is particularly important for their identity affirming spaces within rural areas. Moreover, more opportunities to volunteer online allows youth to continue serving their community and meaningfully participating without the risk of in-person volunteering, in the case of immunocompromised individuals.

RECOMMENDATIONS

01

Increased community-based youth groups, sports and opportunities to engage rural youth and avoid further isolation.

02

Identity-affirming programming, especially for remote communities where finding other young people with shared lived experiences is more difficult for marginalized youth (e.g., for 2SLGBTQ+ youth, BIPOC youth).

03

Culturally-relevant physical and mental healthcare and education.

04

Internet and technology distribution (e.g., WiFi dongles, tablets, laptops, smartphones).

05

Providing incentives to attend online activities to combat increasing apathy.

06

More online volunteering opportunities; easy-to-use online interfaces which compile current opportunities, thereby facilitating finding volunteering positions, and helping organizations gain volunteers

Rural & Remote Youth & Education

For youth living in rural or remote areas, a major challenge with the virtual delivery of education is the accessibility to stable internet. A few survey respondents noted this issue, stating that designating "[p]laces at school to take tests for those without stable internet" is a practice that could help alleviate this disparity. Another respondent appreciates online classes, but also acknowledges internet issues and mentions decreased access to services such as printing, or food.

They noted that "it is easier to do things while in class which helps me focus a great deal but my internet starts to cut out once my roommates need to be in class as well. It has also made it difficult to access library resources which makes it more difficult for me to finish assignments. I have no access to printing. I also access the food bank on campus normally and because of the pandemic the structure has changed drastically and I am not able to access [it] as often."

Others are concerned for the continuity and quality of their education, given the increased need for self-directed learning due to loss of access to after-school support or one-on-one teacher assistance. Another student describes this difficulty, stating that, "one challenge that I believe are facing many student[s] doing remote online distance learning is the fact that some professors/teachers just post the material and expect you to understand a concept or the information provided. Everyone learns differently and although doing online distance learning has benefits, learning online is not great knowing that everyone learns differently. Visual learners, audio learners, and other students that rely on human interaction in order to better understand the information being taught."

Therefore, given this gap, we recommend teachers dedicate greater amounts of time to office hours or appointments so students may have their questions answered directly. Moreover, many youths desire greater empathy and patience from educators, beyond "just say[ing] to us as student[s] 'put your mental health first' and not allow enough time to do an exam given 60 questions...". While many educators verbally affirm their support and understanding for students, the lack of clarity in instructions, or sudden changes made without consultation place additional stress and burden on students. It is important to recognize that this issue is not exclusive to rural and remote areas; it is noted here due to a significant portion of our rural/remote respondents expressing these concerns.

Additional recommendations raised by youth are programs to assist with the transition from high school to post-secondary education, as well as, from grade 8 to high school, in order to ease stress about this next stage in students' lives. As one rural youth respondent noted, "I am concerned about applying to university without all the normal information through school presentations and university fairs."

Beyond continuity challenges, there is an unsettling amount of racism that was in the education system reported during consultations with the Thunder Bay Regional Multicultural Youth Council that must be addressed. **Stereotyping students based on race or ethnicity, and in turn, unequally serving or motivating students to achieve excellence is unacceptable, yet is typical occurrence in the school system against BIPOC youth.** For more information on how COVID-19 has impacted BIPOC youth, please review the Youth of Colour section.

Rural & Remote Youth & Employment

Studies conducted by the Rural Ontario Institute, the Food and Agriculture Organization of the United Nations, and the International Labour Organization have well established that youth in rural and remote areas face greater challenges of economic precarity, being "40 percent more likely to be in casual work arrangements than urban youth."[85] This is characterized by earning income on a daily or weekly basis, low job security, and little or no access to health insurance or social security.

As one respondent noted, they "lost [their] second lifeguard job because the other pool in town closed." Although urban and rural areas reported similar rates of job loss, unequal access to the internet leaves rural and remote youth unable to work virtually, either impairing the continuity of their work due to lockdown restrictions, or forcing them to work in-person, and therefore, placing them at higher health risk.[86]

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[85] FAO. "Impact of COVID-19 on Rural Youth Employment | Decent Rural Employment." 2020.
[86] Bollman, R. "COVID-19 Impact on Rural Employment in Ontario to November, 2020." Rural Ontario Institute. 2020.

From the recommendations made by rural and remote youth, we advocate for programming specific to rural and remote youth to provide "online employment opportunities, or opportunities that can alternatively be provided at a distance". In addition, due to unreliable internet access, it is important that these programs take that into consideration, and potentially offer internet service subsidization. We support and encourage government programs that seek to offer universal high-speed internet access, such as the Universal Broadband Fund.[87]

Finally, we suggest greater marketing of free skills training opportunities through rural local programming to ensure youths are aware of the availability of existing capacity-building avenues. One rural and remote youth noted, "More free skills training opportunities are always appreciated. Things that come with certifications for resumes are more helpful but are usually too expensive". Indeed, there are many free online certifications (and employment services); however, this may not be communicated to rural and remote youths through their educational institutions or community organizations. Therefore, we recommend broad informational campaigns and stronger government communication in ensuring that youth are aware of these services, and if possible, (when eventually feasible under public health guidelines) implementing in-person opportunities as well to increase scope and access.

RECOMMENDATIONS

01 Ensuring reliable high-speed internet access to facilitate online work
- Either through: universal broadband projects or subsidizing internet service costs

02 Free skills training that offers certifications on employable skills.

03 Increased employment programs that offer online employment opportunities for rural and remote youths, to offer the choice of working from home for health and safety.

04 Greater marketing of available employment services and capacity building through educational institutions and/or community organizations.

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[87] Innovation, Science and Economic Development Canada. "Universal Broadband Fund." 2021.

Rural & Remote Youth & Health

A few key concerns were raised over health and wellbeing for rural and remote youth. All of these stem from the same root causes discussed in other focuses: lack of access to reliable Internet resulting in restricted access to tele-health services; lack of support services close-by due to rural conditions resulting in less people getting the help they require; and more youth forced to stay at home and isolate which compounds mental health challenges already experienced by rural youth who have faced challenges over community-based connections in the past, as well.

When there are fewer healthcare services in rural and remote areas compared to urban areas, youth have less options from which to choose and therefore, limited options that are appropriate to young people's varying needs and preferences (e.g., selecting a compatible therapist). The shift to online healthcare has the potential to allow youth to access healthcare that was previously unavailable to them due to geographical distance. As noted below, transportation and distance have become one of the dominating concerns for youth accessing support.

In a consultation with the Thunder Bay Regional Multicultural Youth Council, young people echoed concerns of the community in relation to alcohol use, noting that as young people are increasingly forced to study, work and remain at home, the more they are susceptible to pressures of alcohol consumption, especially in rural communities where youth engagement practices are less available. The young leaders noted that this often could occur as a result of peer pressure or challenges dealt within homes from family members.

This led to the other concern of increased domestic abuse, of which young people in rural communities have particularly experienced during the pandemic. The council noted that in rural areas, it is more difficult for youth to find any kind of relief or support when dealing with abusive relationships in the household; for example, even speaking to a concerned adult (e.g., a teacher) is often not pursued. This becomes even more

challenging when the interaction with a support system becomes limited to online remote interactions, and seeking help becomes a much more frustrating task. This leaves a greater number of young people in rural communities to be forced to cope with the abuse, without help or support. Another concern raised was over the lack awareness of possible avenues of assistance, as well as, the limited available resources or education to recognize abusive relationships between family members or partners. To combat these challenges, we recommend that rural school boards take on an advocate's role in ensuring that young people are aware of the support in their local area. We also recommend that due to the lack of wraparound supports within rural communities, more "safe spaces" and informal support groups are made available for vulnerable youth, especially for those who deal with abuse in the home due to their identity. These spaces could be implemented in schools, where most rural youth can be reached.

In relation to mental health, rural communities already held a serious need for youth-centered mental health services pre-pandemic. As Emily Dozois, a youth with personal experience trying to access mental health services in rural Ottawa and the Evaluations Coordinator for the Rural Ottawa Youth Mental Health Collective, noted on an episode for the Impact Conversations podcast: "I remember participating in a focus group for a communities assessment in 2018, and one of the questions was 'What mental health supports would you like to see?'.... One person replied 'Literally, anything.'" [88]

The same organization that Dozois represents, the Rural Ottawa Youth Mental Health Collective, conducted a survey of youth in rural Ottawa in the midst of the pandemic. Rural youth noted that "knowledge of resources" was the missing piece most needed in rural communities, as mentioned above with regard to abuse during the pandemic. Furthermore, the results also highlighted that the greatest barrier to attaining needed support is distance, which demonstrates the need for greater availability of quality healthcare services for rural and remote areas. When asked about ways to support rural Ottawa youth, respondents noted that integrating mental health practices into non-mental health related programming, recreational activities and educational settings would be the best way to establish self-care and mental health management as a new norm for rural youth.[89]

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[88] Impact Conversations Podcast. "Uncovering & Addressing Mental Health Needs for Rural Youth." 2021.
[89] Rural Ottawa Youth Mental Health Collective. "Survey of Rural Ottawa Youth." 2021.

These concerns experienced in rural Ottawa echo many of the other concerns outlined by respondents in our survey, identifying Internet, distance and transportation, and exhaustion from isolation as the most pressing challenges faced by rural youth, most of which existed before the pandemic began and have now become considerably exacerbated.

RECOMMENDATIONS

01 | Integrate youth mental health best practices into non-mental health related programming, facilitated recreational activities and educational settings.

02 | School boards must ensure that teachers take on an informational role in ensuring students understand the resources available when they may face abuse, or other mental health challenges.

03 | Local and provincial governments ought to strongly consider large investment to expand locally-driven community-based mental health, crisis and other resource centres in rural regions in Ontario to resolve the challenges of insufficient support for youth that existed much before the pandemic began.

04 | Organize digital collections of resources, curated by local mental health advocates and leaders, for youth to find help in any kind of crisis, from mental health challenges to dealing with abusive relationships, and ensure that culturally-informed options for help are available as well, to ensure youth have knowledge of the full breadth of resources available to them.

Conclusion

In conclusion, we encourage all readers to take the solutions recommended and **join us in responding to hopeful resilience with grounded youthful recovery**. Here's how you can do so, in brief.

01

Implementation of recommendations

by individuals, organizations, and governments at local and provincial levels.

02

Increased accessibility into systems

via transparency, improved access to information, raised awareness, greater availability of services, and culturally-grounded, responsive, and equitable offerings.

03

Meeting youth where they are

through meaningful inclusion of youth in the design and implementation of solutions, and entrenching this change in reimagined systems.

It is only through **the power of collective collaboration** that involves all members of society that we can **establish systems that are inclusive for all Ontarians**.

Young people are an essential part of this change.

It's time that young Ontarians have a seat at the table, too.

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