Community Engagement in a Time of Confinement

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Nous nous penchons sur les contraintes importantes auxquelles sont soumis l’impératif de mobilisation collective et les possibilités qui s’y greffent, en période de confinement. Nous nous intéressons aux difficultés que les collectivités marginalisées doivent affronter, exacerbées par leur situation, dans le contexte de la pandémie de maladie à coronavirus 2019 ; nous poursuivons avec des réflexions sur les succès et les tensions associés aux pratiques émergentes en matière de mobilisation. Nous décrivons ensuite quatre exercices réalisés avant le début de la pandémie dans le cadre d’un projet de recherche visant à analyser la mobilisation citoyenne à partir de la base en relation avec l’élaboration de politiques, et nous suggérons comment appliquer les leçons qui en sont tirées aux processus décisionnels contemporains. Notre objectif est d’illustrer en quoi et pourquoi la mobilisation collective est particulièrement cruciale dans la crise actuelle, les restrictions de la pandémie ayant ajouté de nouvelles dimensions aux pratiques de confinement de longue date. Selon nous, bien que ces formes très récentes de mobilisation soient contestées et complexes, elles sont essentielles pour faire en sorte que l’élaboration de politiques repose sur des principes d’équité, d’accès et d’inclusion.

Mots clés : engagement publique, consultation publique, femmes, incapacité, analyse intersectionnelle, communautés marginalisées, confinement

This article examines the significant constraints on, the necessity for, and the opportunities around community engagement in a time of confinement. We consider the compounded challenges faced by marginalized communities in the context of the coronavirus disease 2019 pandemic, and we follow this with reflections on the triumphs and tensions of emergent engagement practices. We then describe four exercises that we conducted before the onset of the pandemic in a research project exploring public engagement from the ground up in relation to policy-making, and we suggest how the lessons learned may be applied to contemporary decision making. Our overall goal is to illustrate how and why community engagement is particularly pressing in the current crisis, as pandemic restrictions have added new dimensions to long-standing practices of containment. We argue that although these most recent forms of engagement are contested and complex, they are essential to ensuring that policy-making is built on processes of equity, access, and inclusion.

Keywords: public engagement, public consultation, women, disability, intersectional analysis, marginalized communities, confinement
In a time of crisis, swift government action can be the difference between lives saved and lost, between a calm or a panicked citizenry. Yet, the speed and decisiveness of government action in an emergency make both formal deliberation and public engagement a challenge. Consultations with conventional stakeholders become a lower priority, let alone efforts to check in with the broader public, and especially with those communities that find themselves perpetually on the margins of public policy discussions. Alternative policy lenses that have been informed and produced by equality seekers fall by the wayside, and community engagement may be seen as a luxury we can no longer afford.

The potential repercussions of constrained engagement have become apparent in the context of the coronavirus disease 2019 (COVID-19) pandemic. In Canada, non-transparent decision making (on multiple scales) may amplify the interests and voices of the powerful, prevent others from stepping in, and serve to silence dissenters. Consider the Government of Ontario’s circumvention of requirements for public participation in relation to resource extraction: this input was deemed to be impractical and was suspended (McIntosh 2020). Marginalized groups may find themselves further isolated or targeted during the pandemic.

For the past four years, we have been part of a research team exploring non-conventional methods of public engagement through a pan-Canadian project called “Engendering Public Engagement, Democratizing Public Space.” As the Halifax-based arm of the project, we have worked with communities to pilot a series of four engagement exercises. These exercises were intended to generate insights into how groups of women often left out of policy-making nonetheless engage politically through alternative means and why some reject public policy efforts altogether. This work is guided by an intersectional approach that highlights how “women’s experiences and choices shift and change depending on the complicated and constantly changing relationship between their individual and collective characteristics and the power relationships within social structures” (Acker-Verney 2017, 3). The four exercises were as follows:

1. a sharing circle with Indigenous women
2. an interactive simulation with girls and young women
3. a first-voice panel organized and led by women with disabilities and Deaf women
4. a podcast on rural women’s issues.

Now, as we experience the ebb and flow of a global pandemic, we are also seeing new and expanded models of community engagement, which provide an opportunity to reflect on our findings and on the possibilities for engaging those who have historically been left out.

Our aim in this article is to examine the significant constraints on— as well as the necessity for and opportunities around—community engagement in a time of confinement. This work is part of broader conversations about the role of public and community engagement in enhancing democratic participation, including deliberative democracy (Cattapan et al. forthcoming). On the one hand, restrictions related to the COVID-19 pandemic have limited how people can come together in person, adding new dimensions to long-standing practices of confinement. Pandemic-related circumscribed political spaces, scarce or tenuous resources, and shifts to daily lives may diminish many individuals’ and groups’ capacity to come together to strategize, consult, or provide feedback to government. For those groups already on the margins of policy-making, the distance between self-articulated interests and decision makers may be made wider by the strictures of a society in isolation.

On the other hand, necessity is the mother of invention, and many communities seeking social justice have developed adaptive strategies. Unprecedented times have resulted in unprecedented creativity and new modes of engagement.

We begin by considering the challenges faced by marginalized communities in the present context, followed by reflections on the triumphs and tensions of emergent engagement practices in this time of confinement. We then turn to lessons learned from our research project, which sought ground-up approaches to public engagement informed by legacies of community-based action. In doing so, we consider how these very recent experiences, combined with our research findings, can inform analyses of community engagement in the context of COVID-19 and afterward. Overall, we argue that although current forms of public engagement—often consisting of platforms such as online message boards, Zoom meetings, and virtual town halls—are contested and complex, now more than ever there is a need to think about how to mobilize quickly, effectively, and creatively to ensure that policy-making is built on processes of equity, access, and inclusion.

The Challenges: Community Confinement, Containment, and Constraint

The particular nature of this crisis, with people largely isolated in their homes and, for some, their workplaces, presents a range of concerns vis-à-vis engaging in public policy-making. New policy challenges are also emerging for those on the margins of society—for example, those who experience socioeconomic precarity; those with insecure, insufficient, or unsafe living arrangements; and those who are dependent on the mobility of others for their daily activities, to name a few.

Confinement is the restriction of the movement of a population, and it has long been used to describe the circumstances of people kept in one place. The term is
generally used to portray the experience of those being confined, that is, to encapsulate the experience of those whose mobility is constrained. Confinement is an analogue to containment, that is, measures that work to control a population and restrict their actions, capacity, or mobility. In brief, confinement is enacted on a population; confinement is experienced by the same. Policies of confinement have historically worked to confine those seen to be deviant, unruly, or otherwise undesirable by restricting their actions, capacity, and mobility. The confinement of the broader public to their homes does not erase histories of institutionalization, incarceration, and restriction enacted through policies of containment; in fact, it compounds their legacy by enacting new restrictions, new barriers, and new constraints. In the context of COVID-19, the often deadly consequences of containment have become more apparent for prisoners and long-term care residents alike.

This context has clearly exacerbated already problematic tendencies that we identified in our research project as we focused on marginalized women in general and women who experienced greater disadvantage on the basis of their geographic and social location in particular. Here we consider some of the same intersections and exclusions and reflect on how they play out in a time of confinement, containment, and constraint.

For a start, for many women, the home is not a site of safety but rather one of instability and danger, as evidence mounts that domestic violence, and particularly violence against women, is on the rise. Comprehensive data on the subject are lacking, and gender-based violence is underreported. However, during the pandemic, Canada’s Minister for Women and Gender Equality stated that her department’s consultations with frontline organizations, provinces and territories, and members of parliament “uncovered a 20 to 30 per cent increase in rates of gender-based violence and domestic violence in some regions of the country, though data on where the uptick is occurring is not yet available” (Patel 2020). Amnesty International (2020) also provides a list of reports pointing to increased violence, including against Indigenous women and girls. On the issue of gender-based violence, the need to integrate community-based perspectives into policy development was already imperative. Under the current, specific conditions of confinement during COVID-19, however, in which people may be under quarantine with abusive partners, seeking support may be more challenging than ever. Defining what effective and responsive policies look like requires the experiential, intersectional knowledge of service users, service providers, and advocates.

It is important to note as well that the relegation of people to their homes is a public safety response that may occur at the expense of other aspects of well-being of those most marginalized. Consider here, for example, Indigenous communities that face compounded challenges such as treating cases of COVID-19 in rural and remote areas, frequently in areas that lack clean drinking water and robust health care resources, and with populations with disproportionate pre-existing health conditions (Kirkup 2020; Mercurio 2020). These shortfalls are part of both historical and ongoing settler colonial legacies and (in)actions surrounding disease and contagion, recalling the devastation of the 1918 flu pandemic in Indigenous communities (see, e.g., Kelm 1999), to more recent disregard of Indigenous leaders’ requests for governmental support during health crises. To this latter point, during the 2009 H1N1 outbreak, the Cree community of St. Theresa Point First Nation in northern Manitoba asked for help from the government and instead received body bags (CBC News 2009). What is more, according to Lorraine Whitman (2020), the president of the Native Women’s Association Canada, Indigenous women are “far worse off” in disease outbreaks “when it comes to treatment and care.”

Yet policy-making commitments around the duty to consult with Indigenous people have become even further attenuated in the pandemic. Many forms of consultation have shifted to online-only models, but the capacity of individuals living on reserve to engage in online consultations cannot be assumed for various reasons, including lack of reliable Internet service provision. In the midst of closures of band offices, and other limitations in service provision caused by the crisis, some First Nations communities are being flooded with requests for consultation to enable resource extraction projects to begin or continue (Wood 2020). Industry groups are pressing on, often in collaboration with provincial governments (De Souza 2020), to advance resource extraction and land-use projects, pushing Indigenous groups to engage in consultations immediately while the latter are dealing with the current crisis and at diminished capacity. Meanwhile, scholarship on resource extraction has long argued for intersectional analysis and participatory environmental assessment (EA) processes. If the question before the pandemic was “What does meaningful, effective, and inclusive participation in the EA process look like?” (Stinson and Levac 2016), the question now becomes “What does that participation look like during confinement?”

For many living in rural and remote communities, isolation and the digital divide have deepened in the pandemic context, and access to high-speed Internet is more crucial than ever. As public engagement moves fully online, rural voices are being left out. The Canadian Rural Revitalization Foundation (CRRF) conducted a survey in April 2020 to assess the impact of COVID-19 on rural Canada. It found that respondents were worried about the capacity of their health care systems, travel into their communities, and the effect on the local economy, and they were confused about the responsibilities of different orders of government (CRRF 2020).
Activist, poet, and educator El Jones (2020) also points out that analyses of COVID-19 have failed to understand rural communities as racialized. She asks,

“What about rural Black communities? These communities already face the adverse health effects of environmental racism, the stripping of resources from the community, and generations of inequality. . . . It is not enough to assume that Black communities are simply included by default when we talk about rural communities, or that Black seniors are also the subject if we talk about care homes. Officials need to name and understand the specific cultural and economic contexts of Black communities, our family structures, how we get and share information, or our historical relationship with authorities like doctors and police in order to be able to reach us. (Jones 2020)

The experiences of women living in rural and remote communities are not uniform; they vary on the basis of race, socio-economic status, and disability, not to mention other markers of identity. These diversities, which often underpin disparities, must be countenanced, and interventions must be “co-developed with key stakeholders in rural and remote communities so that they are responsive to local needs and goals” (CRRF 2020, 4). Relief and recovery planning in rural and remote areas—as elsewhere—must span a wide range of policy areas, including local economic development, social policy and caregiving (i.e., housing and child care), labour market regulation (i.e., paid sick days, wage enhancements), income supports (Employment Insurance, family benefits), and communications infrastructure.

For young women and girls, engagement in policy processes has long been difficult, and these challenges have been exacerbated by the pandemic. Public engagement rarely involves young people, and young women and girls are at once depicted as uninterested in participating and unable to do so and as passive recipients of political messages (Levac 2013; Levac and Worts 2018). Faced with the limitations of shared devices, Internet access, data costs, shifts to online learning, modifications to caretaking, and a general disruption of their lives and schedules, the non-inclusion of young women and girls in policy decision making during COVID-19 continues. Some attempts to engage young people and children in communications vis-à-vis COVID-19 have occurred, including the use of social media and press conferences; nonetheless, insofar as the United Nations has recommended that there be consultations with “children and adolescents, including unaccompanied and separated children, to understand their concerns, fears, and needs” (UN Women 2020), little action has taken place. For children in care, simply securing physical and virtual access to their parents is the primary priority (Findlay, Saulnier, and Stratford 2020).

As such, the capacity for young women and girls to engage in policy decision making is severely curtailed in a time of confinement when they are also experiencing unique policy challenges. Beyond the value of learning about the immediate impact of confinement from young women themselves, tapping into youth perspectives can elicit related policy knowledge about remote and online learning; education equity; caregiving; paid work; housing; climate justice; and public, mental, and reproductive health.

The pandemic has also added to long-standing difficulties when it comes to engaging in conventional forms of policy-making for women with disabilities (see Acker-Verney 2017). COVID-19 can exacerbate marginalization, because lockdowns may further restrict already limited social interactions, and ongoing struggles with depression and anxiety may worsen for some women with disabilities as self-isolation becomes the new norm. The pandemic’s emotional toll is epitomized by the comments of one woman with disabilities who remarked in a recent interview, “I realized I shouldn’t be crying in the shower. . . . I’m not automatically going to die.”

Yet, Canada’s historic policies and practices affecting persons with disabilities substantiate fears that people with disabilities will be more likely to experience restricted access to health care during the pandemic. Indeed, pandemic disruptions to the usual means of accessing care are posing significant problems. What is worse, past experiences prompted a Canadian Independent Living Centres’ national survey respondent to conclude that pandemic triaging will mean that “I, as a person with a disability, will be chosen to die” (Independent Living Canada 2020).

Alongside such dire circumstances, even the tasks of daily life, such as using public transport, getting groceries, and having the family supports to help manage household chores, become more complicated in the COVID-19 context for women with disabilities. As one example, a woman with disabilities whom we recently interviewed expressed her concern that taxis in Halifax were only taking one person at a time, rendering transportation impossible for those who require an attendant. Moreover, this taxi limitation was imposed as reductions were made to the frequency of, and passenger number allowances for, city bus services.

The overlapping experiences of poverty and disability have been exacerbated for some people during the COVID-19 restrictions. Many people with disabilities rely on community-based organizations for support rather than on familial or friend-based social networks, and many such organizations either have had to discontinue their services or have experienced disruptions. Those who are now reliant on buying food online require web access, and online purchasing can reduce choice while increasing cost. Moreover, many of the sanitation protocols called for by public health officials, such as frequent hand washing or wearing masks,
may not be possible as a result of the diversity of financial and other barriers to these activities. In terms of specific policies, Nova Scotia has seen consequential disparities in terms of access to medication. In April 2020, the provincial government announced that it would be restricting access to medications by providing only a 30-day supply at a time as a means of avoiding drug shortages. To accommodate the need for additional refills, the province would waive the $5 co-pay per prescription. The waiver, however, applied only to those supported by provincially funded pharmacare, leaving all others requiring prescriptions to pay additional dispensary fees (Patil 2020). Although the restriction on medications has since been lifted, it did constitute a considerable burden for those without provincial pharmacare because it necessitated acquiring medications more often and the payment of additional fees.

Although many of the aforementioned examples pose challenges for persons with disabilities in general, for women with disabilities who experience disproportionate rates of poverty, violence, and abuse—for example, women with disabilities are 60 percent more likely than others to be the target of violence (DAWN Canada 2014)—these new restrictions come with added insecurity.

There are, then, significant issues that constrain public engagement in the time of confinement and critical concerns for particular communities given the intersection of discrimination and exclusion. People have generally become more restricted in their movement during the pandemic, but there have also been drastic disruptions to traditional ways in which individuals engage with governments, civil society, and each other. For Indigenous women, women living in rural and remote areas, young women and girls, and women with disabilities and Deaf women, the pandemic has compounded the challenges of daily life and further constricted the capacity to articulate interests to policy-makers.

**Emergent Engagement: Empowerment and Empathy**

The need for public engagement is particularly important given the unprecedented nature of the current crisis, as well as the shrinking of deliberative space available in more formal institutions in which representation occurs. As to the latter, when the pandemic resulted in a country-wide lockdown, Canada’s formal political institutions revised their approach to deliberation to accommodate the need for social distancing while working to ensure that emergency legislation could still be passed. In the case of the federal government, after two meetings, with approximately one-tenth of the members of Parliament (MPs) on hand (about 32 members with party representation in proportion to regular party standings), the Quarantine Act (Canada 2005) was amended on 17 March 2020. In April, the parties worked to find a way to continue to function, and by 28 April, Canada’s first virtual parliament was proceeding with a revised meeting schedule, albeit with technical glitches and concern about how accountability might occur with MPs meeting online.

The provinces’ and territories’ institutional political responses have varied dramatically. For example, in Ontario, by 19 March, all legislative committee meetings were cancelled and would not be rescheduled until the end of May, when the next question period would also occur (Crawley 2020). In Quebec, legislative work was limited to video conferencing for committees until 13 May, when the Assemblée nationale sat for two 45-minute question periods (Press Canadienne 2020). In Newfoundland and Labrador, an all-party committee was struck to deal with COVID-19. In its legislature, a minimal quorum of ten was required to pass crucial COVID-19 legislation on 26 March, and neither oral questions nor debate took place (Maher 2020).

In Nova Scotia (where our research on public engagement has taken place), the provincial government’s response was highly circumscribed. Political deliberations were sharply curtailed and limited to staff from the premier’s office briefing opposition caucuses. Most committee meetings were cancelled, full stop (Nova Scotia Legislature 2020), and Premier Stephen McNeil asserted, “We, at this time, do not see that the legislature will be sitting anytime soon. It doesn’t have to sit again until the fall . . . but if it’s required we will be reaching out to the other parties.” (Laroche 2020). The shrinking of space and time dedicated to formal deliberation has resulted in fewer spaces for public engagement.

Some government-led engagement efforts have been launched during this crisis. The Government of Ontario quickly established a COVID-19 website that allows for the direct transmission of ideas from the public to government through a “tell us your idea” button and a hotline to support people having trouble making such submissions. Moreover, Nova Scotia Health Authority’s (NSHA) “Engage for Health” initiative created a new engagement space online for communities during the COVID-19 crisis, including a place to respond to a series of questions about “bouncing forward” rather than “bouncing back” and ensuring that positive change ensues from the crisis. Employees from the NSHA respond to each comment and have, for example, called for more attention to be paid to the concerns of those living in rural areas (NSHA 2020).

One notable move toward public engagement during the crisis has been the federal government’s establishment of the COVID-19 Disability Advisory Group, intended to give voice to, and act on, the needs of people with disabilities. It was formed as a result of advocacy by people with disabilities, given their concerns about the government’s lack of disability-oriented actions, as critical programs and supports were shut down to contain the spread of
the virus and workers’ mobility was restricted, limiting their ability to provide care. The advisory group’s aim is to ensure that the federal response to COVID-19 “considers, respects and incorporates the interests and needs of persons with disabilities into its decision-making” (ESDC 2020a). Although it was only mandated to conduct its work until August 2020, the Disability Advisory Group is intended as a way to ensure community engagement while dealing with the challenges of the current crisis rapidly and in real time.

These approaches to public engagement reflect top-down ways in which publics and governments are communicating during this time of crisis, but there is also much to be learned from the flurry of ground-up, innovative forms of engagement that are emerging, constituting a new community-based crisis politics. Virtual rallies, online meetings, webinars, social media groups and campaigns, and arts-based activism (digital media, craftivism, music, collaborative art and exhibitions, poetry) are at once drawing on what activists have long been doing and expanding the social movement repertoire by creating alternative spaces for participation.

At the same time, engagement has occurred around long-standing policy issues. National disability organizations, for example, have conducted surveys of members and put out position statements during the pandemic, both disability specific (Gordon 2020) and cross-disability (Independent Living Canada 2020). In some cases, insofar as communities can be more nimble than their governments, they may not be waiting for governments to come through with new policies or supports to consult on, but are instead filling the gaps themselves (Cooper 2020).

The intersection between grassroots resistance to racist abuses of power and issues of containment have also come to the fore. After the release of video evidence showing the murder of George Floyd by police in Minneapolis on 25 May 2020, a wave of demonstrations around the world led to a social uprising. Public action is prompting the defunding of police forces and diversion of funds to support community wellness. For example, public outcry ushered in plans for significant changes to Halifax’s police budget, and this city’s regional council voted to cancel the purchase of an armored vehicle (Berman 2020). Organizations from sport franchises to universities responded by denouncing systemic ignorance and erasure that affect the daily lives of communities of Black, Indigenous, and people of colour. In some ways, this organizing is similar to protests of the past, but this newly widespread mobilization has occurred in the midst of various degrees of lockdown and physical distancing protocols, resulting in creative methods of connection across virtual space and social media and, for the most part, government flexibility in enacting public health measures. Concurrent with face-to-face acts of resistance, often with masks and physical distancing, there has been what has been dubbed a “Black cultural renaissance” (Parris 2020) by some artist activists. The unprecedented circumstances of COVID-19 coupled with the resurgence of anti-racist organizing underscore the tension between the health risks associated with public gathering for those from communities hardest hit by the pandemic and the need for substantive community engagement and new approaches to social change.

Learning from Our Research
Although new and expanded forms of engagement are occurring in light of the pandemic—both from the ground up and from the state down—there are important limitations. For example, much of this work is occurring online (or with online prompts) and in ways that might engage those who are already engaged and have the time, space, capacity, and resources to articulate what needs to occur. To respond to these concerns, we turn to some lessons learned from our engagement exercises, which provided us with a great deal of insight into how to reach, engage, support, and develop capacity with often marginalized communities. These recommendations are not unique to the context of COVID-19; rather, they are promising practices for public engagement writ large. However, in light of rapid development of public policy (including emergency response benefits, education policy, public health policy, etc.), the expansion of the scope of government interventions, and newly constrained circumstances for public engagement, there is a need to think carefully about how public engagement during the crisis should occur and about how to ensure a strong foundation for engagement is in place for future crises. Attention to the recommendations we make here will go far in improving pandemic-related policy-making and in addressing potential gaps and pitfalls in relevant public engagement.

To reiterate, the groups we collaborated with in our Nova Scotia–based engagement exercises included Indigenous women, women from rural communities, young women and girls, and women with disabilities and Deaf women living in Nova Scotia. Our goal when we conducted the engagement exercises was to reach out to groups that may not be heard by governments and to hear their concerns directly. Our research demonstrates the need to attend to the political economy of engagement. It was clear that structural inequalities affect one’s ability to engage; similarly, during the pandemic, we continue to see that community engagement is shaped by caregiving responsibilities, economic inequality and labour market precarity, racial injustice, health inequity, the digital divide, and time poverty and disparity. Drawing on our previous research, we identify four key lessons that are applicable to community engagement during current and future periods of confinement (although we learned a lot more).
Engagement Should Be Flexible to Centre on the Needs and Voices of Marginalized Communities

Our engagement exercises were based on the premise that the groups we engaged with were not often consulted in policy decision making or the focus of public engagement exercises.

In one case, we held a sharing circle with Indigenous women that we organized with the leadership of Catherine Martin—Mi’kmaq film maker, educator, activist, and the then Nancy’s Chair in Women’s Studies at Mount Saint Vincent University — in response to the Walking with Our Sisters memorial. After some food, Catherine Martin led a smudging ceremony and drumming in and then initiated a sharing circle, using a talking stick moving clockwise to guide conversation, with each of the seven participants speaking in turn. Although we came to the circle with a pre-set group of questions about policy change developed in collaboration with the organizing team, we heard in response to one of our questions that “policy is violence” and a rejection of engaging in formal policy-making with government in the terms that we had envisioned. We had worked hard to centre our questions on the needs of the women in the room, but we had also come to the table with our own voices and the needs of our research project in mind. Truly centering on the needs and voices of marginalized communities necessitates challenging the underlying assumptions of the engagement and focusing on the self-articulated needs and voices of marginalized communities. Authentic public engagement requires trust, which is often absent for Indigenous communities as a result of the legacy and persistence of settler colonialism.

Long-standing distinctions exist in the public engagement literature among consultation, involvement, and collaboration, with collaboration being seen as the most substantive approach, that is, one that embraces genuine partnership in developing solutions. The need for real and substantive collaboration is underscored in the context of COVID-19. For genuine collaboration, engagement processes need to begin with those who are the hardest to reach, which requires meeting people in spaces and places on their own terms (Buehler et al. 2020). Such collaboration requires the principle of “nothing about us without us” as the starting point for policy development, in which groups are not simply represented in the development of the engagement activities but are involved in all stages and are part of the design and identification of the need or desire for the engagement in the first place.

Engagement Is Easiest When It Builds on Networks That Are Already Working

The need for engagement in a time of crisis is particularly challenging because individuals and groups have their own priorities and needs to address. In our engagement exercises, we wanted to collaborate with young women and girls to have a sense of their interests and voices vis-à-vis the policy-making process. To do so, we worked through the annual Girls Conference at Mount Saint Vincent University, an event that aims to help this generation of Nova Scotian girls develop, appreciate and celebrate their own abilities and talents and those of other girls and women, to help them to empower themselves, build confidence, and be a positive influence in their communities. (MSVU 2020)

At the conference, our research assistant, Jennifer O’Keefe, facilitated a workshop that involved distributing cards that represented different aspects of identity (e.g., gender, socio-economic status). As O’Keefe read out different statements, participants moved forward or backward in space—closer to or further away from their goal at one end of the room—on the basis of the relationship between the identities on their cards and the statements being read. In one case, participants given blue cards were instructed to step forward because this card indicated that they spoke English as a first language, whereas those with other-colour cards remained in the same place. By working with participants at the long-standing conference, we were able to organize this engagement exercise quickly and, after the workshop, get feedback on their experiences from participating young women and girls.

Although our exercise did not occur in a time of crisis, we benefited from established networks and participants already confirmed to attend the conference. What facilitates engagement in challenging times, however, are pre-existing sites (e.g., roundtables, workshops) that keep lines of communication open and build trust and capacity in ongoing ways. Longer-standing public consultation processes can be mobilized to facilitate communication in times of crisis, if originally created with care and in ways that enable capacity and seek people out where they are.

Engagement Requires Multiple (Low- and Higher-Tech) Approaches

It has become more evident during the crisis that we need to consider the technological capacity of potential participants, including knowledge and skill, bandwidth, affordability of and access to relevant devices, software, workspace, and time. Not everyone is going to be able to participate online, and active efforts should be made to find alternative and flexible approaches to ensure that those who can participate are able to.

In one of our engagement exercises, we developed two podcast episodes that drew attention to the work of women at women’s centres in rural Nova Scotia. We anticipated that women living in rural and remote areas would engage with these podcasts through the comment functions on the podcast homepage, but we have had few responses to date. Although our goal was to use the relatively low-bandwidth technology of podcasts to engage
with women who are distant from one another and who live far from urban centres but who are likely to have phones or other technologies with which to engage, we did not get the hoped-for response. Putting the engagement tools online, and even advertising them to relevant networks and through community organizations, was insufficient to reach our intended audience. Having engagement tools online is useful, but producing the content is only the first step; extensive, consistent, and concerted outreach is truly a vital task.

Although there are concerns with accessibility vis-à-vis online engagement, there are important ways in which online gatherings can be more inclusive, such as having the option to call in to webinars; recording and translation of online meetings; and providing accessibility supports such as American Sign Language, subtitles or closed captioning, and image descriptions. Online engagement should also be mixed with other, more traditional methods of outreach, including hotlines and phone trees, physical mail (postcards, flyers, surveys), neighborhood message boards, and conventional media (local radio, TV, newspapers; Buehler et al. 2020, 7, 10). Similarly, Labosier (2020, 4–5) writes, “Tools must be designed in the service of governments that recognize people as citizens, not customers; emphasize inclusion of traditionally marginalized demographics; and enhance forms of in-person engagement, not replace them.” Online engagement also requires a safe space in which to participate, and the kinds of supports that people might need to engage (including child care and transportation) should be made available.

Engagement That Is Intersectional and Inclusive Takes Time and Resources

There is a legitimate need for swift decision making during COVID-19, but robust engagement that is truly inclusive requires time, money, and intention. As trade-offs occur to enable rapid policy-making, efforts must be taken (as they always should) to ensure that a wide range of supports and options are readily available to enable diverse people to participate.

Our engagement exercises were aimed at addressing women from different social locations and experiences, including women with disabilities and Deaf women. In this engagement exercise, a five-person advisory group, made up of women with disabilities and Deaf women, collaborated with members of our research team to design an interactive and educational workshop consisting of a panel presentation and discussion between and among panelists and audience members. An event focused exclusively on their public policy priorities, from their unique perspectives and intersecting social locations, it featured presentations and ensuing discussion that addressed challenges experienced by diverse women with disabilities and Deaf women. Attendance was lower than we hoped—15 people attended, including five advisory group members and members of the research team. We learned from this event that successful public engagement with women with disabilities and Deaf women requires intention and resources to ensure that relevant supports are in place to facilitate participation. At the same time, resources understood to be related to women’s experiences of disability or Deafness (e.g., an accessible location, sign language interpretation) are far from sufficient to enable everyone’s participation. Event attendees pointed to child care, transportation, and factors related to inadequate income (i.e., the ability to take time off work to participate) as likely to affect more women’s ability to attend.

Inclusive engagement requires those initiating the process to consult with potential participants about what they need to engage. This can include addressing barriers to participation and planning for the time and resources that are needed to help people participate in the way that they want and will often include providing multiple avenues for participation. Moreover, public engagement during and after the pandemic should consider the needs not only of women, but of women who may be facing obstacles to participating as a result of intersecting and overlapping forms of marginalization. By contrast, Canadian government policies and interventions aimed at being supportive of members of the disability community have traditionally taken a mainstreaming approach that prioritizes disability as a singular social location.

There is an important tension between the need to allocate sufficient time and resources to ensure robust, inclusive, intersectional public engagement and the need for rapid decision making in a crisis. Still, the inclusion of people experiencing marginalization during current and future crises should not be sacrificed for the sake of rapid decision making. Governments should carefully consider how to structure public engagement in times of crisis and strive to balance temporal urgency with inclusion. These tensions can also be mitigated for future crises by developing strong networks, built on mutual respect and trust, that lead to robust engagement practices. Establishing and maintaining these networks in an ongoing way will ensure that they are ready to be drawn on when another crisis emerges, creating a solid basis for reacting and responding to change.

Conclusion

The COVID-19 pandemic has raised new challenges for public engagement. In addition to the difficulties faced by Indigenous women, women living in rural and remote areas, young women and girls, and women with disabilities and Deaf women considered here, other exclusions and forms of discrimination have been exacerbated by the current crisis. For example, the racist attacks endured by Asian (im)migrants and Canadian citizens of Asian descent point to an increased need to
engage communities facing marginality in addressing COVID-19 and policy-making going forward. Moreover, the mobilization around anti-Black racism in Canada and elsewhere suggests that there is a need for new terms of engagement for public policy-making that centre the voices of long-excluded groups.

What emerges from the exclusions recounted here is that there are critical ways in which governments should be fostering public engagement in this time of crisis. Our recommendations, founded on the lessons we learned—a need for flexibility, the importance of drawing on existing networks, going beyond simply putting things online, and dedicating the time and resources needed to enable inclusion—point to two broader practices that should inform public engagement in this time of confinement. The first is that governments must provide resources to enable marginalized groups to undertake their own engagement initiatives and to advocate on their own behalf. Marginalized people living through the experience of COVID-19 have embodied knowledge, skills, and experience to inform equitable public policy. If relevant communities and organizations can quickly consult with their constituents and then inform policy development on their behalf, often-excluded groups are more likely to be actively involved in decision making in future crises. Second, governments must do all they can to ensure that their decision making includes marginalized groups, or at least those groups often not included in policy decisions. Governments must reach out in a variety of ways to find those individuals and groups that will otherwise not be heard.

Since the beginning of the crisis, international organizations addressing the pandemic—both the United Nations and the World Health Organization—have been asserting the importance of community engagement to involve marginalized and vulnerable people, including diverse groups of women, in decision making. This should occur not only because women play a primary role in caregiving—“to children, the elderly, and the ill” (UN Women 2020)—but also because community uptake of relevant interventions is more likely when women are engaged in both decision making and relevant communications. Decisions may have to occur quickly but, as we have argued, affected groups of people should be involved in making those decisions in the first place. The need for strong leadership and swift decisions during the pandemic need not erode democratic accountability and deliberation; governments cannot and should not lead the course on their own.

As governments begin to ease restrictions on physical distancing, there is a new impetus for public consultation. The World Health Organization criteria for relaxing lockdown protocols include the requirement that “communities have a voice and are aware, engaged and participating in the transition” (UN Women 2020). Engaging the public during confinement can build the foundation for a community-led recovery.

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Notes

1 For instance, in April 2020, OmiSoore Dryden (currently the James R. Johnston Chair in Black Studies at Dalhousie University) wrote an open letter to Nova Scotia’s premier and chief medical officer. It demanded an apology for comments about the spread of COVID-19 in certain communities that perpetuated stigmatization and anti-Black racism. Although the Nova Scotia premier’s call to “Stay the Blazes Home” has folksy appeal to some (even inspiring a line of t-shirts and beer), not all communities have responded in the same way. For those with a history of intensive state scrutiny, admonishments from authorities are not received as harmless or humorous interventions (see Devet 2020).

2 See, for example, Fuji Johnson (2015) and Moscrop and Warren (2016).

3 Outbreaks have occurred at prisons in Canada that, as of July 2020, have resulted in two deaths in custody attributed to COVID-19. For people who are incarcerated, challenges in accessing health care are exacerbated by new restrictions and lockdowns, in addition to the risks of acquiring COVID-19 in close quarters and without access to protective equipment. In light of the high risk of outbreak in carceral institutions, some provinces have granted early release to prisoners deemed to be of minimal risk to the community (see, e.g., Aiello 2020). Moreover, and notably given our concerns with historically marginalized communities, Inuit men living in a specialized unit of a federal facility in Laval, Quebec, were “at the centre of Canada’s worst prison COVID-19 outbreak” (Ross 2020). Here, as of the end of May 2020, there were reports of 162 confirmed cases and one person dead. This federal training centre also housed men with “serious psychiatric problems” who “were originally moved to the Laval prison several
COVID-19’s repercussions for long-term care facilities are of immense and deadly importance. The pandemic has served to highlight a long-standing crisis of care that has resulted in challenging and restrictive living conditions for many residents in long-term care. Although long-term care facilities cannot be analogized to prisons, because residents in the former are typically not forced into confinement as they are in the latter, long-term care facilities do implement practices that can constitute forms of confinement and even, arguably, containment. For example, many long-term care residences have locked or secured areas that restrict entry and exit to prevent residents with dementia from entering particular places or leaving the premises. This is done for the safety of all concerned; nevertheless, some residents in these situations can be considered to be untruly. There are also frequent lockdown procedures that take place in long-term care facilities in which confinement and containment can occur as a response to a variety of medical health emergencies dubbed as “outbreaks” that serve to keep “undesirable” (i.e., infected) residents in place. As such, there are parallels to other sites of containment, particularly when coupled with the lockdowns and regulations that have accompanied COVID-19. Regarding the deadly circumstances of long-term care homes, new research suggests that 80 percent of all deaths from COVID-19 in Canada are tied to outbreaks and transmission in long-term care homes. See Estabrooks et al. (2020); see also Loreto (2020).

New studies from abroad are making these connections. For example, the US-based Centre for Global Development published a working paper that draws on “published and grey literature” to document “nine main (direct and indirect) pathways” linking increased violence against women and children and pandemics and identifies a need for an “intersectional gender- and feminist-informed pandemic response” (Peterman et al. 2020, 1). A recent British publication concurs that although data are scarce for the COVID-19 pandemic thus far, “media coverage and reports from organisations that respond to violence against women reveal an alarming picture of increased reports of intimate partner violence during this outbreak, including partners using physical distancing measures to further isolate affected women from resources” (Roesch et al. 2020, 1).

Indigenous artists, including Bonnie Devine (Ojibwa), responded to this incident through art. Devine’s installation Manitoba (2010) was made up of 62 suspended pandemic body bags.

This interview occurred during a re-engagement with four of five members of the Women with Disabilities and Deaf Women Advisory Committee in May 2020 (who had previously worked on an engagement exercise as part of our broader research) to learn about their public engagement activities during COVID-19. We conducted interviews by phone and email according to individuals’ preferences.

Telehealth services provide ongoing access to mental and other health supports, but users’ experiences, particularly during the COVID-19 constraints, depend on their individual circumstances. For instance, people who are blind, without Internet access, and using only the telephone will not be able to describe the colour or other visual aspects of a wound and may not have anyone to ask for assistance.

Advocacy against a triaging protocol developed for the Ontario government was quickly organized by the Accessibility for Ontarians with Disabilities Act Alliance (AODA), including a discussion paper calling for the “Ontario Government to ensure that any medical care rationing or triage never discriminate against patients because they have a disability” (AODA 2020). The Minister of Health for Ontario stated that it was “only a draft.”

In response to the gap in emergency benefits for persons with disabilities, national and regional disability-related organizations penned an open letter asking Canadians for their support (Include Me Social Network 2020). When Independent Living Canada later released the initial results of a survey they had done within the network of Independent Living Centres across Canada, they too heard about the need for focused support. One respondent to that study said, “According to the government we don’t exist in their eyes. . . . only give it to people you want to give it to is not fair. I’m on a low income just barely making it so where is the help?” (Independent Living Canada 2020).

These meetings occurred on 25 March and 11 April 2020 (Curry and Leblanc 2020).

The House was to meet every Wednesday with substantially reduced, in-person meetings. This would include a two-and-a-quarter-hour session for questioning cabinet ministers and another session for debating legislation, should it be required (Tumilty 2020). There would also be meetings every Tuesday and Thursday by video conference. The Tuesday and Wednesday meetings started on 29 April and then expanded to include the Thursday virtual meetings. These regular sittings were suspended in May (largely coinciding with a regular parliamentary calendar), with an all-party COVID-19 committee continuing to meet throughout May and June and several special sittings of the House scheduled over the summer months.

For instance, the Commons Speaker, Anthony Rota, threatened to make use of the mute button to deal with MPs who interrupt, which was described by one Conservative parliamentarian as “a little dictatorial” (Bryden 2020).

The COVID Disability Advisory Group was announced on 10 April 2020, more than a month after the disability community started organizing around inclusion in COVID-19 decision making. No federal emergency benefits were explicitly targeted to individuals with disabilities until May 2020, when the Canada Emergency Student Benefit, which allows for an additional $750 per month to eligible students with disabilities, was established (ESDC Canada 2020b). A one-time, $600 payment for holders of a Disability Tax Credit certificate was announced on 5 June 2020 (Prime Minister’s Office 2020) only to fail on the floor on 10 June (Council of Canadians with Disabilities 2020). Some examples include the Sew-in Collaborative Art Project, COVID-19 (see Miller 2020); the Framing Everyday Life photography collaboration (McCord 2020); and the “48 poems in less than two weeks of the pandemic” initiative (Quon 2020).
See discussion in Cattapan et al. (2020).

This exercise and its outcomes are explained in greater detail in Cattapan et al. (2020).

A phone tree is a method used to communicate with, and mobilize, large groups of people quickly. It begins when a first member calls a list of people, who then are responsible for contacting additional people, and so on, all delivering the same message.

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