

## **On the Front Lines: Nonprofits in the Homeless-Serving Sector During the COVID-19 Pandemic**

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### **ABSTRACT**

This article examines the experiences of the nonprofit, homeless-serving sector during the first wave of the COVID-19 pandemic. Qualitative interviews were conducted with staff and volunteers from frontline organizations in the two largest communities in Nova Scotia, Canada. Participants reported much strain on their organizations' human resources, but also the ability to adjust service delivery mechanisms quickly in order to continue offering supports. Most reported greater in-kind contributions from businesses and community members as well as more funding from the federal government in particular, albeit with administrative burdens and defined timelines. Nonprofits played a leadership role in developing responses to serve the needs of those experiencing homelessness, including developing comfort centres, installing portable toilets in downtown locations, and moving those without housing into hotels. They also advocated to government for state-level responses to those without housing, including calls to invest in new units and enhance funding for frontline service providers. At the same time, nonprofits reported working across sectors, noting better communication and relationships with state actors as well as other nonprofit organizations as a result of their COVID-19 response.

### **RÉSUMÉ**

Dans cet article, nous examinons les expériences d'organismes sans but lucratif (OSBL) qui ont offert des services aux sans-abris durant la première vague de la COVID-19. Pour ce faire, nous avons mené des entrevues qualitatives auprès des employés et des bénévoles des services de première ligne dans les deux plus grandes collectivités de la Nouvelle-Écosse au Canada. Les personnes rencontrées ont souligné la pression considérable exercée sur les ressources humaines, mais aussi leur capacité d'ajuster rapidement leurs prestations de services pour continuer de fournir

leur appui. La plupart d'entre elles ont indiqué avoir reçu davantage de soutien en nature de la part du secteur privé et de la communauté ainsi que plus de financement du gouvernement fédéral, accompagné cependant de fardeaux administratifs et d'échéances serrées. D'autre part, les OSBL du secteur ont fait figure de chefs de file dans l'élaboration de mesures pour répondre aux besoins des sans-abris, y compris l'aménagement d'aires de confort, l'installation de toilettes portatives au centre-ville, et l'aménagement de personnes sans logement dans des hôtels. En outre, les OSBL ont demandé que le gouvernement intervienne pour loger les sans-abris en investissant dans de nouveaux logements et en augmentant les salaires des fournisseurs de services de première ligne. En même temps, les OSBL du secteur ont indiqué que, à la suite de leur réponse à la COVID-19, ils ont pu mener des actions intersectorielles avec les acteurs gouvernementaux et d'autres OSBL et améliorer leurs communications et leurs relations avec ceux-ci.

**Keywords / Mots clés :** homeless-serving organizations, COVID-19 pandemic, Nova Scotia, disasters / organismes d'aide aux sans-abris, pandémie de la COVID-19, Nouvelle-Écosse, désastres

## INTRODUCTION

Around the world, the tremendous social and economic impacts of the COVID-19 pandemic have brought the vital work of human service nonprofits to the fore (Dayson, Baker, Rees, Bennett, Patmore, Turner, et al., 2021; Deitrick, Tinkler, Young, Meschen, Strawser, Funderburk, et al., 2020). Front-line service organizations have provided emergency food, crisis housing, health and well-being supports, and financial and employment assistance to low-income households, among other vital services (Deitrick et al., 2020). Not surprisingly, however, the pandemic has also placed new constraints and challenges on a sector already overburdened with a chronic lack of funding and high demand for services given the continued roll-back of the welfare state (Finchum-Mason, Husted, Gugerty, & Barnhart, 2020; Turpin, Shier, & Handy, 2021).

The purpose of this article is to examine the pandemic experiences and responses of nonprofit organizations with a particular focus on the homeless-serving sector. This research uses interview data gathered from nonprofit stakeholders in the two largest municipalities in Nova Scotia, Canada, during the first wave of the COVID-19 pandemic. This article examines internal impacts of the pandemic on these organizations (as they pertain to human and financial resources as well as service provision), and the actions, leadership, and collaboration of these voluntary-sector organizations in responding, including *vis-à-vis* government, to the needs of those who are among the most vulnerable in these two Atlantic Canadian communities, namely Halifax Regional Municipality and Cape Breton Regional Municipality. Contributions to the literature include an emphasis on the homeless sector rather than focusing on nonprofit organizations more broadly, which is important given the extreme marginalization of those without housing and the critical role of agencies that respond to them, and an emphasis on a region of the country underrepresented in social economy studies. Additionally, this article offers qualitative findings, complementing much pandemic-related research on the sector that is either conceptual (such as Akingbola, 2020; McMullin & Raggo, 2020) or survey-based (for example, Lasby, 2020).

## BACKGROUND

This literature review is divided into two sections. The first section focuses on the general problems and opportunities experienced by the nonprofit sector during the pandemic, emphasizing those organizations offering human-centered services to low-income households in this synthesis. The second section reviews research specifically on nonprofits serving individuals experiencing homelessness, during the COVID-19 pandemic and other disasters, such as wildfires or floods. This article focuses on empirical studies rather than conceptual and reflection papers (such as Akingbola, 2020; McMullin & Raggo, 2020) to present this work in applied research. Technical reports are also included, given the current and emergent nature of the pandemic at the time of writing.

Research conducted to date on the challenges faced by human service nonprofits shows remarkably consistent findings. Many of these organizations faced increased demands on their services for reasons, including major job loss among local residents and social isolation of marginalized individuals in their catchment areas (Lasby, 2020; Ontario Nonprofit Network & l'Assemblée de la francophonie de l'Ontario, 2021; Deitrick et al., 2020). Beyond expanding caseloads and the greater complexity of client needs, new pressures and expectations from government were also placed on the sector in order to help prevent the spread of COVID-19, such as providing services related to testing (Finchum-Mason et al., 2020). At the same time, staff were required to adjust service delivery mechanisms; examples from the literature include transitioning to contactless supports, such as checking in with vulnerable clients over the phone, and shifting to online programming, such as in the delivery of self-employment training and health services (Deitrick et al., 2020; Finchum-Mason et al., 2020; Loomis, 2020).

Human resources were also severely affected within these organizations, and for many reasons. The literature documents heightened workplace anxiety and stress brought about by factors including needing to work longer hours, for those organizations facing expanding demands, as well as shifts to working at home (Dayson et al., 2021). New financial strains were also placed on nonprofits, creating job instability for staff, including a reduction in employment hours and lay-offs (Deitrick et al., 2020). For example, a Canadian survey found that 37 percent of social service agencies laid off staff in the early weeks of the pandemic despite increased need for services, while 28 percent reported reductions in work hours of staff, with more anticipated (Lasby, 2021). Personnel in these organizations also experienced unclear and rapidly changing information on pandemic management and COVID-19 impacts on personal health. In addition, the pandemic resulted in a decline in volunteers, which also burdened paid staff (Finchum-Mason et al., 2020).

Another consistent and important finding is that the financial health of these organizations was also impacted, with many reporting that revenues declined due to the cancellation of fundraising events and fee-for-service activities (Mumford & Greene, 2020). Indeed, Canadian survey data show that 63 percent of human service organizations reported a decline in revenue since the onset of the pandemic (Lasby, 2020), with similar findings reported in more localized studies: health and human service organizations in Washington state reported their service-based revenues declined by 58 percent (Finchum-Mason et al., 2020) and 63 percent of San Diego nonprofits reported declining donations (Deitrick et al., 2020). The literature on challenges and opportunities also identified urgent needs of these organizations, particularly those operating in the United States, including an ongoing need for personal protective equipment (PPE), mental health supports for workers, financial

resources to pay for staff, assistance to adopt and use new technologies to facilitate new modes of service delivery to clients, and greater flexibility on the part of funding agencies regarding reporting and how funds may be spent on both operational and programmatic items (Deitrick et al., 2020; Finchum-Mason et al., 2020).

Interestingly, while the literature reports much overall strain, findings reveal opportunities that emerged for these organizations during the pandemic as well, such as unplanned time that became available to learn about and adopt online delivery of employment and budgeting courses to low-income households (Loomis, 2020), and the development of novel fundraising practices and new relationships with foundations (Mumford & Greene, 2020). Emerging collaborations with different stakeholders, including among nonprofits and with government (Deitrick et al., 2020; Finchum-Mason et al., 2020), were also reported.

Some literature looks at nonprofit experiences and responses specifically as they work with individuals experiencing homelessness during disasters. This literature finds that those assisted by these organizations have tremendous needs that staff work to meet when disaster strikes (Pixley, Henry, DeYoung, & Settembrino, 2021). Moreover, demand for support increases in the face of pandemics and other crises (Osborn, Every, & Richardson, 2019; Shi, Jang, Keyes, & Dicke, 2020). Disasters impose not just greater but new demands on these organizations and introduce new staffing and financial challenges as well (Osborn et al., 2019), while specialized supplies are needed to effectively respond to emergencies. These include emergency packs and PPE, and alternative alert systems to reach clients (such as sirens) (Osborn et al., 2019).

Organizations that work with those experiencing homelessness also adapt quickly to new contexts and constraints. Examples include, in the context of the COVID-19 pandemic, expanding hours of service to reduce the number of clients waiting for assistance at one time, expanding individual spaces in shelters to adhere to social distancing guidelines, and moving those experiencing homelessness to hotels (Dayson et al., 2021; Pixley et al., 2021; Shi et al., 2020). Those working to rehouse homeless veterans were found to not only be adaptable but heroic in the context of 2017–2018 California wildfires, conducting daily checks on clients in their transitional housing and insisting they evacuate (Gin, Balut, Der-Martirosian, & Dobalian, 2021).

Despite the general understanding that nonprofit organizations play a vital role in filling gaps in the social safety net, possess flexibility and adaptability in response to changing circumstances, and have staff who are intimately aware of the lived experiences of those living in poverty (and thus are knowledgeable about appropriate types of disaster responses, such as appropriate channels of communication) (Sundareswaran, Ghazzawi, & O'Sullivan, 2015; Vickery, 2017), findings typically report problems with respect to how these nonprofits work with government in disaster planning and response. In a study of 10 homelessness organizations from across the United States, participants expressed frustration in dealing with government-based emergency management staff, reporting a lack of coordination and integration with homeless-serving organizations (Pixley et al., 2021). This lack of involvement in planning was also reported in case study research in Colorado (Vickery, 2017), as well as in a mixed-methods study conducted across Australia (Osborn et al., 2019). In addition, nonprofit stakeholders have been required to resort to advocacy to spur government action and to ensure that the needs of homeless communities are not forgotten (Pixley et al.,

2021; see also Vickery, 2017). In a related vein, interviews with representatives from nine organizations in England and Wales reveal that service providers were more responsive than government to the pandemic needs of low-income, marginalized individuals and families (some of whom were housed and some who were not) (Dayson et al., 2021).

## RESEARCH SITE

This research took place in the two largest communities in the province of Nova Scotia, located in Eastern Canada: Cape Breton Regional Municipality (CBRM, population of 96,000) and Halifax Regional Municipality (HRM, population of 460,274). These communities are within the ancestral and unceded lands of the Mi'kmaq Peoples. The CBRM is a de-industrial and aging community, which, until recently, has experienced significant population and economic decline (Murray & Campbell, 2022), while HRM, the provincial capital, is the province's centre of wealth, growth, and decision-making. Both communities have significant problems with homelessness: in the CBRM, a period-prevalence count, conducted due to concerns that much homelessness is hidden in the region, enumerated 325 individuals (Roy, Leviten-Reid, Digou, Gyorfi, MacQueen, & Gotell, 2022). In HRM, a one-day count identified 586 individuals (Jonsson, Gagnon, Lecker, & Oliver, 2022), with encampment evictions in the city garnering recent national attention (McMillan, 2021; Woodford, 2021). In both communities, those without housing are disproportionately Indigenous. In CBRM, about half of those counted are male and half are female, while in HRM, 65 percent are male, 33 percent are female, and 2 percent are gender non-conforming. In the CBRM, the largest age group of those without housing consists of individuals between the ages of 16 and 29, while in HRM, the average age of those counted is 42. In both communities, many of those without housing are experiencing addiction and mental illness. The need for affordable housing is so dire across the province that a recent report calls for over 33,000 affordable public or nonprofit/co-operative housing units to be created over the next decade (Canadian Centre for Policy Alternatives—Nova Scotia, 2021).

## METHODS

Data were collected between February and April 2021 via in-depth, semi-structured interviews, and once approval to proceed was obtained from the Research Ethics Boards at the authors' institutions. A purposive sampling strategy was used, deliberately seeking interviews with stakeholders involved in the homeless-serving sector. One member of the research team interviewed stakeholders belonging to two groups that convened in each municipality in response to the needs of those experiencing homelessness during the pandemic, most of whom were working in the nonprofit sector directly as service providers, with an additional participant working as a community developer. Participants ( $n = 16$ ) included staff and directors from emergency shelters, organizations providing affordable housing and housing supports, harm-reduction organizations, and other front-line agencies supporting low-income individuals such as emergency food providers. One-on-one interviews were conducted by phone or through video conferencing. They typically lasted between 45 and 60 minutes and were transcribed verbatim. No incentives were offered. The consent form was emailed to participants, and then reviewed as a first step before interview questions were asked.

Participants were asked about their experiences and work from the beginning of the pandemic in March 2020 to the time they were interviewed in the winter or early spring of 2021. Topics included

questions about the role played by the organization during the pandemic, impacts and adjustments to services and to the organization at large, impacts on those experiencing homelessness, and collaborations with partners. These interviews were part of a larger study on disaster preparedness and homelessness in these two Nova Scotian communities. Interviews conducted with those experiencing homelessness, government staff, and elected officials were excluded from the analysis given that the focus of this study was on the experiences and responses of the nonprofit sector specifically.

Data were analyzed in Word using thematic analysis (Robson & McCartan, 2016). The first author coded the transcripts and then grouped these codes into categories and then larger themes. Data analysis was an iterative process, meaning that transcripts were re-read and codes, categories, and themes were revised based on discussions with all other authors and team members' potentially different interpretations of the data. For example, sample codes under the sub-theme of service adjustments included "started phone outreach," "closed drop-in and provided services at the door," and "went virtual." Sample codes under the sub-theme of human resources included "lost staff," "worked 24/7," "uncertainty," and "stressful period."

## FINDINGS

Three themes emerged in the data analysis: 1) organizational impacts and responses, 2) leadership, advocacy, and collaboration, and 3) the role of these organizations in responding to community needs.

### Organizational impacts and responses

#### *Human resources*

Research participants spoke at length about the impact of the pandemic on the human resources they had available to do their work. Notably, organizations relying on volunteers indicated that they lost many of these unpaid workers who were concerned with the unknown health implications of the virus during the early days of the pandemic. As one individual stated:

What really hurt us were the older volunteers that we had left. They didn't want to come back because they were in lockdown. We kind of got hurt on that end too, so we started out with two to three people here, that's it. And we are used to having ten to eleven here ... The volunteer base is way down.

Nonprofits also lost paid staff who were concerned about the impact of the pandemic on themselves or family members, which placed a tremendous burden on those who remained on the job:

I'll say that in my career it was the hardest time. We lost, we had over 100 employees and we lost 34 staff in four days. And that was because some people had compromised health, some people lived with people with compromised health and some people said, "I'm not doing this." And that left those of us left behind to carry a horrible load.

Participants in this study reported working double shifts, and/or long stretches without days off.

Beyond reduced paid and unpaid staff, and also with respect to human resources, participants widely noted that the pandemic placed significant stressors on their workers. In part, this was related to the uncertainty of the pandemic, and not understanding its consequences or the protective steps and equipment necessary to keep them safe; words such as "stress" and "anxiety" were com-

monly used by research participants. As one person noted:

There was a lot of upheaval, a lot of stress for staff and clients and a lot of uncertainty, a lot of difficulty in obtaining PPE supplies, and just understanding the rules, which seemed to be changing daily at that time around what precautions we should be taking and how to deal with testing and cases. So, it was the first six weeks of the pandemic where we were in full 24/7 mode, working from home for a lot of it, and it was a stressful period for sure.

Beyond the impact of uncertainty, the pandemic also placed heavy social, emotional, and psychological burdens on staff because they described feeling, especially at the outset of the health disaster, that they were unable to serve and respond to clients as they would have liked. For example, one participant stated the following: “[it] makes you feel like you’re missing something, it makes you feel like you’re able to give about 80% for some folks when you used to be able to give a good 97.5%.” Another participant expressed the following: “So for the [staff], the first month was just overwhelming guilt because we just abandoned a bunch of people basically.” Many participants also explained these feelings in the context of the extreme and dire circumstances of those without housing in these two communities (such as high poverty and a dearth of affordable rental housing) and the reality that the world, including public spaces such as libraries and coffee shops where people could use the washroom and escape the elements for short periods of time, was shut down.

Several participants reported that their organizations struggled to get necessary supports in place in order to aid their staff’s work. Those identified were physical, namely PPE, but also included financial compensation (such as bonus pay) and public recognition for their front-line efforts. For example, one participant noted that:

And we weren’t kind of getting the same, you know, some of the same benefits the formal health workers were getting ... at least some of them were getting increases in their wages, and they were getting all that kind of public praise, and these guys are all kind of slogging away, really, without any of that kind of public acknowledgement of this work.

Another participant indicated the following:

One struggle we had is making sure that shelter workers had proper personal protective equipment and that kind of thing. That was something that was left out of the plans especially at the beginning when there were mask shortages ... our shelter providers are very, very vulnerable because they’re not considered health workers, when in reality, they are.

### *Service adjustments*

Despite staffing shortages, almost all of the nonprofit organizations interviewed reported being able to make fairly quick adjustments to at least some of their day-to-day offerings, allowing them to make available at least partial services to their clients. This included transforming an in-person meal program to take out, offering supports to tenants and to those requiring health services by telephone (or video) instead of through in-person visits, and offering needle exchange services at the door of an agency, rather than by having clients drop in. It also included making changes to shelter spaces following public health guidelines; for example, in one case beds were spaced as

well as modified into “snugs” which provided partial walls to distance clients, while in another, a former shelter space was re-opened so that some clients staying in the newer shelter could move to this older facility and stay in their own rooms.

Participants indicated, however, that these adaptations were only partial solutions to their service delivery, and relatedly, that they worked for some but not all clients; for example, in one community in which data were collected, it was noted that changes in shelters meant they were required to reduce the number of beds offered to those experiencing homelessness by several dozen, while another noted that not allowing clients inside their centre meant that they were not able to access the informal peer support they were used to obtaining when they dropped in. Those offering health-care services noted that clients without access to telecommunications were unable to make appointments at all. Still another participant reported the following when they had to switch from congregate eating to take out meals: “We never closed, and we are still open seven days a week, 365 days a year. That is something we never stopped. We found a way to feed people, but it is unorthodox the way we were doing it, but I am hoping someday that it is going to come back.”

#### *Revenue and fundraising*

Overall, research participants reported that they received significant community and business contributions during the pandemic period covered during interviews. While one participant noted that in-kind contributions of goods such as phones and clothing declined, and another reported that planned, face-to-face fundraising events had to be canceled, participants typically reported that they received much cash and in-kind support during the pandemic, and often indicated they received more than during non-pandemic times. One nonprofit reported taking on the role of broker during the first few months of the state of emergency, since they fielded numerous requests to assist organizations in this sector:

A lot of organizations came to us and said, you know, ‘We’ve got a workforce or resources sitting idle at this point. Is there a way we can put them to work for the issues that you deal with?’ We’ve had a company ... they’ve got trucks that were sitting idle. And they’ve done deliveries for us, moved some apartments.

Hotel owners also reached out to nonprofits to explore the idea of providing temporary housing to clients. Beyond support from businesses, participants also reported that community members made significant contributions as well: “Cape Bretoners really stepped up ... it has been up this year in fundraising.” Related to new resources, those interviewed also spoke about more people becoming aware of homelessness and poverty: “COVID has really opened up the floodgates in terms of public receptivity to some of these issues. It’s opened up a lot of funding opportunities for issues.”

Obtaining funds from government was described with less consistency and success by research participants. On the one hand, they often noted that greater financial resources were available federally to support their work. On the other, participants reported, in one of the two communities in particular (but not exclusively), that contributions from lower levels of government were slow to arrive or were not obtained. As one participant stated “I would say that the speed at which government moves is not aligned with the emergencies that the homeless population usually face. So, if something like a pandemic when everything shut down in a day, it just takes too long to get ap-



provals for money to be spent.” Another explained that work required to make their space safe (and so keep their doors open) was not funded by a lower level of government, despite their request for financial assistance, and so they used funds raised through the private sector instead.

When resources did become available, regardless of level of government, participants also commonly spoke about the bureaucratic processes in place, such as heavy administrative burdens, requirements to wait for a particular start date to spend funds, and obligations to spend all monies within a given period, regardless of the uncertain nature of the pandemic and the critical needs of individuals experiencing homelessness.

The need to apply for different sources of funding to be adequately resourced was also mentioned. One participant stated the following:

I think a big thing is that [name of community organization] figures out funding through all kinds of places and we are constantly still often needing to ask for funding for different things and figure out where we get this and that from. That is always a challenge ... I guess that is a lesson, that it is hard to get all these extra things that you might need during a pandemic and need to figure out how to do that more smoothly.

## **Leadership, advocacy and collaboration**

### *Leadership*

In addition to remaining focused on but adjusting services they had already been providing, data show that nonprofit organizations were involved in developing new responses and services based on the needs of those experiencing homelessness during the pandemic. This included making PPE available to clients who were without on a drop-in basis, placing portable toilets outside of downtown locations in one of the municipalities studied (in the context of lack of access to washrooms during the immediate lockdown period), developing “comfort sites,” which offered those on the margins places to do laundry, take a shower, get something to drink, and escape the elements temporarily during the day, and making cigarettes available to clients to mitigate the negative health consequences of using discarded ones. An additional major, but short-lived, initiative in one municipality involved moving those experiencing homelessness into hotel rooms, while a managed alcohol initiative was also implemented in this same community.

Participants offered descriptive details of these new initiatives during interviews, but additionally, transcripts reveal their leadership role in the development of these in relation to government actors. For example, one participant noted the following: “As far as any kind of really strong emergency response from the province, I didn’t feel very confident. If it wasn’t for the groups like ours, the community groups that were stepping up to coordinate efforts.” Another participant highlighted their key role in implementing a managed alcohol program, as a second example, since they felt those with substance use disorders were at risk of being left out of government responses. The leadership role played by the nonprofit sector was particularly emphasized in interviews in one of the two study sites but was not unique to it.

Beyond their roles as leaders, nonprofit participants also noted tensions with government in the development and implementation of state-level responses. Although some nonprofits temporarily moved their clients into hotels, the province opted to use pop-up shelters as a way to compensate

for the pandemic-related reduction in shelter beds in the homeless-serving system, even though participants from the nonprofit sector in the study encouraged them to do otherwise. For example, one individual recalled the following: “They should be in hotels,’ I would say, and others would say [that] as well. But, you know, the province would be like, ‘We can’t do this ... So there’s no more discussion about moving people into hotels.’” Nonprofit participants in this study described these sites as being poorly staffed, and as having poor communication with other organizations serving individuals experiencing homelessness (with respect to where they were located and whether or not they had spaces available). In addition, workers in these pop-up shelters were paid higher wages, which contributed to the loss of staff in the nonprofit, homeless-serving sector as they chose to transition to these pop-up sites.

### *Advocacy*

Research participants from the nonprofit sector also explained that they worked as advocates during the pandemic. Interview data show that this took three forms. One was advocating to government regarding the public sector’s responses to the pandemic as it related to those experiencing homelessness. For example, one participant stated the following:

I think our group [of nonprofits] was very strong in advocating around particular pieces ... like saying “we cannot bring somebody back [to our organization] who’s positive. We have to have space somewhere else. And it shouldn’t then be on us to be looking after someone. That’s a health issue. Public health needs to be more involved in this.” So that we kind of were able to mobilize the strength of what we thought we had expertise in, and also to push government to be there as well.

Participants used language such as “constantly pushing” and “approaching” government regarding new ways to respond to those without housing during the pandemic, as well as to obtain PPE. This was sometimes successful and sometimes not; for example, a concern regarding setting up accessible testing and eventual vaccination locations was not addressed: “Access to testing was the problem, we couldn’t get a response, much response, to ... get some kind of testing for them that’s easy and accessible ... but it doesn’t seem that it’s a priority because we’ve brought it forward many, many times.” Second, participants also spoke about advocating for funding, particularly at the municipal level. Lastly, nonprofits engaged in advocacy, usually through media channels, by building “public awareness” of the challenges experienced by those on the margins during the pandemic.

### *Cross- and inter-sector collaboration and communication*

Despite the leadership of the nonprofit sector in providing responses, the tensions they experienced with government and their engagement in advocacy, research participants interviewed also spoke of collaborations that occurred and continued as the pandemic prolonged. More specifically, in both communities, multi-stakeholder COVID-19 roundtables were formed and met frequently (and at the beginning of the pandemic, urgently) to discuss strategies for responding to the needs of those without housing and to troubleshoot. These roundtables included government staff and, in one community, elected officials, with government staff varying in terms of the department they represented (including Mental Health and Addictions of Nova Scotia Health, Community Services and Housing) and their level of seniority. Workers from Public Health were able to join these groups and provide information on their interventions and supports (including the development

of a phone line and eventual isolation support for those without housing who had, or were exposed to, COVID-19). In one community, government staff from one department were able to begin playing a 'backbone' type supporting role on the local COVID-19 group, facilitating meetings and taking notes. Nonprofit participants spoke about these relationships positively; for example, one participant noted that "I think our working relationships with the staff of [government department] is much better," while others talked about stronger communication with state-level actors. Relatedly, some research participants noted there was a willingness to discuss new types of interventions and ideas. For example:

Our funders, I think, are in a more desperate place where they're willing to do more, or at least be open to conversation at the thought of doing more. Whether they actually move forward with those things is yet to be determined. But I think definitely the silver lining is that the pandemic has brought forth to the people who are policy makers the issues that we've been advocating for for so long.

Those interviewed also spoke about sector-specific collaborations developing and improving as well. Participants indicated they worked with other nonprofits on identifying common issues they and their clients were facing, about issuing joint statements to the public and media (which one participant described as "history making"), and improved communication across nonprofits. As one participant noted "We also made this public statement ... and we had agreements on what our messages were going to be and we got 40 other organizations from across the province to be involved with our public awareness efforts." They also spoke about coordinating services: "I think in some ways COVID maybe strengthened community connections because we were all kind of forced to come together to support the folks that were living on the margins."

### **Nonprofits and community needs**

During interviews, some participants spoke about the general role played by nonprofits in responding to the needs of those in deep poverty, as well as the challenges they face in doing so. As one participant stated, in speaking about the role of nonprofits in responding to this sub-population of Nova Scotians on a daily basis but also during emergencies:

It really came through [that] our community is dependent upon these nonprofit, basically, community organizations, to freaking deal with these really big problems in community. Our publicly funded organizations that we think or assume that, when it's really an emergency, would be there to handle it are not ... We've either got to really ask our government to smarten up or wake up or appreciate the role of our community organizations managing crises because they're the ones that do it.

Another participant noted that, "You know, we just have a habit of downloading these types of problems and the kind of outcomes of our actions on the nonprofit sector and expecting it to just kind of pick up the pieces every time."

In addition, participants spoke of the nonprofit sector being overloaded in terms of its responsibilities for meeting such needs, using descriptors such as being "taxed, and it can't take much more" and

“always operating in crisis mode.” Some participants also spoke about chronic underfunding. As one participant stated:

You know, I think it's important that society in general kind of come to the appreciation for what the nonprofit sector does on a daily basis, and start to try and resource it accordingly. And that means that the staff contingent at any given nonprofit shouldn't be working 50 hours a week just to get the basics done.

## DISCUSSION AND CONCLUSION

In terms of internal organizational experiences during the pandemic, results overlap to a significant degree with what has been documented in studies conducted in other parts of the world. This is certainly true with respect to effects of the pandemic on staff, which extant work has identified as resulting in an increase in work hours for those who remain employed as well as creating stressful work environments (for example, Dayson et al., 2021; Finchum-Mason et al., 2020; Lasby, 2021). It is important to note that this is situated in a context of existing employment precarity in the nonprofit sector in Canada (Atlantic Provinces Economic Council, 2020; Thériault & Vaillancourt, 2021). This research adds a qualitative dimension to the causes of the stress experienced as well, which, in this study, was not only due to uncertainty and being overworked, but because staff felt unable to adequately assist their clients and respond to their urgent needs. Similar to other studies, it was also found that nonprofits showed an ability to adapt their service delivery (Dayson et al., 2021; Pixley et al., 2020), although this was not without consequences for their clients given that it resulted in different modes of, and thus reduced, access.

What is unique in this study, as far as internal experiences, is the financial and in-kind resources that became available; unlike much data that points to diminished support from non-governmental sources in particular (for example, Deitrick et al., 2020; Lasby, 2021), nearly every organization interviewed noted that there was a significant increase in contributions, including from government, as well as businesses and community members. Why this occurred is unclear: in part, government intervention has been interpreted as a means to prevent COVID-19 from spreading to the general public (Parsell, Clarke, & Kuskoff, 2020), while it has also been noted that the pandemic also exposed the extent to which there is homelessness in our communities and provided an opportunity for others to see and reflect on the consequences of not having a place to live (Marks & Toye, 2020). What is not known, however, is whether these contributions have been sustained or have waned as the pandemic persists, and the longer-term consequences of the pandemic on the resources available to this sector are important to examine. In addition, despite increased availability of federal funds in particular, the government support received still carried with it administrative burdens that were present in non-pandemic times, and that have consistently been identified by nonprofit sector researchers and those bodies working to strengthen it as needing to be changed (Scott, 2003; Special Senate Committee on the Charitable Sector, 2019). It is especially surprising, perhaps, that funding had time limits during which it needed to be spent, given that the pandemic was an emergent and poorly understood disaster that, at the time of this writing, communities and nonprofit organizations are still struggling to navigate. This is similar to project and contract-based funding during non-pandemic times, which is disbursed with requirements that it be spent over defined and typically short periods, which researchers and practitioners have noted is very much counter to “on-

the-ground” reality, client needs, and community development (McKenzie, 2020; Thériault & Vaillancourt, 2021).

As far as external responses, results are in many ways consistent with what has been documented about the role of the nonprofit sector, and in particular the leadership role this sector plays in providing emergency responses (Dayson et al., 2021; Vickery, 2017), shedding light on a particular Canadian jurisdiction to do so. Scholars have written about lack of government responsiveness to disasters such as flooding and hurricanes, sometimes using the term government failure to explain their findings (Rivera & Nickels, 2014). This study identified several ways the nonprofit sector took the lead and took on a distinctive and important role *vis-à-vis* the state. In part, nonprofits focused on providing essential needs to individuals experiencing homelessness, needs which were not met when the state of emergency was initially declared and most everything shut down. Second, nonprofits took leadership in protecting people from COVID-19 by, for example, moving people in the early days of the pandemic into hotels, providing cigarettes to smokers, and providing masks. In many ways, the nonprofit sector, with its intimate knowledge of client communities, was agile enough to pivot quickly to provide much needed support to those left behind. Beyond these leadership roles, the nonprofit sector also worked hard to advocate to government, sometimes successfully and sometimes not, on what the public sector needed to do in order to help protect those experiencing homelessness from COVID-19.

Unlike some research on the homeless-serving sector and disasters, this work also draws attention to a degree of collaboration and improved relationships between nonprofits and government, at least during the interview period. So, while there were significant gaps and shortcomings with government responses from the perspective of nonprofit participants, the two groups were not entirely working in silos, and participants did note that government implemented some interventions (such as providing pop-up shelters and isolation support) and that they were involved in the community roundtables. This was not problem free, with the use of hotels versus government-created pop-up shelters in one community serving as one example from the findings reported earlier, and the slow movement of municipal funds occurring in the second serving as another. It would be important to do follow up research to examine, as the pandemic continues and in the post-COVID era, if the relationships that were established and developed are maintained and to what degree. Additionally, given that some of the participants described the overburdened nature of the human services nonprofit sector in the province, it would be important to examine whether these collaborations result in better funding for organizations, and if the entrenched issues mentioned during interviews and which are very much present in Nova Scotia (such as a severe lack of affordable housing and high poverty; Canadian Centre for Policy Alternatives—Nova Scotia, 2020) are more meaningfully and systemically addressed through these enhanced relationships and communication.

This work has some limitations. Although this study is related to the COVID-19 pandemic, it covers what we now understand to be only the first wave. Indeed, the authors could not have anticipated the duration of the pandemic when this project began, therefore, this research does not cover, for example, nonprofit organizations and the roll-out of vaccinations to marginalized individuals, the implementation of proof of vaccination policies, and the distribution of rapid testing kits, among other topics. Further, participants were interviewed in one Canadian province only. However, this

research also has strengths. First, many participants expressed gratitude and appreciation for being asked to participate and reflect on their experiences, even though they were also experiencing fatigue as a result of the pandemic, and excerpts from interviews are included to contribute to internal validity as well. Second, although this study focuses on only one region of the country, results concur with existing and emerging findings on human services nonprofits, homeless-serving organizations, and the pandemic from other international jurisdictions, thus contributing to the external validity of the results. Further, this research adds rich, qualitative findings to this body of literature, much of which is quantitative.

Finally, several critical recommendations can be made in terms of the supports required for the human services nonprofit sector to do its work during disasters such as the COVID-19 pandemic, but far beyond. In relation to staffing, participants requested that those in the sector be recognized as vital, front-line workers and be given recognition, adequate compensation (including bonus pay), and safe workspaces, including access to PPE. The exhaustion and stress they reported also signaled the need for better working conditions, which would assist with staffing levels and retention, as well as mental health supports. Note that investments in this sector are required not only during emergencies, but on a permanent basis given the vital role these organizations play in providing basic needs and the extent to which they require government support. Regarding resources, government funds also need to be available unequivocally and timely to nonprofits providing emergency responses, and the administration of these needs to be redesigned so it is less burdensome and more open-ended with respect to timelines for spending. Further, long-term backbone support to the COVID roundtable groups would be a recommended strategy to maintain relationships across sectors over time. Over the long term, greater investments in poverty reduction and affordable housing are also key, and this would not only reduce the daily demands placed on nonprofit organizations but reduce the number of Nova Scotians requiring emergency assistance from these nonprofit providers when the next disaster strikes.

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