Insights from Non-profit Housing and Shelter Service Providers During COVID-19

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Introduction

The COVID-19 pandemic swept across the globe for over two years. The contagious nature of the disease, as well as its life-threatening symptoms, necessitated drastic shifts in employment practices, social gathering limitations, and healthcare services. The pandemic changed the daily realities of people everywhere, and the full extent of its impact remains uncertain as the disease persists amidst a push to return to “normal”. The pressures brought on by the pandemic affected people with unstable housing with particular severity. Those who lost access to long-term shelter encountered a decrease in accessibility of social services and shelter spaces amidst social distancing guidelines, shifting policy, and remote working practices. In Canada, levels of government responded to the need for housing services in different ways. Some municipalities piloted novel emergency shelter initiatives such as converted hotels and convention centers, and others increased funding towards homelessness and housing affordability projects that existed prior to the pandemic. Non-profit housing service providers, who were part of the front-line efforts to increase emergency shelter, health and hygiene services, and transitions to stable housing, were pushed to adapt quickly. This research project reports on the experiences of shelter and housing service providers in the Greater Toronto Area during the COVID-19 pandemic. Representatives of these non-profit organizations provided their viewpoints on successes, missteps, and insights. This paper reflects on how these organizations can move forward with increased readiness to adapt and improve service provision in the future.

Research Question

What can we learn from the disruption of shelter and housing non-profit services during the COVID-19 pandemic? Frontline staff serving homeless populations in the Greater Toronto Area faced many challenges and changes during the pandemic. How can their insights and reflections inform future community and health planning, both in disaster and long-term scenarios?

Background

COVID-19 and its impacts

The COVID-19 pandemic was the world's fifth documented pandemic since the 1918 flu pandemic. Cases of COVID-19 were first reported in Wuhan, China on December 1, 2019 and quickly spread worldwide (Liu, Kuo, Shih 2020). As of mid-April 2022, there were over 500 million confirmed cases and over 6 million deaths reported globally (World Health Organization, 2022).The contagious nature of the disease led many countries around the world to adopt social distancing and quarantine policies, resulting in a decrease or stoppage of many commercial and social services. Rates of poverty and unemployment skyrocketed, with people living in poverty and without stable housing being more susceptible to infection, serious illness, and mortality from COVID-19 (Clemente-Suarez et al 2021). For individuals who relied on shelter agencies, subsidized or social housing services, the pandemic created a bottleneck in housing delivery, fragmented inter-agency coordination. It also limited capacity for service delivery due to changing health guidelines, social distancing requirements, and remote working mandates. The impact of social distancing protocols on emergency shelter was dire. In the United States, it is estimated that when shelters shifted to 50% occupancy, almost 400,000 additional people were without shelter (Jones & Grisby-Toussaint

2020). Staff shortages and changes in service delivery affected the accessibility of other important services offered by front-line shelter providers, such as food services, mental health supports, childcare, and community activities. Additionally, some government responses to the precarity faced by homeless people were actively harmful to their safety and well-being. For example, the Quebec provincial government refused to make exceptions for unhoused people when an 8:30 PM curfew was implemented in early 2021. This resulted in many homeless individuals being arrested and receiving thousand dollar tickets. As a consequence, at least one unhoused person in Montreal, and likely numerous unrecorded, died after being forced to shelter in an outdoor space during sub-zero temperatures (Ross, 2021).

Particularly in the context of a health disaster, unhoused people experience compounded risks. Research shows that people experiencing homelessness need additional preparation and support to respond to disasters. Their lack of access to appropriate shelter exposes them to hazards such as physical injury, loss of personal belongings, and mistreatment by law enforcement. For unhoused people, this makes disasters more physically dangerous and associated with more negative mental health outcomes (Pixley et al 2021). Individuals who lack stable housing are also deprived of strong social connections with housed individuals, as well as the financial stability and passive wealth increase afforded by home ownership. They are much less likely to have their interests prioritized by political representatives outside of a crisis scenario. During the COVID-19 pandemic, an additional fundamental hazard faced by unhoused people was an elevated risk of contracting and dying from COVID-19. Individuals were faced with risk whether or not emergency shelter was accessible. If they remained isolated from shelter supports, they were at increased risk of the hazards of houselessness. Yet for those who accessed shelter services, proximity to other users and staff greatly increased risk of exposure to the virus (Oudshoorn et al 2021).

While international states of emergency were lifted by 2022 amid pushes to return to “normal”, economic, social, and political landscapes were permanently affected by the

pandemic. Housing affordability was already a pressing issue in Canada prior to COVID-19. Employment and poverty rates continued to be high in the wake of the pandemic. The disaster highlighted under-funded services and under-supported communities, and revealed how global disasters make these issues a threat to the safety and health of all. The scapegoating of front-line workers, collapse of the commodified housing market, and overwhelm of healthcare services reflected the cost borne of neglecting basic needs for all. Housing and health non-profit organizations bore an outsized responsibility to provide aid during COVID-19 when most community needs should have been supported by consistent public funding outside of crisis scenarios.

What are non-profit shelter and housing service providers?

The organizations represented in this project were service providers that worked in different capacities to support people living with unstable housing. This project focused particularly on non-profit organizations that provided or were affiliated with shelter and housing services. One such example is community centers that operated overnight shelters, often in tandem with medical assistance and meal provision. In the COVID-19 era, these organizations typically organized isolation spaces through independent or inter-agency programs, which allowed community members to access health services while minimizing contagion. Their focus was on emergency care and shelter, and they provided referrals to long-term programs at other agencies. Other service providers represented in this project operated longer term shelter in the form of transitional, temporarily subsidized, or social housing. These housing providers employed intensive case management teams to provide ongoing services to community members. These case management teams would consist of social workers, nurses, occupational therapists, psychologists, or psychiatrists. The team would assist with a wide range of needs, such as finding employment or childcare, addressing legal issues and tenancy relations, supporting addictions treatment, and establishing consistent access to food, utilities, and medical needs. Their goal was to help community members establish

networks of natural supports that would help them achieve housing stability. Within the context of this project, the category of “non-profit shelter and housing service providers” encompasses this wide range of community support.

The role of non-profit housing and shelter providers during disaster

The non-profit housing and shelter service providers involved in this project typically collaborated with a variety of agencies and partners, received funding from many different sources, and offered services to a wide range of community members. This included people who were chronically unhoused, recently unhoused, recently landed immigrants, or recently incarcerated. As such, they faced a shifting climate of opportunities, risks, and community needs during the pandemic. As the pandemic progressed, the Canadian federal government committed over $23 billion in immediate and long-term COVID-19 relief for people, businesses, and communities (Canadian Institute for Health Information, 2021). Much of this funding was funneled to provinces and municipalities, where it was used in part to provide financial relief, bolster healthcare and hygiene practices. A significant portion was used to acquire and transform hotels, motels, convention centers, and student residents into emergency shelters and isolation spaces (Oudshoorn et al 2021). The Ontarian government in particular launched the largest provincial COVID-19 relief fund for social services in Canada. The first phase was the Social Services Relief Fund in March 2020, which contributed $765 million to support municipalities and Indigenous communities deliver critical services and shelter during the pandemic. In August 2021, the province announced an additional $307 million that could be used to improve healthcare delivery, protect staff and community members from COVID-19, construct affordable housing, and support disaster plans (Ontario News, 2021).

Examples of provincial and municipal shelter-focused COVID-19 responses:

* *All provinces implemented temporary moratoriums on evictions*
* *Toronto extended its Housing Now program where the city provides land to developers in exchange for some affordable housing*
* *BC banned evictions and offered $500 a month to be paid to landlords for rental support*
* *Montreal opened 5 new emergency shelters in the first few months of the pandemic*
* *Toronto's shelter department stated that it had moved 1000 homeless people into shelters and hotel rooms*
* *Hamilton ON transformed its largest hockey arena into a pandemic homeless shelter*

(Oudshoorn et al 2021)

While these procedures mitigated some of the pandemic's impact on unhoused people's shelter stability, service providers and service users still reported significant issues with wait lists, staff shortages, service disruptions, and cessation of supporting services such as home care, volunteer food delivery, and apartment viewings. Staff described high levels of staff burnout and fears about their and the community's safety. There were also concerns about organizations slowed by protocol that struggled to adapt to health guidelines and community needs (Babando et al 2021). Emergency programs, in the absence of long-term supports, remained in place for longer periods of time than initially anticipated. Most COVID-19 emergency programs were funded by short-term grants and relief programs. Their futures became uncertain in the face of shuttered programming and the return of austerity policies in the name of "bouncing back" from the cost of the pandemic (Babando et al 2021).

The roles of non-profit organizations during global health disasters has been discussed in research. In particularly, a key report published during the H1N1 pandemic outlined 9 critical practices to be adopted by providers, such as providing PPE and isolation spaces, information sharing, and optimizing hygiene practices (Oudshoorn et al 2021). However, some recent research has found similar calls for changes between the COVID-19 and H1N1 pandemic (Babando et al 2021). This implies that the costs incurred during each pandemic have not necessarily prompted long-term structural changes; the same issues have been raised between health disasters that occurred 11 years apart. Of course, each health disaster necessitates specific health and hygiene protocol depending on the characteristics of the disease or threat to health, the availability of vaccines, and other factors. Yet there are also generalizable practices that are necessary for all disaster response plans. Many of these practices ideally exist as long-term service practices outside of emergency contexts. As researchers find increasingly redundant testimony from disaster to disaster, the body of health disaster planning research in Canada is shifting. Rather than focusing on urgency of testing, tracing, and isolating cases, there are increasing calls for structural and organizational changes for better outcomes and responses to future disasters (Oudshoorn et al 2021).

Methods

This report was created just after the two year mark of the COVID-19 pandemic. The data collection process generated interviews of housing service providers in the Greater Toronto Area that provided services to Southern Ontario. Toronto was a pertinent case study because it had the highest number of homeless individuals out of all Canadian cities. Homeless people in Ontario were found to be five times more at risk of mortality from COVID-19 than the housed population (McGillivray, 2021). As mentioned, the Ontarian government also created the largest COVID-19 social relief fund out of all Canadian provinces. In this context of dire need and significant government aid, it is

important to understand how shelter service providers used the resources available to them, and what they learned. These front-line agencies had connections to city, province, and country-wide programming. As such, they were uniquely situated to report on local demand within a greater scope of crisis.

Few interviews were conducted with municipal representatives in this project due to interviewees being unable to disclose information regarding municipal agendas and operations during the pandemic. The seven interviewees in this project were composed of representatives of non-profit housing services organizations, municipal housing provision programs, and community advisory boards that steered and operated housing programs. All interviewees worked in and near the Greater Toronto Area, with services provided to communities in Southern Ontario. Video and phone interviews ranged from 45-90 minutes, and the questions posed to interviewees are found in the Appendix. Examples of questions are: How did housing and shelter organizations pivot to respond to the changing health guidelines, ongoing risk to staff and service users, and reduced capacity? What mistakes were made? What can we take from the COVID-19 pandemic and how can we apply it in the future? These questions were used to prompt discussion, with the directions of interviews and questions changing according to what interviewees chose to disclose. The interviews were not recorded, and all viewpoints were anonymized. Two respondents opted to submit their testimony through written responses and were sent a digital document with questions and a space to type responses. Two interviewees requested phone calls rather than video meetings. The three remaining interviews were conducted via Zoom video calls. The findings of this project are organized into themes that arose frequently across interviews. They are presented in this report in a combination of direct quotations from interviewees, a thematic discussion of principles and practices, and a description of how existing research compares to the findings.

Examples of organizations represented by interviewees:

* *An Indigenous Advisory Committee as specified under the federal Reaching Home Program*
* *An emergency shelter operator that provided front-line support to community members during the pandemic, including a testing facility and hygiene services*
* *A non-profit program serving recently landed immigrants and supporting their access to resources through advocacy, case management support, and quarantine shelter services during the pandemic*
* *A municipal housing program that leases land to non-profit housing operators*
* *A non-profit service support agency that forms relationships with landlords, developers, housing provision agencies, and triages an intake, waiting list, and referral process for users*

Limitations and Positionality

My interest in this research topic is informed by two years of experience working in frontline shelter provision in Edmonton, Alberta. As an intensive case worker, I assisted individuals facing chronic homelessness to gain community connections and resources to maintain subsidized market housing. Due to this work, I am familiar with the social, financial, and political barriers that unhoused individuals may face, including the tensions that exist between social services and community members. Dynamics of power, access, and information create an inequitable relationship between people who access social supports and the people who facilitate their access through healthcare provision, case management, and advocacy. As such, the testimony of people representing non-profit agencies likely differs from that of community members accessing the service. All of the non-profit agencies interviewed in this project are organized hierarchically with an executive director or board that steers the agency. Most

of the interviewees are executive directors, program managers, or chairpersons near the apex of this vertical power structure. There is no question that these interviewees would not be aware of some viewpoints shared by front-line staff and people accessing the service. Particularly for unhoused community members who use the organization's services, they often risk losing access to their basic needs if they voice dissatisfaction with the service provided. With this in mind, this report is not intended to represent the entirety of the social and organizational change that is necessary to support unhoused people during the COVID-19 pandemic. I decided to collect testimony from service providers to better understand the internal process of organizational learning that has happened during the pandemic. The views of interviewees do not represent the experiences of community members who received or access these services. I chose this scope of study because it was important to me to understand the perspectives of non-profit organizations situated in a greater context of decision-making actors. It will be important for future research to continue interrogating the role of non-profit service providers within local social relationships and from a lens of the politics of aid. This will mean interviewing unhoused individuals and gaining their perspectives on non-profit service provision during the pandemic, and what insights they feel were most crucial. Since this project has not incorporated the viewpoints of individuals who access the shelter services in question, it has been difficult to determine the vocabulary that is most considerate of their positionality. Current research typically frames these individuals as users of a service, community members, and people collectively denied adequate housing. I have chosen to use the term "community members" because this has been a term preferred by the people with which I previously worked.

Findings

THEME 1: Being goal-oriented rather than principle-oriented.

During interviews, a common theme that arose among respondents was the importance of making decisions on the basis of common outcomes rather than common philosophies. Over the course of the pandemic, many organizations found themselves suddenly isolated from a previously close network of working relationships. Voicemails often went unreturned, and in-person offices closed without warning. Interviewees painted a picture of feeling destabilized and disoriented while adapting to their organizations' limited capacities, changing health guidelines, disease outbreaks, and staff and resource shortages. One response that interviewees cited as crucial to move forward in the face of these obstacles was to partner with organizations with whom they were familiar, but with whom they had conflicts in the past. An interviewee cited reaching out to a business association with whom they had clashed in the past on the issue of safe consumption sites and the framing of homelessness within the community. The interviewee commented:

"You have to work together. The for-profit sector has expertise that non-profits don't, like information technology training. You need that when everyone starts working remotely."

Since they had not been able to reach community partners that they typically worked with, the interviewee, despite initial doubts, collaborated with the business association to train staff to shift to online work. They commented that with the business association's training infrastructure, staff were able to master Zoom software, Microsoft Teams calendars, and Apple Facetime technologies with a speed and efficacy that would not have otherwise been possible. The takeaway is that without a willingness to create relationships based on mutual goals, agencies may lack the capacity to respond effectively to crises. One interviewee, representing an Indigenous organization fighting for funding to address urban Indigenous homelessness, said,

“Don’t give in to anger. You have to focus on the issues and people at hand and not what you think they represent.”

This interviewee acknowledged that this goal-oriented mindset may lead to some unlikely partnerships, but that ultimately, service providers are accountable to the community. This requires addressing the immediate need rather than a theoretical or ideological conflict. This proved particularly important in the interviewee’s goal of securing funding for their organization. The greater goal required them to maintain amicable and collaborative relationships with City representatives that did not share their philosophies of land ownership or support the return of land to Indigenous groups. However, by maintaining a strong working relationship with the City through the pandemic, this organization was able to secure a significant amount of municipal funding towards Indigenous homelessness.

“It wouldn’t have been possible if we hadn’t sat down with them. We had a really bad relationship with the last [municipal representative]. We didn’t want that to happen again.”

One interviewee mentioned that pursuing positive relationships with municipal representatives was particularly essential in providing housing and shelter services. This was due to the strong federal push to fund affordable housing. Without having strong working relationships with the City, housing organizations would miss significant opportunities to advance their goals of housing access. The interviewee cited the Major Cities Stream of the federal government’s Rapid Housing Initiative (RHI), where affordable housing and shelter projects could be funded much more easily through a partnership with the municipality. Without a municipal partnership, the organization would be forced to apply for funding independently and face more stringent project limitations. The interviewee acknowledged the unjust process of selection for the Major Cities Stream of the RHI, which tied funding access to favorable relationships with local

representatives. Yet they also emphasized the urgent need for affordable housing projects in the Greater Toronto Area. If organizations declined working relationships out of principle, the community without stable housing would bear the cost.

This theme of organizations coming together using common goals rather than principles is echoed in other research during the pandemic. Some researchers reported that agencies that once “clashed” showed compassion and understanding and were able to come together and support the unhoused community. In a study completed by Babando et al., one participant said that the business community came together with public representatives and non-profit organizations under the leadership of a local systems planning agency (2021). This allowed them to “leverage community resources and bring together partners like never before”. This highlights the possible role of systems planning agencies in routine disaster response protocols. Though such planning organizations were not discussed by interviewees in this project, agencies that specialize in emergency responses and collaboration on a systems level may be useful tools in disaster planning in the future. In particular, they can bridge communications and relations barriers between organizations in crisis scenarios.

THEME 2: Having trusting relationships with community and staff.

In addition to using a practice-over-principle approach, interviewees highlighted the importance of building trust with agency staff and community members. They reported that this mutual dependability at all levels of the organization was critical. It allowed agencies to adapt to new health guidelines and continue service delivery amidst confusion and uncertainty.

One way that organizations established trust was by consistently gathering and implementing staff input as the crisis unfolded. This was particularly important in the first stages of the COVID-19 pandemic during service shutdowns, isolation orders, and

disease outbreaks. In these initial months, uncertainty and fear were high among staff and community members alike. This stage was essential in setting the tone for trust and communication throughout the remainder of the disaster and beyond. If organizations failed to respond to their concerns and include them in the decision-making process, this fractured the staff's trust that the organization would protect their safety and advocate for their needs. Interviewees warned that this would lead to staff questioning the organization's leadership and would erode morale. One interviewee described how their organization routinely included all staff in the steps of disaster planning to make sure the staff's day-to-day operational needs were addressed:

"Instead of rolling out a standardized plan, check in often with your people. When everything is up in the air, leaders should make their own calls with their own teams. But with decisions that involve the entire organization, like the return to in-person work, all staff should be consulted".

The interviewee mentioned that maintaining this cooperative atmosphere during disaster planning was crucial. It minimized panic and allowed teams to communicate specific needs that would otherwise be unknown to leadership. Overall, this improved staff safety and program delivery. One interviewee specified that communication with agency staff was itself a sensitive and strategic issue.

"Communicating doesn't mean forwarding every email you get from your funder or sending every link from public health announcements. That overwhelms staff."

The interviewee continued to say that communicating with staff indiscriminately had the effect of downloading stress onto staff that had less information and resources to respond to pandemic-related changes. Instead, the process of parsing through emails, news reports, and government updates, needed to be done at a higher level of management. They emphasized that information should be shared on a need-to-know basis and prioritized based on importance. For example, different information would be

communicated through emails, announcements through the day, team meetings, and other modes of communication. This structured and intentional approach to staff communication required a centralized strategy understood by all senior staff.

These themes of communication, trust, and support with staff were reflected in similar research. Staff reported a lack of training and day-to-day organizational support as an ongoing problem at agencies prior to the pandemic. In particular, staff reported feeling underequipped to deal with clients' mental health and daily needs. This worsened during the pandemic with increased stress and uncertainty on the part of both staff and community (Babando et al 2021). Other researchers found that in the pandemic context, it was crucial to support staff burnout, fears, and stress about exposure as a direct link to effective service delivery (Pixley et al 2021). For example, staff typically expressed concern about not having enough masks and PPE for service users and lack of space for social distancing (Babando et al 2021). Furnishing staff with the materials and support they needed to feel and be safe came with a high upfront cost, such as the price of providing hazard pay to front-line workers. However, the pandemic demonstrated that organizations' relationships with their staff directly impacted their ability to carry out their missions and mandates. In the healthcare industry in particular, numerous working relationships broke down publicly when organizations failed to respond to staff needs. In Quebec, amid high rates of staff shortages and resignations, nurses were informed in late 2021 that the government would provide a $15,000 bonus to incentivize nurses to stay at their jobs. However, many turned it down and called instead for an end to mandatory overtime (Ann, 2021). Nurses, and many other front-line professionals, did not feel supported by leadership during the pandemic. Their refusal of a provincial bonus, despite asking for hazard pay since the pandemic began, represented how worker-employer relationships have important aspects outside of financial incentive. The takeaway is that trusting relationships with agency staff cannot be established overnight or only at the outset of a crisis. Workers must feel valued and respected routinely if organizations are to expect a level of flexibility and mutual trust during a disaster.

Regarding community-facing shelter services, the link between staff retention and service delivery was a central part of staying open during the pandemic. Staying open in this context refers to the continuation of in-person services where community members could physically enter a building or community center. Staying open was particularly difficult for agencies at the outset of the pandemic because most patron-facing services, such as restaurants, religious gathering spaces, and commercial spaces were shut down. Yet remaining open to community members was crucial for shelter services to provide spaces for rest, healthcare, and access to basic needs. Staying open was also a particularly sensitive condition to maintain, as continuing in-person work put staff at risk of infection. As a result, staying open was both essential to service delivery and depended upon strong relationships with agency staff. They had to trust that their personal safety would be protected as much as possible.

One interviewee attributed a strong relationship with staff to a low rate of front-line worker burnout and resignation during the pandemic. This allowed the agency to stay open when it otherwise would have had to reduce service delivery or close in-person services completely. The interviewee mentioned that this “detail” of staying open was absolutely pivotal to success later on in the disaster. They reported that agencies that closed at the beginning of the pandemic later found it difficult to reopen and return to their original capacities. This was in part due to staff layoffs, since many staff that had been laid off went on to find other work. The rehiring and retraining process delayed reopening particularly when a significant portion of staff was lost. These organizations faced obstacles as well in the new climate of health guidelines and the availability of professional partners, finding that much had changed since their closure. The interviewee said that in their experience, staying open allowed the organization to maintain community relationships and stay up to date with all the opportunities that were still present during the pandemic. The interviewee’s agency even applied to acquire a municipal building during the pandemic and was approved. The application could not have been completed if staff had not been informed at the time and prepared to respond

quickly. The interviewee reported that since their agency was able to take advantage of these opportunities, they associated with pandemic with advancing agency goals and did not feel that the crisis set them back in the long-term.

“Staying open allows you to react to and take opportunities that come up. You can’t respond if you’re not there.”

Interviewees also noted that staying open was essential to support community members and keep their trust. They described an initial atmosphere of fear and distrust of health guidelines when the pandemic began, with many community members asking staff whether services would be stopped.

“Build relationships with your clientele so they can trust your organization to have their back. They’re more willing to give you the benefit of the doubt when things go wrong. You can’t buy that trust. You need solid programming and delivery, and have treated them well.”

Interviewees suggested that when community members felt trust towards the agency, organizational shifts such as moving services to larger buildings or the advent of remote service delivery progressed more smoothly. One interviewee said that seemingly small gestures on the part of leadership, such as being visible and physically onsite, made a big difference in the atmosphere of trust and mutuality.

Current research reflects that maintaining trust with community members is particularly difficult during a health disaster. Community members often feel a strong mistrust of healthcare professionals and organizations due to a history of negative experiences (Babando et al 2021). This is due in part to the inequitable dynamics of power, knowledge, and access that characterize paid work with unhoused people or people experiencing poverty. Staff are typically in a position of power, with the ability to ban community members from community centers or block their access to services. Workers

hold specialized knowledge about the path to accessing resources, such as the phone numbers to call to arrange for food bank delivery or the forms that must be filled out to qualify for housing subsidies. They have disproportionate access to community members' personal information, such as health records, digital passwords, histories of criminal charges, and their family members' contact information. Community members by contrast often rely on agency staff to facilitate their access to food, shelter, and healthcare. They may not feel that they can object to mistreatment or voice disagreement as it will threaten their ability to access basic needs. This dynamic also creates inequity on a systems level. Which organizations have been chosen to provide services, to whom, and why? These questions are implicit in the human relationships between community members and staff. It is important for staff to be aware of this imbalance and to create relationships of collaboration, transparency, and trust where possible. In this project, interviewees reported that organizations can assist by standardizing service delivery, hiring staff with lived experience with poverty, and providing straightforward, non-conflicting resources to community members. Particularly during the uncertainty of the pandemic, maintaining consistency of service provision allows community members to maintain their personal dignity, to plan, and to respond to changes as smoothly as possible.

THEME 3: Being creative and bold.

A reoccurring theme amongst interviewees was the importance of creativity and boldness during the pandemic. One interviewee's example of boldness was in forming a strong relationship with local and social media by "clamoring" for attention. They explained that when lockdowns first began in Ontario, their agency reached out to municipal government and health representatives for help and received no response. This is not unique to respondents within this project. Many organizations report that there was little to no initial communication and support from public health and emergency services at the outset of the COVID-19 pandemic (Pixley et al 2021). This left agencies bereft of guidance and resources, and made it difficult to protect staff and

community members, comply with health guidelines, and continue delivering services. To advocate for their clients, the interviewee described approached local media outlets and relaying all the ways in which they felt abandoned by the government. The interviewee said they received a call from a municipal staff member one day after they approached the press.

“We love the media now. Going to the media is a great tool to get attention of government [organizations] that are ignoring you.”

The interviewee said that that this approach has continued to be effective and that they now routinely approach the media to shine light on gaps in resources and to demand government and public attention.

A strong media presence can also be a way for agencies to connect to similar organizations that are isolated during a health disaster. For example, an interviewee described using social media to create a novel partnership with a health clinic service at the beginning of the pandemic. The clinic was able to help the agency in question to establish safer health protocols and provide remote guidance during viral outbreaks. Social media can also be a beacon to draw grassroots community resources together. Another interviewee described organizing community food and clothing drop-offs using Instagram at the beginning of the pandemic. Social media is a form of communication that offers unique advantages. The immediacy of creating social media posts, and to have them emerge on hundreds, if not thousands, of devices, facilitates mutual aid with remarkable speed. Many people have skills and resources but may not know how to help. Creating detailed lists of clothes and supplies that community members need, or describing a specific task that the community requires, such as haircuts, medicine pick-up, or water-drop off, can mobilize the greater community in crucial ways.

Creativity at the agency level can also mean stretching the possibilities of inter-agency relationships. One interviewee, representing an Indigenous shelter agency, expressed

that there was a lack of accessible COVID-19 testing at the outset of the pandemic. In particular, a lack of government response meant that no one was tracking cases within the urban Indigenous population. The interviewee described how a resourceful local research doctor negotiated their project funding to address this issue. Partnering with the shelter agency, the doctor piloted a data collection site at the shelter which doubled as a COVID-19 testing space for Indigenous community members. The doctor's creativity and flexibility in this scenario allowed them to fulfill both the requirements of their grant and provide immediate aid to the community.

Organizational creativity and boldness are crucial during a disaster because protocol is disrupted and normal channels of approval are severed. However, the reduction in red tape can also help agencies advance their goals. Several interviewees noted that during the pandemic their funders became much less restrictive and were open to unconventional or previously unexplored avenues of service delivery:

"We needed iPads for [clients]? Done. We needed to give [clients] cell phones to stay in touch? Done."

Some interviewees described an environment of openness and increased trust, where funders acknowledged the urgent need for resources and approved expenses much more quickly. Yet, interviewees warned that this leniency can create issues as well. The amount of freedom given to service agencies during a disaster may become overwhelming, and resources may be wasted, if the organization's vision and mandate are not clearly established in advance. One interviewee said that agencies must be "united in vision and focused in execution". If successful, great steps can be taken towards long-term goals. However, a significant amount of planning and organization in advance is necessary to make meaningful progress during a disaster.

There are optimistic examples of communities that have been creative during the COVID-19 pandemic. In Hamilton, Ontario, shelter staff repurposed plexiglass from

local hockey rinks as dividers between beds in shelters (Babando et al 2021). This was a fast and practical solution to the need for social distancing and took advantage of the sudden closure of community spaces. Some researchers also report that community members became more open to substance use treatment and using different types of shelter (Pixley et al 2021). This is in part attributed to innovative new forms of shelter piloted by agencies during the pandemic. Shelter agencies offered spaces that accommodated couples, families, or pets, in response to consistent calls by community members for more flexible accommodations. This example shows how organizations can use the pliability of disaster response to make changes that community members have voiced. This echoes both the importance of relationship building and the advantages of established programs: when service providers operate as long-term partners within their communities, they are better positioned to make community-guided changes. In contrast, research shows that when organizations are slow to adjust their protocol or inflexible with community relationships during a disaster, the impacts are felt most bluntly by the community members. They face sudden service stoppages, lack of information, and worsened housing instability as a result (Babando et al 2021).

Agencies can do their part to advance community goals and improve service delivery in the midst of crises. Yet truly effective aid is impossible if governments and policy-makers do not prioritize widespread access to basic needs outside of disaster scenarios. In the event of population-based crises such as pandemics, key elements of public safety are falling to non-profit organizations rather than being addressed by consistent public resources. For example, public bathrooms and free food distribution are necessary to meet general community needs, and in particular, the needs of those who do not have stable housing. These services abruptly ended when the pandemic began. Many shelter organizations found themselves under immense pressure to provide these in-person services without adequate PPE for staff and community members. Food and hygiene resources are essential not only for dignity, privacy, and basic needs, but they are buffers against illness. As such, they are critical to support the entire population, including housed individuals, against a viral pandemic. It is important

that public health is routinely supported by robust public programs. It is not sustainable for the responsibility to fall to non-profit organizations that do not have the capacity to mitigate population-level factors of contagion.

THEME 4: The resilience and adaptability of established programs.

Providing health and shelter resources is not only an important part of disaster planning, but is crucial for cities in the long-term. One interviewee drew attention to community health clinics as one such resource:

"Housing [service organizations] that had a health clinic and full-time healthcare staff did better during the pandemic, so much that it might become a federally recommended practice for housing services."

The interviewee expressed that health clinics that operated within housing agencies were critical in the initial pandemic response. These clinics provided advice that helped shelters minimize risk to users and staff. This included guidance on effective personal protective equipment use and harm-reductive hygiene practices. For example, nurses would recommend that community members avoid sharing needles more than ever, and for agencies to provide more sterile water vials to support the need. Importantly, these health services played a strong role in demystifying public health guidelines and reduced panic when public understanding of the disease was unclear.

Another interviewee expressed that the strength of established community programs is doubly important when a crisis destabilizes relational and professional networks.

"Relationships are not created during crisis. They are just taken to their furthest extent. The strength of your relationships will determine your success."

The interviewee explained that when COVID-19 lockdowns and work-from-home orders were first issued, their agency lost all but their most trusted professional contacts. This was because staff across agencies had access to each other's personal phone numbers. In particular, long-term staff were usually privy to mutual aid networks outside of the work environment. Particularly in the turbulence created by lockdowns and disease outbreaks, individual staff from different organizations worked with each other to pivot service delivery and coordinate resources. This necessitated a high level of trust and communication. The interviewee said that it would have been unthinkable to do this with new contacts without a strong personal relationship. Such a network was only made possible following a long period of professional collaboration outside of a disaster scenario.

Several interviewees also pointed to the advantage of stable operational infrastructure offered by long-term programs. For example, when rental moratoriums were declared across Canada, many private landlords lost their capacity to operate housing in the absence of rental income. One interviewee described private landlords approaching their housing provision agency and requesting that the organization take over daily operations of their buildings. The agency already held a large portfolio and the staff were experienced with property acquisition and operations. As a result, the interviewee's organization was able to quickly become the building's primary operator. They could then provide tenant services and mediate tenant-landlord relationships with the goal of helping residents retain their housing. The agency was also able to guarantee rent to the landlord for a period of time after the rental moratorium was lifted. This enabled many tenants to remain housed. In this way, housing services with a strong operational capacity can provide a stabilization effect during volatile economic climates.

Some interviewees noted that established emergency shelter services are more effective than the ones created as a direct response to the disaster.

“There were a lot of isolation hotels but staff were unequipped for the work, on-boarding was a nightmare, and the new hires weren’t from the field. So there was high turnover and they weren’t as good at connecting clients to stable housing.”

The interviewee continued to explain that the difficulty of hiring new staff remotely, a reduced capacity for training, and an influx of new health protocols greatly limited the effectiveness of new staff. This meant that worker-community member conflicts were more common, and there was virtually no standard of service delivery. The interviewee suggested that the enormous quantities of funding that were put towards these new emergency shelter spaces would have been better used to bolster community agencies prior to the pandemic. Overall, this would help them have a stronger and more resilient emergency response due to knowledgeable staff and rapport with community members.

An interviewee said that an essential feature of established programming is that staff are paid for their work. This points to the need for social services to receive consistent funding. At the outset of the pandemic, all interviewees reported a complete disappearance of the volunteer pool on which many agencies depended. This resulted in a halt to many food delivery services, quality of life and cultural programs, and some essential operating personnel. Interviewees said that consistently paying staff for work that is essential to holistic service delivery is crucial both in and outside of a pandemic. The assumption that social service workers can or should work for free communicates that the service they provide is not essential or worth a stable wage. Yet robust, sustainable social infrastructure is crucial to all public health and disaster resiliency.

An interviewee commented that in-house wrap-around services are crucial in disaster scenarios. They are typically a characteristic of long-term shelter and housing programs. In the context of shelters, wrap-around services can encompass health clinics, outreach programs, food provision services, and housing workers that can connect community members to long term housing. For longer-term housing programs, wrap-around services can consist of a residential building owned and operated by the

non-profit agency in question, an in-house tenancy relations team, and case workers with legal, health, or childcare expertise.

“Even if you outsource to firms for development and construction, try to make sure you hold the building in the end.”

The interviewee described how operating wrap-around services gives a strong advantage to agencies when a health disaster occurs. This is because service delivery will not depend as strongly on professional contacts that may go missing, or external funding that disappears. Research in the field echoes the importance of establishing internal networks of support. Studies have found that an inability to continue multi-agency cooperation can lead to cascading failures in response and recovery (Pixley et al 2021).

THEME 5: Embracing the change that comes with crisis.

When asked about the most important long-term insights from the COVID-19 pandemic, many interviewees pointed to a practice of being open to change following mistakes. One speaker expressed that the pressures of the pandemic often resulted in double the workload and half the number of staff, inevitably causing accidents and shortcuts. They emphasized the importance of seeing these instances as an opportunity to find the underlying issues with oversight or understanding, and to adjust the environment to minimize those conditions.

The interviewee provided an example: at the outset of the pandemic, user-facing staff were found to be repeatedly entering the agency building when they had been instructed to stay away pending the creation of social distancing procedures. In response, leadership distributed emails and announcements to berate staff for breaking the rules. Then, feedback began to filter up from front-line staff. They responded that they were accessing important paperwork that was necessary for service delivery. The leadership then realized their oversight and lack of communication, and set up a

schedule for staff to safely enter the building. The schedule accommodated both distancing requirements and service needs. This example is also relevant to the previous theme of staff trust and communication. If the agency in question is able to increase coordinated decision-making among staff, it may be possible to pre-empt similar misunderstandings in the future.

"Don't lose what you learned. It's important not to get complacent after the crisis is over and go back to what's easy or familiar".

Numerous interviewees mentioned the need to avoid returning to pre-disaster practices. Not all changes that are made during a pandemic can be retained after the crisis has passed. However, it is a good opportunity to use the new resources to improve or adjust normal operations. One interviewee suggested that organizations should consider how remote working can still be useful in non-pandemic contexts. For a housing service provider, this could be in the form of remote appointments, identity verification, or translation services. Openness and adaptability can help agencies change over time to provide better services and reach organizational goals.

The importance of sustained, long-term changes has not been cemented in disasters past. Many reports on gaps in health and shelter service delivery are finding that the same issues are reported between global disasters. This is evident in research produced from the 2009 H1N1 pandemic and the COVID-19 pandemic that occurred over one decade later. Issues such as communication with government health services, difficulties accessing personal protective equipment, lack of inter-agency collaboration, and a lack of organizational disaster planning were reported between both pandemics (Babando et al 2021). It is crucial that, moving forward, non-profit organizations and governments address not only the situation-specific tools that are relevant to each disaster. They must adjust their underlying priorities to gain insights from each crisis, improving services over time and preventing unnecessary harm.

Conclusion

This report reflects on the disruption of shelter and housing non-profit services during the COVID-19 pandemic. The interviews focus on the perspectives of frontline and higher level agency staff, who provided their insights on how service delivery was challenged and changed during the pandemic. Many interviewees spoke about agency-level techniques to improve creativity, trust, and collaboration. They highlighted the need for intentional communication strategies, flexibility, and a goal-oriented approach to adversity. They recommended agencies to view missteps as opportunities to improve the effectiveness of service delivery, to identify gaps in understanding, and to practice a controlled pivot towards the emerging need. These findings, which address not only service provision but relational work generally, offer valuable insight to the realms of community work, policy, and health planning.

The interviews also showed that social health organizations require existing capacity, experienced staff, and strong community relationships to withstand crises. These characteristics are strengthened by long-term infrastructure provision, which public bodies must provide as a matter of robust social health. If the essential work of shelter and housing services is not supported by consistent funding, the efforts of frontline workers risks going unsupported. Research shows that shelter and housing agencies are a vital link between the needs of unhoused people and policymakers. The insights of frontline workers are invaluable for effective planning, particularly in disaster scenarios that demand responsiveness, adaptivity, and communications between many levels of decision-making. It is crucial that frontline perspectives of community health be integrated into long-term policy.

Lastly, non-profit organizations are themselves communities within a larger community and must examine their roles. Do they perpetuate hierarchies of knowledge and control in their efforts to help? Do these hierarchies prevent meaningful change that puts the community first? The reflections that interviewees conveyed showed how a willingness

to learn and change is crucial to their work. Overall, the speakers were optimistic about their accomplishments and insights during the great challenge of the COVID-19 pandemic; perhaps surprisingly so. They emphasized the humanity at the root of community work. They affirmed that reflective, collaborative, and hopeful practice remains the key to operating a non-profit housing organization that serves its community well in the midst of a global pandemic.

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Appendix

Below is the template of questions posed to interviewees. Since each interviewee represented an organization with a different scope and mandate, the conversations were semi-structured and discussions branched often from the initial questions.

1. How would you describe the role of your organization in the community?
2. *Early in the interview I asked clarifying questions about how each interviewee's organization was situated within efforts to increase shelter and housing access and provide services in the Greater Toronto Area. For example:*
    a. What constitutes your in-house operations?
    b. Can you clarify what landlord relations/constructing capital buildings/building operations/client support services/data collection/community advocacy/resource coordination means within your organization's scope?
    c. How is your organization situated within the federal and provincial strategy to address homelessness?
    d. What funders do you work with and what is the nature of information flow and decision-making within these relationships?
    e. Do you find that your organization's role in the greater system of policy, funding, and practice to be effective in addressing community needs? Why or why not?
3. Please describe how your organization reacted to the first phases of outbreaks and lockdowns in early 2020.
4. Where in your work have you felt the impacts of the pandemic the most when it comes to housing/shelter initiatives and projects?
5. Please detail some structural or procedural changes that happened at the organization over the course of the pandemic.
6. What do you think are some important lessons that were learned at your organization during the pandemic?