

Bridging the Gap: CBOs, Governmental Systems and Meeting Basic Needs

By Shayna Plaut

“The things that we have been talking about forever — safe affordable housing, safe drug supply, access to Naloxone, food security, childcare, poverty — all of these things just came into the forefront [during COVID-19]. The social determinants of health finally registered on everyone’s consciousness.”

— *Manager at a youth serving organization*

THERE IS A problem in the inner city of Winnipeg: many people struggle with being able to have their basic needs met as guaranteed to them by international, Canadian and provincial law. Canada — and Manitoba, in particular — has been publicly rebuked by a variety of United Nations (UN) Committees for their failure to ensure that all people can live a life of dignity and enjoy their basic human rights. As noted in “Failing Grade: Manitoba Poverty Reduction Strategy and Budget 2019,” the level of poverty and governmental inaction also directly contradict the words of the Premier Brian Pallister who, in 2016, acknowledged poverty in Manitoba as a number one

issue. There is a direct relationship between poverty and health and this has only been exacerbated and highlighted by the ongoing COVID-19 pandemic.

As the Chief Public Health Officer of Canada's Teresa Tam's 2020 report, *From Risk to Resilience: An Equity Approach to COVID-19*, points out, basic needs — shelter, food, clothing, washrooms and access to communications — are key social determinants of health. Yet, because of poverty, colonialism, sexism, racism, ableism and ageism, people's ability to access these basic needs vary drastically. Thus, people's experiences of COVID-19 differ based on the intersecting factors of class, Indigeneity, gender, race, ability and age (Tam, 2020)

This disparity became shockingly clear to a larger public in March 20, 2020 when Manitoba declared a State of Emergency in response to the COVID-19 pandemic. People were told to stock up on food and hygiene supplies and “shelter at home” but this proved impossible for thousands of people in the province. As the pandemic unfolded it became quickly evident that one's level of access to these basic needs directly relates to how different people have differential exposures and differential sustainability to COVID-19 (Tam, 2020, p.23)

Within the inner city of Winnipeg, as noted repeatedly, too often it is community-based organizations (CBOs) who respond to the lack of, or inconsistent access to, these basic needs (McCracken and Higgins, 2014), and do so with strained financial and human resources. As a manager at a youth serving organization explained, people usually rely on community supports as points of access for help. “Usually they [marginalized people] reach out to community groups during an emergency rather than traditional institutions. [At the beginning of the pandemic] there was a level of frustration they were exhibiting based on not knowing how to meet their basic needs when everything is closed.”

According to CBO workers who were interviewed, three of these basic needs — access to food, access to internet/phone, and access safe (drug) consumption supplies (including Naloxone) — became even more pressing during the pandemic. These basic needs, as well as providing a place for people to use the washroom, often became the focal point for responding to people's immediate needs during COVID-19.

CBOs often pride themselves on offering “place to be” for community members, without any barrier to entry. COVID-19 strained this reality and the organizations often struggled to balance the need for an “open door” (especially during the day) with the realities of public health guidelines. As one frontline worker at a community health centre put it,

Access to food, internet/ phone and safe (drug) consumption supplies (including Naloxone) became even more pressing during the pandemic.

“You cannot just walk in any more. Now it is appointment based or phone call or screened entry. These changes *had* to be done, [but although] it may not seem that big of deal to the provider it was a *huge* hit to the community.”

Over and over again those interviewed, both frontline and managerial staff, would shake their head, sigh and say, “We really miss the drop-ins. I worry what effect closing the drop-ins have had, not only for those we serve but for us, as a community.”

That said, as a member of management at a youth serving organization put it, CBOs “are quick to adapt, and as things change from the top down and the bottom up, we just surf our way through.” Thus, as noted in the introduction, many CBOs were able to develop innovative responses to meet the needs of the communities they serve. And as the pandemic changes, the response changes. The ability to be flexible and connection to the community are the basic needs and skills of the CBOs themselves.

So although, for the most part, the needs themselves were not new, the numbers and urgency of people lacking those basic needs increased drastically. In addition, the situation demanded cooperation between CBOs, which was possible because of rich, pre-existing relationships. Every interviewee referenced the generous support that CBOs provided to each other, sometimes formally through weekly or bi-weekly director’s meetings, sometimes informally through middle-of-the-night text messages. As Lin Howes Barr the acting executive director of the Spence Neighbourhood Association explained, “putting your energy in relationships in non-pandemic time is not a waste. If you go into crisis with solid relationships, you actually have a lot.”

Some of the support CBOs provided to each other was just getting through the initial shock of the pandemic and determining which organization was offering which service, whereas others were sharing safety protocols, providing robust support to shared clients who may be seeking help at multiple organizations, locating PPE or determining who was providing what services in different parts of Winnipeg. Everyone spoke of how, if there was one silver lining in the pandemic, it was increased communication, support and trust between the COBs throughout the inner city. As a manager at Ndinawe put it, “Our network of CBOs are fuckin’ rock stars. We supported each other and, in that way, we could support our community.” Although the words differed, nearly all those interviewed shared something similar.

This chapter examines how the understanding, provision and actualization of basic needs are affected by the COVID-19 pandemic. What are some of the challenges, strategies and supports that became visible during these

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times? What are the current limitations of federal, provincial and municipal policy in addressing basic needs and what is needed to ensure a sustainable, healthy inner city within the realities of COVID-19?

Defining and Responding to Basic Needs in the Context of COVID-19

Shelter

“Food and shelter are two things that every human being needs before they can even attempt to make progress and do [the] things that are needed to turn their life around. Without those two things, you don’t have consistency, dignity, you don’t have a place to belong, and you don’t have safety.”

— *Fedja Redzepovic, housing manager, Wabnung*

The risks and susceptibility to COVID-19 for the homeless and/or precariously housed people of Winnipeg was understood early on. On March 17, 2020 End Homelessness Winnipeg (EHW) held its first meeting with CBOs, city officials and regional and provincial health agencies to identify needs and resources available and enable communication and a more well-rounded response. Nearly everyone interviewed spoke of the benefits of having EHW serve as a coordinating body to ensure accurate and up-to-date information for frontline and managerial staff. The establishment of an isolation shelter for those who are homeless or precariously housed and awaiting test results (or recovering from COVID-19) was quickly identified as a pressing need. EHW helped bring together Main Street Project and the Winnipeg Regional Health Authority and, with the help of the city to locate appropriate space, 777 Sargent was established for that purpose. As of this writing, it has been operating for eight months with the funding support of the provincial government. In addition, EHW helped distribute federal money to various CBOs that were assisting those who are homeless and/or precariously housed including youth.

One specific concern was homeless and precariously housed youth in the City of Winnipeg who may not be connected to social media nor be in consistent contact with specific organizations. Spence Neighbourhood Association (SNA), Resource Assistance for Youth (RaY), West Central Women’s Resource Centre (WCWRC) and Ndinawe quickly mobilized existing relationships with each other and with hotels to temporarily house 60 youth until more stable housing plans could be made available.¹

According to management at RaY, with the financial support of the province, 43 youth secured permanent housing within eight weeks and 20 more units of transitional housing were opened. In addition, there was cooperation between newcomer (primarily refugee) serving organizations to ensure safe housing was available. For example, for purposes of ensuring a smooth flow of people and serving those who are most at need, IRCOM previously had a strict mandate that residents could not have been in Canada for more than six months nor stay as a resident for longer than three years. Because of the border closures (thus stopping the flow of new refugees) and the extraordinary circumstances, IRCOM loosened its eligibility criteria to enable refugees in need of housing to live with them regardless of how long they had been in the country. Therefore, New Journey Housing and Accueil Francophone were able to refer their clients to IRCOM for safe, longer-term housing. In addition, IRCOM extended housing to current residents for up to four years.

All of the organizations interviewed that have a residential component (Ndinawe, IRCOM, Wahbung, John Howard, Accueil Francophone, Elizabeth Fry) worked to make existing housing safer within the context of COVID-19, including increased sanitation, restrictions on visiting within common spaces and physical distancing, which at times meant expanding or acquiring additional space.

Food

In tandem with shelter, the concern regarding access to food was identified immediately by the City, Province and community-based organizations. The cross-Canada Food Bank Network, of which Harvest Manitoba² is a member, received \$50 million dollars in funding from the Federal government to ramp up the purchasing of bulk food, which was distributed throughout the country based on population and need. Manitoba Harvest received \$1 million and has access to future bulk food purchases. As soon as it became evident that schools were not going to reopen, Harvest Manitoba was in immediate conversations with the Winnipeg School Division (as well as other school divisions and some reserves where students received meals through schools) to establish ways of ensuring that these children and families would continue to receive substance until schooling resumed. It was a mixed approach of providing monthly hampers to families connected to schools (as of mid-October, 72,000 hampers had been distributed through Winnipeg schools alone), supplying monthly food hampers to CBOs and providing

food to soup kitchens and other places providing hot meals. In addition, Harvest Manitoba worked closely with the City of Winnipeg to open up certain city spaces that could serve as food distribution sites (for the public as well as for local CBOs), at times replacing places that had been closed as well as ensuring that additional areas of the city would be served. West Broadway Neighbourhood Association’s “Good Food Club” increased their distribution of food, especially to seniors and those who have underlying health conditions.

Of course, CBOs that already had food pantries and soup kitchens (places providing hot meals) continued to offer and at times increased service but in a modified fashion — often through a door or window, referred to as “door service.” CBOs, such as Central Neighbourhoods, North End Women’s Centre and Wolseley Family Place that traditionally had not provided food (beyond snacks at programming) began to do so both because they saw the need and because it was a service they could provide safely within the confines of public health guidelines. After a few weeks, some places, such as Rossbrook House, WCWRC and Andrew Street Family Centre, switched to providing hot meals to balance out the increase of bagged lunches that people were receiving elsewhere.

In addition, because CBOs continued to remain in contact with community members, there were proactive efforts made to distribute food directly to people who may struggle to come to the organization itself, such as Elders, those with compromised immune systems or underlying health conditions, or single parents with young or multiple children. Many CBOs such as Wolseley family Place, Spence Neighbourhood Association, RaY, West Broadway Neighbourhood Association (Good Food Club), WCWRC, Wahbung and Sage House used these “food drop offs” as a chance to have informal wellness check-ins, replacing what would often take place during drop-ins

Safe Consumption Supplies and Naloxone Availability

The closing of the U.S./Canadian border, the slow-down of international and domestic travel and the stay-at-home order resulted in a significant change in the street drugs being consumed, an increase in drug usage and a dramatic increase in overdoses throughout Canada, including in Winnipeg’s inner city communities. According to Dr. Theresa Tam (2020, pp. 33–34), overdoses at this time are not only because of an increase in drug usage, but because COVID-19 restrictions limiting safe, supervised places to consume drugs leads to more people using alone. This has been exacerbated in Manitoba,

including Winnipeg, because of the lack of safe consumption sites and the strict regulation surrounding Naloxone distribution. As Shohan, the Executive Director of the Manitoba Harm Reduction Network (MHRN) explained,

“So, [COVID] didn’t change who we’re seeing. Some folks have disappeared, because they’ve gone off to isolate. Other folks are, mental health, anxiety, all of that stuff have led to them isolating even further. But all of those things have increased risk for people who use substances.”

Many CBOs that work with people who use drugs, such as Nine Circles and MHRN, foresaw this concern and quickly modified their distribution of safe consumption supplies. Whereas before people would come in and ask for supplies (Nine Circles) or meet up with a peer mentor (MHRN), supplies were now prepackaged and distributed quickly. Some CBOs, like Central Neighbourhoods, incorporated it into their door service, distributing food, condoms, safe consumption supplies, hygiene supplies and information about the pandemic all in one package, while other organizations, such as RaY, WCWRC, MHRN, and Sage House, initiated or increased distribution through direct outreach.

Many frontline workers had mixed feelings about this approach. Although the distribution of safe consumption supplies continued – and, in fact, increased according to all the CBOs who distribute supplies – the conversation and connections that previously took place stopped. As one frontline health worker explained:

“It is a much riskier situation because what they [people who would walk through the door] could access previously is no longer available. They walk in and get half of what they used to get, not in terms of harm reduction supplies but in terms of support and information and referrals.”

What has increased exponentially is the need for and usage of Naloxone. According to the Winnipeg Fire Paramedic Service, as of October 13, 2020, 1,189 patients had been administered naloxone so far this year compared to 789 patients in all of 2019 (Klowak, 2020). Because of the trust and ongoing relationships with the community, many CBOs have become safe points of distribution for Naloxone, both in-house (such as Nine Circles) and when conducting outreach. As one frontline worker at a community health centre explained, “There has been an increase in demand for naloxone. If someone knocks on the door and says, ‘Someone is OD-ing we need a kit!’ we give it to them. That did not happen prior to the pandemic but we’ve adapted to whatever walks through the door.” In the spirit of outreach – going to

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where the people are rather than waiting till they come to you — , the nurse practitioner who accompanies RaY’s outreach team handed out 105 Naloxone kits in October alone, “12 of which were successfully used to save lives.”

Washrooms/Showers/Laundry

For the first few weeks of the lockdown all anyone in the core area of Winnipeg seemed to be able to talk about was the fact that “there was no place to go.” As businesses and public spaces shut down, so did access to the most basic of human needs: going to the toilet.

Different organizations responded in different ways based on their physical space and staffing, but there was often a coordinated geographic approach. The leadership of various CBOs reached out to other CBOs in the same neighbourhood to figure out who had an open, accessible toilet and, if there wasn’t one available, how to fill that need. This information was then shared with the community. For example, for many months in West Broadway the need was filled by RaY renting a porta-potty and, up until November, going to Nine Circles where there was screened walk-in washroom usage.³ Many other organizations (WCWRC, North End Women’s Centre, Ndinawe) continued to permit people to use the washroom but it would be one-at-a time and people would need to be screened and don PPE, which would often cause frustration and tempers to fray.

Although it took many months (and an unexpected, unsolicited donation by the Canadian Medical Association Foundation) Winnipeg City Council agreed to allocate funds to build both a permanent public washroom as well as seven or eight porta-potties. After the motion passed on July 10, 2020, there was ongoing consultation with CBOs to determine the best locations. As of this writing, the City of Winnipeg plans to have the porta-potties up by December and the permanent public washroom open by the end of February.

Access to showers and laundry facilities has fluctuated during the pandemic. A few CBOs, mostly women’s organizations, have provided people with time-limited access to both showers and laundry.⁴

Phones and Computers

Consistent access to phone and internet quickly emerged as a basic need and public health issue throughout the various phases of the pandemic. Information about how to stay safe, where to access resources and supports, and the ever-changing context of living in the context of COVID was shared virtually.

HealthLinks provides COVID referrals but is only accessible to those who have a phone. In addition, doctor's appointments, banking appointments, appointments with parole officers, EIA and social workers were all moved onto the phone. But this proved to be quite problematic for many people in the inner city of Winnipeg. "Electronics are not exactly a reality of the communities that we serve so phones, tablets, laptops, access to internet, the whole nine yards, that's not exactly reality of how we communicate," explained Fedja Redzepovic, the Housing Manager at Wahbung. He went on, "Especially what I do. I deal with a lot of homelessness, a lot of in-between, a lot of couch surfing, a lot of shelter. So access to those devices is abysmal." A manager at a youth serving organization agreed: "This population does not typically have access to media, social-media and this got worse during the pandemic. Folks didn't have access to computers or wifi, and with so many drop-in spaces and public buildings like libraries closed access to information decreased even more.

Therefore, not having access to a phone or the internet quickly became not having access to the world, especially that of governmental agencies such as Employment and Income Assistance (EIA) or Child and Family Services (CFS).

As Lin Howes Barr, acting executive director of Spence Neighbourhood Association explained, "The world was quickly divided between those who suffered from information overload and those who did not have access to information that could potentially save their lives." This sentiment was echoed by many of the interviewees who discussed the glaring digital divide and lamented the assumption that many policy makers (and some governmental funders) had that all programming could "just be moved on line." As CBO workers explained, "For our folks, it just doesn't work that way."

In the end, organizations that kept staff working on site would often continue to allow community members to use the phone but on a limited basis, either one-at-a time with people knocking on the door or by appointment. The latter protocol was especially important if people needed to have medial phone appointments or needed to reach (or be reached by) EIA, CFS or parole officers. Computer access proved to be trickier as computers were often housed in public spaces, are harder to sanitize and often involve spending longer periods of time. Of all the organizations interviewed, only the North End Community Renewal Corporation was able to continue allowing computer access to community members.

Some organizations, such as Wolseley Family Place, IRCOM and SNA, were able to connect with telecommunications companies to provide a limited number of phones, iPads and computers to people who needed

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them, especially homeless youth or low-income families with children. IRCOM, which only houses families with children, also worked to try and ensure internet boosters on every floor and to find low-priced internet packages, including attempting to sign people up for the federal government’s “Connecting Families,” a program that provides internet for \$10 to families receiving the maximum amount of Canadian Child Benefit. Although both of these approaches could be examples as models going forward, they ultimately relied on private companies and their willingness to provide a service, including going into people’s homes, during the pandemic.

Social Connection and “A Place to Be”

Being connected to people, community and place has long been understood as a critical dimension of health within many Indigenous communities. For example, the definition of health adopted by the First Nations Health Authority in British Columbia details how the health of the individual is intricately connected with the health of the community, family and land and the health of the community, family and land is connected to the health of the individuals. Some, like Karine Duhamel, former Director of Research for the National Inquiry into Missing and Murdered Indigenous Women and Girls, choose to refer to *wellness* in addition to health noting,

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“What is wellness? What is health? From a variety of Indigenous perspectives, wellness goes beyond the absence of illness. Not being sick isn’t the same as being well – our conceptions of wellness include care for the whole person based on a holistic vision of physical, mental and spiritual health. Wellness is supported by language, ceremony and teachings. Within this context, Elders, families, and communities are necessary for healthy individual, community, and family life.”

In other words, social connection and community can be understood as a basic need (Klassen, 2016; McCracken and Higgins, 2014; Cooper 2012). This need became exacerbated when many of the public spaces such as libraries and community centres closed, leaving people even more dependent on CBOs to provide both a place to be and social connection, while at the same time many CBOs felt forced to close their physical doors to the very community they serve.

In speaking with managerial and especially frontline staff of CBOs, it became very clear that the disruption in social connection, in having a place to be with other people, was extraordinarily damaging to people in

the community, including staff. As a manager at the North End Women's Centre explained when elaborating on her concern regarding mental health:

“The lack of connection, and then with lockdown not being able to go out. People come here and they can have a conversation out in the parking lot or at the door, but it's not the same as you get to sit and have a chat with someone.”

Everyone was affected but particularly those who were already the most marginalized, living with mental health concerns or in periods of transition. The manager from North End Women's Centre continued,

“The disconnect, and then also when you have somebody who's dealing with mental health issues and then you're having a list of questions to ask them at the door so that they can use the washroom and then you're checking their temperature that looks like a gun and then you're asking them to sanitize their hands, and then you're asking them to put on a mask and then they're not comfortable with that. And then you can't let them in if they answer any of the questions with a yes, you can't let them in if they refuse a mask. That's huge. It can sever relationships with us. It creates more barriers when we're trying to reduce barriers. And yet it needs to happen for safety. It's that oxymoron of safety but what is safety?”

As a frontline worker in John Howard Society explained:

“Right when we closed, we were in the middle of programming and so a lot of that programming just stopped abruptly.... Not being able to finish programming [combined] with a pandemic and [perhaps] not having social supports [plus] having to stay home all the time, we had clients ... who were doing do well up to that point, but they, because of everything that goes along with the pandemic, including mental health and whatever, it was a bad time for a lot of people.”

Multiple organizations spoke about needing to turn their open-door culture into a much more clinical setting, which went against their ethos but also confused many people who had come to rely on the organization as the one safe space they may have during the day. As the manager at a community renewal organization put it simply, “Suddenly we can't have people in for a cup of coffee. That hurts us all.”

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That said, as is typical, CBOs responded in innovative ways. Most notable was either initiating an outreach model (multiple organizations spoke about the importance of “going to where the people are”) or ramping up already existing outreach programs. Many organizations said that they would like to continue some form of outreach in their practices even after the pandemic is over. In

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addition, there was a change in the medium in which outreach services were provided so, whereas before, people would physically drop in to pick up harm reduction supplies or use the phone (and then in-turn possibly get connected to other services such as housing referrals or counselling) now the outreach would be done through a door or window (“door service”) or through the phone.

“We do still do that [conversations and connecting] and as we opened up with the restrictions [during the summer] we did outdoor drop-in... We’ve had crisis counselling throughout, whether that was on the phone or in-person with safety in mind, we’ve had that throughout. But it’s not the same when you’re wearing a mask and having a crisis counselling or a conversation with someone, either. And especially if someone’s under the influence and they know you but they can’t recognize you because [you’re wearing] a mask, that relationship for them isn’t there anymore.”

Phone outreach seemed to work very well for some people and would be done in two ways: community members calling the CBOs and staff from organizations reaching out to families and individuals. The latter strategy was particularly utilized by CBOs that would have regular contact or client lists, such as Wolseley Family Place and Andrew Street Family Centre, but also places that provide regular groups such as Klinik and Nine Circles.

During the summer, as the COVID numbers decreased and the weather got warmer, many CBOs moved their programming outside. This worked particularly well with organizations that had sports and cultural programming, as well as healing groups that often include smudging and drumming, and groups that were open to young children. People were still asked to pre-register if possible but in the summer outdoor gatherings of 100 or less were permissible so this was not a problem. Of course, Winnipeg winters come early and fierce so by mid-September many groups were needing to move indoors with limited numbers. By November, when Winnipeg was put into code red, nearly all indoor programming stopped.

According to Tammy Reimer at Nine Circles there was actually fewer “no-shows” with online and phone counselling. “We noted that the no-show rate for our mental health therapists plummeted. Where they might have had a traditional fairly high no-show rate, it was almost nonexistent early on.” Klinik also experienced an increase in utilization of mental health services, both through their crisis line as well as more structured counselling and a decrease in “no-shows.” As such, both organizations are considering making virtual or phone counselling options available in the long term. That said, the lack of consistent phone or internet access, or the lack of a

(In reference to the move to online and phone counselling)
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safe and quiet place to have a counselling appointment, is a real barrier. CBOs have adapted to this reality differently. Whereas North End Women’s Centre provided “door service” counselling or counselling outdoors during the summer months, Nine Circles aimed to continue seeing 50 percent of its client base in-person and prioritized those whom they knew did not have consistent access to phone or internet.

But this approach still focuses on the individual aspect of mental health rather than the group and community setting. This reality was recognized by the CBOs who were quite cognizant that individual counselling was not filling the gap of community safety and consistency. As the ED of Klinik explained when reflecting on trying to adapt to meet the needs of the population they serve:

“[The effects of cancelling drop-in groups] bothers me. I’ve talked to many other leaders that have struggled through this and have populations that they feel they’ve left and not done a good job with and they’re still struggling with what is the best way to do this. We knew that we couldn’t do groups. [But the participants] have always gathered as a group, all of their services have been group-based and that’s been a huge part of how we bring them together. A big part of their services is (Indigenous) drumming, is peer-based, so retooling and thinking about that service in a different way, it’s not... There’s this idea that we could just move everybody online ... but that’s just not how it works.”

Nicole Chammartin, the ED of Klinik paused to articulate why shutting down groups and drop-ins bothered her so much, saying that it’s “a microcosm of their larger lives” and reflects “the barriers that they’re facing everywhere.”

“We knew that we couldn’t do groups. [But the participants] have always gathered as a group, all of their services have been group-based and that’s been a huge part of how we bring them together.”

Access to Safety

By the time Manitoba declared a State of Emergency and stay-at-home order, it was clear to policymakers that for some people, home was not a safe place to be. On a federal and provincial level, it was well understood that by requiring people to stay home and limiting access to the “outside world” (through school, cultural/religious events, work or even doctors’ offices) the risk to and severity of intimate partner violence and child abuse would increase (Government of Canada, 2020; Tam, 2020, pp 34–35). The federal response was to allocate \$50 million across Canada for domestic violence shelters, including those in northern and rural communities (Government of Canada, July 20, 2020,).

These much-needed funds were appreciated. However, this was often not the route that people encountering domestic violence were choosing

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to utilize. In fact, according to frontline staff at New Journey Housing and WCWRC, as well as managerial staff at Klinik and North End Women's Centre, the use of domestic violence shelters went down in the early months of the pandemic. This was for a number of reasons including: a lack of opportunity to flee one's home; a fear of contracting COVID-19 in a communal setting; and a lack of transportation to get to shelters coupled with a fear of using public transportation.

What did increase during that time were calls to crisis lines, including Klinik, which operates nine crisis lines throughout the province. What did not increase was funding to support the crisis line, which previously had been heavily dependent on volunteers. According to Nicole Chammartin, the ED of Klinik, they have not been able to hold a volunteer training since the Spring and are currently using relief funds to continue their current operations with the increased call volume. In the future, increased communication between the governmental agencies and the CBOs working directly with people on the ground could assist in more targeted, efficient interventions.

Challenges to Meeting the Basic Needs of People Being Served

The community sector and CBOs “have a skill and a proven track record to pivot on a dime. We are innovative. I often hear government saying they are looking for innovative solutions. Well [if they are still looking] they aren't paying attention because we are innovative and responsive. And the reasons we can be is because we are connected to our communities in a different way than any government is ever going to be.”

— *Lorie English, Executive Director of the West Central Women's Resource Centre*

“People are getting screened now. Prior to that they had a private space where they could go talk, to be and get the supplies, supports and connections they need. Even a moment of dialogue can help so much — help make connections — now there is no one to listen.”

— *Frontline worker at a community health centre*

All of the CBO workers were asked to explain the challenges they faced, and continue to face, in providing basic needs for those whom they serve. Below is a list, loosely divided into three spheres: governmental (federal, provincial and municipal); societal; and internal (as identified by the organizations themselves). Of course, these divisions are not clear-cut and many of the

Governmental

- **Accessing to governmental offices/personnel:** For the individuals and populations being served, negotiating with government systems, especially during the lockdown, was a real challenge. Nearly everything took longer because people were not in the office so the public could not just “go down to the EIA office” or “walk down the hall” to get a document signed. The one exception to this seemed to be MB Health. According to some people interviewed, they were able to issue health cards much faster.
- **Employment Income Assistance (EIA)** Challenges with EIA were particularly acute given: 1) the increase in the number of people signing up for EIA at the beginning of the pandemic prior to CERB; 2) the fact that the offices were closed to the public; and 3) the fact that EIA workers who had been working within the community setting (e.g. Sage House and Ndinawe) were no longer physically present, and did not have a direct phone number, made accessing EIA much more difficult.
- **Canadian Emergency Relief Benefit and EIA** CERB was a source of support as well as a challenge, particularly for those receiving EIA who applied and received CERB. At least half of the organizations interviewed were deeply concerned with how to get people’s EIA files reopened if they had applied for CERB. Make Poverty History recently drafted an open letter and petition directly addressing these concerns.
- **Regulation of Naloxone:** The strict regulation of Naloxone⁵ by the Province of Manitoba was identified as very problematic given the rapid increases in opiate overdoses during the pandemic.
- **Poor communication from the province regarding social supports:** The lack of clear information at the beginning of the pandemic regarding how the province would handle evictions as well as a lack of initiative on paid sick time (until October) was very problematic and stressful for staff as well as the people they served (and people who identify as both). The fact that the eviction ban was lifted October 1st with the ending of CERB and the onset of winter and the second wave was also flagged repeatedly as a perfect storm for evictions and increased homelessness or precarious housing.
- **Lockdown in prisons and jails:** Both federal prisons and provincial jails were put on lockdown with little to no outside visitors allowed entry. As of mid-October, provincial jails were still denying visitors and outside programming, which has made things much more difficult in terms of providing support to inmates or to prepare people for release and has increased isolation and mental health distress for both prisoners and their families.
- **Concerns regarding governmental funding:** Lack of flexibility in funder’s expectations was mostly a concern with provincial funding. Almost all those interviewed spoke with appreciation of the flexibility shown by the federal agencies as well as private foundations.
- **Closing of City public spaces:** Closing of City public spaces (community centres and other large spaces) was seen by many CBOs as problematic and a wasted opportunity to have large spaces available to continue serving the community. One organization was able to convince the City to let them remain operational in a city-owned building and this enabled them to continue and even expand their services.

Societal

• **Changes in Street Drug Usage** There were significant changes in street drug use and drug supply, which has led to a drastic increase in overdoses. This issue was noted by every community health centre (Nine Circles, Klinik, Sage House) as well as women’s centres (West Central Women’s Resource Centre and North End Women’s Centre) and youth organizations (RaY, Ndinawe, Rossbrook House). As one frontline staff worker at Ndinawe stated, “I have worked here for 2.5 years and I had never seen in an overdose. Since May (4.5 months) I have seen multiple overdoses every week.”

• **Increase in Domestic Violence/Intimate Partner Violence (DC/IPV) and challenges in providing support:** An increase in DV/IPV and a corresponding increase in calls to crisis lines or phone/zoom counselling by the domestic violence shelters has occurred. But and this is key, there has been a decrease in people accessing shelters because of physical distance requirements, fear of contracting COVID and/or a lack of opportunity to flee (because of the lockdown and its after effects). Also significant is that although there was an increase in funding for shelters, there has been no increase in funding for crisis lines. This was a point brought up by leadership at Klinik as well as management at the North End Women’s Centre, West Central Women’s Resource Centre and Wabung.

issues feed into one another. As emphasized by Justin Grift and Sarah Cooper in their chapter, by identifying these challenges, CBOs and various levels of government could better plan and strategize for emergencies in the future.

What Kind of Support have CBOs Received from Different Levels of Government?

“We are not magicians. We are trying to do this every day and we need the support, the financial support as well as planning. So often we are looked at [by governments of all levels] as the solution because we are cheap! We are free! We are resourceful! We’ll do it! But this is the wrong way to approach it. At the beginning of the pandemic we earned the respect we finally deserved because it was clear that we were providing essential services. Now that the economy has opened up it’s back to us to figure out how to do this...”

— *Manager at a youth serving organization*

All managerial staff were specifically asked about governmental support through all stages of the pandemic. “Support” was defined as financial, informational or advice and “government” referred to federal, provincial, municipal and Indigenous governments. Although every organization was asked about communication and support with all four levels of government,

Internal Challenges Identified by the CBOs

- **Closing of “drop-in” spaces:** The closing of the “drop-in” spaces of many of the CBOs has had a significant impact on both staff and the people they served. It has taken away “a place to be” for community people. This has not only had a direct impact on health (no place to sleep, eat a hot meal, and get away from abusive or dangerous situations) but it has also impacted how services are accessed. Prior to the pandemic, someone may have come in for safe consumption supplies or a cup of coffee or computer access and then used that time to connect with other services (housing, health care, mental health etc.).

There is a collective fear that barriers to physical entry/drop-ins have hurt relationships and are contrary to the spirit of the organizations. At the same time, because drop-ins either had to cease or become extremely restricted quite a few organizations either ramped up (RaY, Sage House, Ndinawe, NERC) or initiated outreach (Wahbung, SNA, Wolseley Family Place, Manitoba Harm Reduction Network).

- **Sourcing Personal Protective Equipment (PPE)** Although health centres did receive PPE many of the other CBOs did not and had difficulty sourcing PPE, especially at the beginning, which was problematic as many continued seeing people, including while doing outreach.

- **Digital divide (with community as well as within the organization)** An organization cannot rely on just transferring everything online in terms of services and programing. There is a serious technological divide both in terms of comfort with technology and access to consistent internet/data/phone plans or a physical computer. This is true for the staff as well as those who are being served. Nearly all of the CBOs interviewed mentioned this issue but it was especially difficult for those CBOs working with families (including those with a residential component like IRCOM) where there would be competing demands for computers and internet access for work and school, as well as those working with home(house)less populations. Because of health regulations (physical distancing/sanitation) few CBOs were able to stay open for phone and computer use (NERC and Rosbrook were able to stay open for computers, WCWRC and Nine Circles and North End Women’s Centre allow phone usage). CBO staff were also struggling with trying to transfer everything remotely and there was often a scramble to adjust budgets to cover the purchase of equipment and data plans.

very few organizations had direct, consistent contact. Those that did were primarily involved in supporting CFS child visitation (such Wolseley Family Place) or assisting people as they transition out of prisons or jails.

Federal

Additional money was specifically allocated for housing, food and the elderly. Additional federal funding for housing, for food and for Elders was funneled through End Homelessness Winnipeg and United Way Winnipeg.

In addition, the federal government was flexible in how existing program funding could be spent (i.e. in-house programming was no longer feasible thus the money could be spent to provide basic needs or to purchase technology enabling online programming or phone supports). There had been concern regarding program evaluation and reporting deadlines; however, all managers that were interviewed discussed how federal agencies proactively reassured CBOs not to worry and that program evaluation and reports due would be considered in the COVID context.

In terms of information and advice, those CBOs involved in immigration issues (Accueil Francophone, IRCOM) had a clear line of communication with Citizenship and Immigration Canada in terms of safety and immigration procedures. That said, both were struggling with the effects that border closures and the halting, and then backlog, of refugee resettlement had in their communities.

Provincial

Those who were more directly involved in healthcare (community health centres or organizations with connections to public health) did have clear information regarding the unfolding nature of the pandemic and public health guidelines as well as access to PPE for staff from the province (although not for the community members that they serve). Those who requested access to public health nurses (such as MHRN) were provided with nurses who would participate in information sessions for staff as well as larger community.

People relied on MB Health and Shared Health for information regarding the pandemic and how to stay safe. Many discussed how they listened to the briefings (at first daily, then twice a week, now, as of this writing, once again daily) and then translating that information into a language that would be more easily accessible to the communities with whom they worked.

As CCPA has consistently demonstrated over the years — and was made public by Make Poverty History’s open letter — the rate that people receive through Employment Income Assistance (EIA) fails to meet people’s basic needs. Prior to the pandemic, people would often turn to CBOs in order to meet these needs, especially clothing, food, hygiene and phone/internet. As a manager at a youth organization explained: “The youth’s needs have not changed but all the resources and avenues that they would normally use to address those needs are closed.”

As innovative as CBOs are, COVID-19 made it harder for people to meet their needs and, with few exceptions (namely, shelter), the province failed

to fill this gap. EIA offices were closed to in-person appointments and some organizations that previously had access to dedicated EIA workers lost their direct contact. The province, which administers EIA, provided a one-time \$200 cheque to people with disability on EIA in order to offset the increased costs associated with COVID-19, including hygiene supplies, masks and increase in the cost of food. Single adults and people with children did not receive any provincial support. This is woefully insufficient. Some people on EIA registered for the Canadian Emergency Relief Benefit. Because they were receiving CERB (federal money), their EIA files (provincial funds) were then closed. As of October, when CERB ended, eviction bans were lifted and the second wave was in full swing, people were left scrambling to try and have their EIA files reopened. Over and over again, those interviewed shook their heads and said, “It is a perfect storm.”

Guidance from the province as a whole was fairly clear in the early part of the pandemic but became more confusing and at times “contradictory” in June and July as the province opened up. This trend was acknowledged in the Chief Public Health Officer’s report, which discussed how “risk communication” was clear at the beginning but got more complex, and at times confusing, as things “changed and evolved” (2020, p. 52). Although all of those interviewed recognized that COVID itself was evolving, there was a desire from many for clearer guidance from the province. As the executive director of a youth serving organization reflected: “There were times, especially in the summer, where we really felt like we were left alone to figure out what was safe or not for our staff, for those we serve. Oftentimes we just figured it out and adapted as we went along, but clearer guidance would have been helpful.”

In terms of finances, many of the organizations interviewed were affected by the 10 per cent provincial cut to “non-essential programs” that came in April (CBC, 2020). They found this very difficult as they were already struggling with pivoting their services, often needing to invest in technology and telecommunications as well as the additional expenses of PPE and other resources to ensure their operations were safe. There was a lot of resentment at the timing of the cuts. “It’s like they are going to kick us when we are down, when we are most vulnerable, when our future is most uncertain.”

At the same time, the province did proactively offer money to support those who are homeless or unhoused. There was a deep concern about what would happen if COVID got into the homeless population or those who were precariously housed (couch surfing, shelters, etc.) and this was recognized.

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Innovative Community Based Organization Led Responses to COVID-19

Outreach (“instead of expecting them to come to you, go to where the people are”)

- Increasing or initiating street outreach
- “Wellness checks” (on phone or at doorstep) with people who cannot easily go outside (i.e.: single parents, Elders, those who are immune-compromised)
- Flyers in neighbourhood/lamposts to reach out and gauge community needs
- Bringing health professionals/Naloxone trainers out on street outreach
- Bringing basic needs (food, hygiene supplies, baby supplies) to people’s homes

“Door Service” (providing supplies through a window, door etc.)

- Food
- Hygiene supplies
- Masks
- Safe consumption supplies
- Referrals to other organizations

Creative Spaces (including cyber space)

- Outdoor programming
- Online/phone counseling
- Collaborating with other agencies to share space that would enable public health and safety as well as sharing staff

Knowledge Translation/Dissemination

- Creating and distributing printed materials/flyers to distribute with food/basic needs regarding how to stay safe during COVID as well as which organizations are currently provide which services
- Calling residents in their first language with information re: how to stay safe during COVID as well as which organizations are currently provide which services

Community Information/Resource Sharing

- Holding regular meetings with the managerial staff of other CBOs, businesses, schools, public entities etc in the area to ensure that basic needs of the residents are covered (where is there an available washroom, who is distributing what kind of food, who is providing access to a phone etc.)
- Holding regular meetings with the managerial staff of other CBOs working in your particular sector (i.e.: DV/ IPV, family resource centres, harm reduction etc.)

City of Winnipeg

With a few notable exceptions, the City was often absent in responding to COVID. Only two organizations, for instance, mentioned any direct financial support from the City. Nevertheless, the notable exceptions were quite significant. Harvest Manitoba was quick to mention that with the increased demand and the decrease in volunteers (many of whom were elderly) they would not have been able to maintain operations without the redeployment of city staff in the spring and summer. According to their director, the 30 city workers redeployed for food hampers were invaluable. In addition, the city provided spaces for food bank distribution.

Some organizations that worked with children or conducted outreach with Elders in the community, such as IRCOM, Spence Neighbourhood Association and Central Neighbourhood Centre, worked with Winnipeg Library staff to create kids' kits and Elder kits with books and learning and entertainment materials throughout the summer.

Spence Neighbourhood Association asked, and was granted permission, to continue their operations in the Magnus Eliason Recreation Centre, a large community centre space that enabled physical distancing and provided a central space for sorting food and other supplies and materials. Many of the CBOs lamented the fact that other recreation and community centres were closed since they could have served as an excellent resource for washrooms, showers and, if large enough, day drop-ins.

A consistent refrain was that the closing of recreation centers and community centers — most of which are large spaces with showers and washrooms — was a lost opportunity to meet the needs of those in precarious housing situations.

Conclusion and Recommendations

Community-based organizations provide a multitude of essential services to meet the physical, social, cultural and emotional needs of the communities they serve. But in order to do this, and do it well, they need a solid financial, institutional and political foundation supported by the larger system: one cannot provide healing if they are constantly struggling or at odds with the larger context. CBOs also need to be able to ensure that their staff and volunteers are taken care of — well-fed, housed and rested — so that they can continue to do their good work in a consistent and healthy manner.

The following are some specific recommendations to ensure that people in the inner city of Winnipeg can, at the minimum, have their basic needs met and live a life of health, safety and dignity:

1. Ensure PPE for community members and CBOs.
2. Create more spaces for “day drop-ins” for those who do not have a safe, warm place to go during the day
3. Deregulate Naloxone and ensure that it is readily available
4. Ensure accessible, accessible, culturally appropriate, mental health care for community members as well as CBO staff
5. Ensure quality, affordable, permanent housing is available (either by new housing being built or older buildings being retrofitted)
6. Increase EIA rates to a livable amount that is adjusted for cost-of-living increases (similar to that which is done for Rent Assist)
7. Increase funding to crisis lines/phone supports that provide DV/IPV counseling as well as other forms of mental health supports and referrals
8. Provide a means for inmates in provincial jails and federal prisons to maintain contact with family, friends and supports on the “outside.” If in person visitation is not possible due to public health (as it is in the time of this writing) allow for free phone calls and/or enable video chats
9. Provide access to affordable, quality childcare
10. Provide consistent, flexible, core funding for CBOs to enable them to come up with projects and programs that respond to the shifting needs of the community rather than simply short-term project based funding
11. Provide permanent public washrooms and ensure they are clean and safe
12. Provide spaces for frontline staff to network and share ideas and resources similar to that which is already in existence for managerial staff

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Endnotes

1 As of this writing, temporary spaces at a hotel have once again been made available to those who are precariously housed.

2 Harvest Manitoba is the new name, as of November 24, 2020, of Winnipeg Harvest. They chose to change their name to better reflect the fact that they are the central food bank for the entire province, not just Winnipeg.

3 This policy changed once Winnipeg went into Code Red

4 Ndinawe also allowed access to showers, with time limits and contact information, throughout all phases of the pandemic and resumed its laundry service in May.

5 Naloxone (also known as Narcan) is administered to reverse the effects of an opioid overdose. It tends to have a high success rate and multiple doses can be given if there is a higher amount of opioids in a person's body. After Although opioid withdrawal symptoms may happen suddenly after receiving this medicine, it is considered a safe way to assist in opioid withdraw. Manitoba has some of the strictest regulations surround Naloxone in the Canada.