

# The COVID-19 Crisis : Actions from Community Organizations in Times of Crisis: Essential, Yet Unrecognized

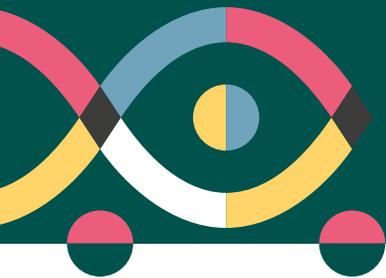
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For more than a year, COVID-19 transmission has plunged the world into an unprecedented health crisis. The pandemic, and its concomitant economic and social crises, **affected populations disproportionately, accentuating existing inequalities**. Autonomous community action (ACA) organizations quickly took action to respond to individual and community needs, with the help of their teams, members and volunteers.

Many populations were confronted with new challenges related to lockdown measures and difficulties accessing public services, particularly seniors, young people, people living with disabilities, people experiencing homelessness, and people living in poverty, etc. In addition to these groups, women, immigrants and people of colour were affected by the crisis in specific and disproportionate ways, some due to their over-representation in essential services and others due to living conditions that rendered the application of new health measures difficult.

Organizations had to quickly reorganize their work to respond to these heightened needs, all while respecting new health measures. To do so, they adapted **their regular activities** and developed new **essential, but often unrecognized, activities** related to the crisis.



*Using data from a survey conducted by the Institut de recherche et d'information socioéconomiques (IRIS) in the autumn of 2020 and from a preliminary analysis drawn from group discussions with community organizations in the winter of 2021, this report seeks to present how organizations adapted during the early stages of the crisis and the impacts these changes had on their actions and mission.*

## Changing Needs in Populations

During the first period of lockdown (April to June 2020), the vast majority of **unit groups**<sup>1</sup> noted an **increase in the needs** of the populations they work with.

### Percentage of groups who observed an increase in the following needs:



<sup>1</sup> The quantitative data were drawn from a survey conducted by the Institut de recherche et d'information socioéconomiques (IRIS) from October 23 to December 14, 2020 among autonomous community action organizations in Quebec. Those presented in this report involve unit groups only and exclude associations.

# Maintaining Ties with Populations



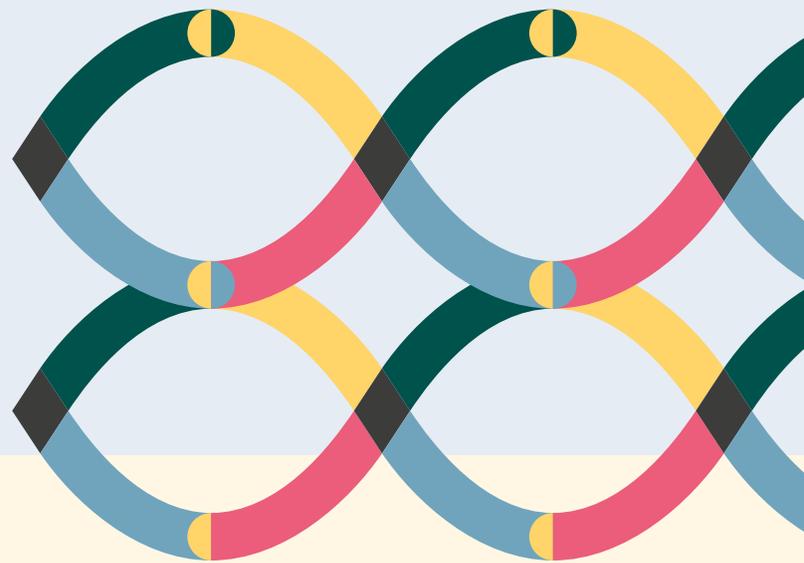
The early days of the crisis came as a shock to many people within community organizations, with the imposition of a generalized lockdown that banned all gatherings and shutdowns of many economic activities. Government-issued guidelines did not mention community organizations, so each had to decide individually **which emergency measures** to implement.

Most organizations overhauled their work and activities **in just a few days**. Concerned about managing health risks, they quickly adjusted to a context marked by uncertainty and constantly changing guidelines that were vague and failed to consider the realities of community work<sup>2</sup>.

Organizations' ability to **access their offices** had an influence on their likelihood to maintain in-person activities. Many organizations whose spaces are located in municipal buildings or buildings occupied by the health or educational networks were prevented from accessing those spaces without regard for the essential nature of their activities. Further, other issues related to the implementation of health measures, the size and layout of spaces also played a role in organizations' ability to maintain activities that respected physical distancing requirements.

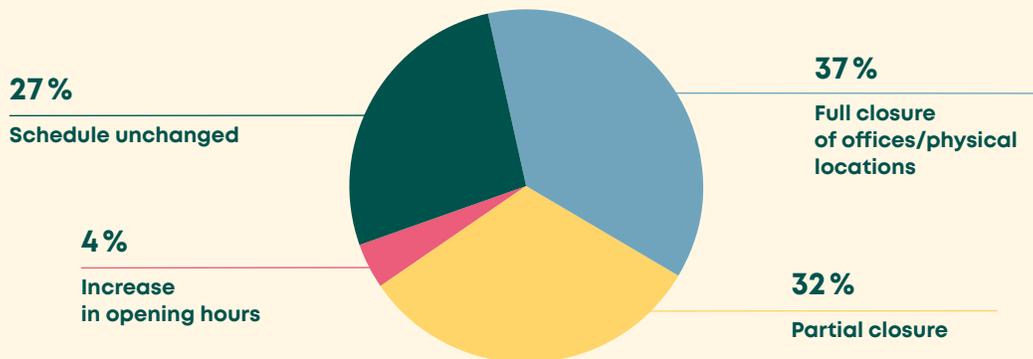
Many organizations' first instinct was to try to find a **new way to reach** their members and activity participants. The ability to reach populations during lockdown was a daunting challenge for organizations that work with marginalized populations who often face communication challenges (access to communication tools, literacy, etc.). Many set up **phone brigades** with the goal of maintaining ties to their service users, explaining that the organization was still operating (even remotely), reassuring people and identifying their needs.

<sup>2</sup> See the *Preliminary Report from the Observatoire de l'ACA on health risk management*.



## Impact on the Accessibility of Unit Group Activities During the First Lockdown (April to June 2020)

51% of organizations determined that their activities were considered essential services according to the government-issued definition (continuing in-person activities).

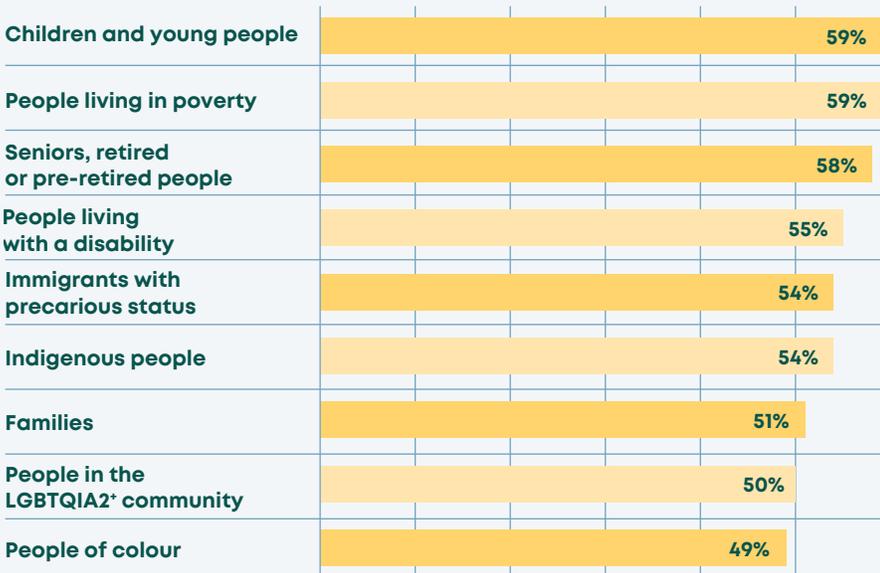


*It definitely caught us off guard to be told to stay at home and not to go out, just like everyone else. Our first instinct was to keep things going by phone. We called everyone in our community. There were a lot of phone calls. Our questions always looked like, «Do you need food? Do you need money? Do you need help paying your rent? Do you need psychological support?» We all had our official resource list<sup>3</sup>*

## Challenges Reaching Populations

**61% of organizations experienced increased difficulty reaching their target populations or communities during the April-June 2020 lockdown.**

**Percentage of unit groups who experienced more difficulty reaching the following populations during the April-June 2020 lockdown**



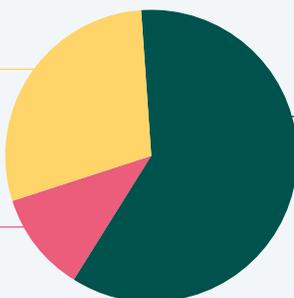
**Individuals reached during the April-June 2020 lockdown in comparison to the same period in 2019 :**

**29%**

More people reached

**11%**

Same number of people reached



**60%**

Fewer people reached during the April-June 2020 lockdown than during the same period in 2019

<sup>3</sup> Translator's note: the quotes shown in blue boxes throughout this report were translated from the original French. The original quotes can be viewed in the French version of this report, entitled "Cahier préliminaire de l'Observatoire de l'ACA - Crise de la COVID-19 : Action des organismes communautaires en temps de crise : essentielles mais non reconnues."

## Responding to Urgent Needs

To respond to the crisis-related needs that were identified, many organizations developed **new activities**, destabilizing their projections, incurring new costs and soliciting all the creativity and resilience of their teams.

The primary actions undertaken in response to the crisis sought to :

Provide information on health guidelines and educate populations

Provide individual psychological support

Distribute food and supplies to meet basic needs

Provide references to other resources as needed

Newly developed activities since the start of lockdown (March-November 2020) to respond to community needs :

- **Front-line and listening** for **23%** of organizations
- **Support and mutual aid** for **20%** of organizations
- **Accompaniment and references** for **20%** of organizations
- **Emergency material support** (food, supplies) for **14%** of organizations

With support from their associations, organizations experienced a great deal of challenges **around information** coming from multiples sources: understanding and explaining health guidelines and government-instituted measures was an enormous challenge in and of itself!

Community organizations played a major role in providing **psychological support** for populations during the crisis. The level of need in this field was immense and community workers across all sectors found themselves supporting individuals experiencing profound distress.

Continuing **support practices** remotely presented some major challenges for workers, namely the need for a private workspace (quiet and confidential) and the loss of peer support from their teammates. Moreover, non-support workers were called on to do psychological support work without training or supervision.

Ultimately, this instinctual response from community organizations to “take care” (**care work**) of their communities is difficult to quantify, even as it requires a massive time and emotional investment from workers. These workers are predominantly women, who already carry a disproportionately large share of the **mental and emotional** burden in every sphere of their lives (family, work, activism, etc.).

Needs were amplified within populations that experience systemic racism. For example, Native Friendship Centres maintained their essential services and reinforced their security nets for First Nations and Inuit individuals and families, who experienced extremely difficult situations caused or aggravated by the health measures put in place. Among others, we can name the impacts of lockdown on isolation and tensions within families, closures of Indigenous communities and reserves, heightened vulnerability to systemic racism experienced by unaccompanied individuals in health care systems, and impacts of the curfew on an individual's ability to leave an unsafe location. Local services outside of Centres were reinforced in consequence (home visits, on-site activities, public services accompaniment, etc.). Furthermore, within small urban Indigenous communities where everyone knows everyone, community workers found themselves supporting their communities, all while trying to manage **their own emotional involvement** when confronted with situations that involved their loved ones. The crisis and its impacts constituted an **immense additional emotional burden** for these local workers, who then required additional support from their organizations.

*We are not support workers, we're not an organization that provides individual support. We wanted to continue checking in on our participants on a weekly basis, but there were people who were experiencing distress at a level far beyond what we're capable of handling [...] people with suicidal thoughts, among others, and that fell to our facilitators to tell us, «I have a participant who is really not doing well. I want to continue calling them, but I don't know what to do.»*

*Groups also helped one another spontaneously.*

*Some people went to go help food groups made up of only two employees who were overwhelmed without volunteers.*

*There weren't enough beds available, so 2 or 3 organizations received financial support to create additional shelter spaces for people experiencing homelessness. Someone from our organization went over there to give them a hand.*

*In shelters, too, people went to help with cleaning after COVID cases...*

Many of these new activities were **new actions** developed on an emergency basis, related to the regular activities and mission of the organization to some degree, (e.g., telephone support, food and supply deliveries to individuals in isolation, etc.). While some of these actions were sometimes on a short-term or ad-hoc basis, making them **invisible from outside the organization**, the cumulative effect of their addition speaks to the essential nature and scope of support provided by community organizations to populations during the crisis.

Organizations also developed new **ties of solidarity** by offering support to other organizations (e.g., sharing staff and supplies, group PPE purchasing, organizing joint training sessions, etc.).

Multiple community organizations and associations participated in **emergency response teams** organized in their areas, in partnership with other networks (e.g., lists of resources, loaning staff, identifying needs and allocating emergency funds, etc.).



*We turned into a day centre. We worked with neighbourhood organizations, employees from other organizations took shifts at the front desk, offered coffee or food. We have computers and Wi-Fi, we have tablets to loan out. We didn't get any funding for this, it's an initiative. We're doing this, but could it eventually become an issue in terms of respecting our mission? It's a great project for now, but we don't know if we're shooting ourselves in the foot a little bit. We're just following the needs in our neighbourhood.*



### Challenges Related to New Activities :

Developing new services in crisis involves **challenges related to long-term sustainability**. Some no longer received financial support only a few months after implementation, even though they responded to a permanent need in the area.

These new activities also **tended to go unnoticed** by external partners, taking the form of a collection of ad hoc actions performed sporadically and related to the crisis and its impacts.



## Adapting Regular Activities

While most group activities were paused, **many regular activities** normally held in person were **maintained** in **different forms**. This reorganization involved financial expenses, notably those related to material purchases (technological, health, etc.). Work teams also had to reinvent themselves, undergo new training and adapt to an already extremely demanding context.

Organizations made use of **different modes of adaptation** to accommodate health measures, such as:

- ➔ **Virtual** (e.g., Zoom discussion groups, online training sessions, youth interventions via online gaming platforms, etc.)
- ➔ **Phone** (e.g., friendly calls, conference calls, etc.)
- ➔ **Outdoor and socially distanced** (e.g., balcony visits, walking together, etc.)
- ➔ **Indoor and socially distanced with masks and hand-washing** (e.g., drop-in centres, individual support, etc.)



*At times, facilitators spent 15, 20, 30 minutes on the porch because the mothers had so many questions, fears and needs, they were so isolated. This really intensified the difficulties experienced by our families, who are already vulnerable.*



## Adapting Regular Activities During the First Lockdown (April-June 2020)

**75%** of organizations had to **reorganize tasks and activities** delegated to some or all of their personnel. Par exemple:

- ➔ **Emergency material support activities** (food, supplies, etc.) were **maintained or increased** by **79%** of organizations.
- ➔ **Front-line** and **listening** services were **maintained or increased** by **77%** of respondents and were largely carried out remotely (69% fully remotely).
- ➔ Conversely, **community space** and **community support activities** were **suspended or restricted** by **78%** of organizations.

Les organismes ont fait preuve d'une grande **créativité** pour **rejoindre les personnes**.

- ➔ Many developed delivery **systems for food and supplies** E.g., food baskets, safe injection supplies, educational materials, etc.
- ➔ Several others developed **new techniques for conveying information** E.g., use of websites and social media, pamphlets in mailboxes, speaker trucks moving through the streets, kiosks in parks, etc.



## Challenges in Adapting Activities to Virtual Contexts

48% of organizations find that **their activities are difficult to carry out under social distancing rules** and 33% believe that **the technology** required for remote activities is **not available to their target populations**.



All staff can work remotely



Only some staff can work remotely



Remote work is not possible

In addition to internal challenges related to the **transition** of a portion of their activities to **remote contexts**, this strategy posed **major challenges in reaching some populations**, whether due to the **digital divide** (lack of access to a computer, an Internet connection or the basic knowledge required to use them) or other obstacles such as «online fatigue» (especially prevalent among young people), the need to have access to a physical space to preserve a feeling of belonging, or the impossibility of transitioning some activities to online contexts.

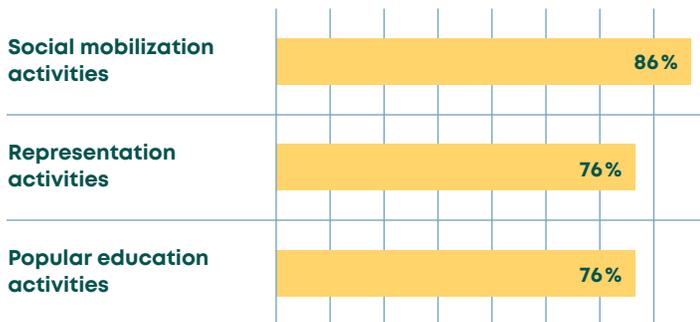
That being said, there have been **positive outcomes stemming from developing accessible online activities**, such as reaching new individuals and supporting the development of digital skills among groups that would not have taken that step without exceptional circumstances.

# Maintaining Mobilization and Collective Action Efforts

Multiple links of solidarity have been formed, at the neighbourhood and municipal levels, to ensure a response to basic needs related to the crisis. However, lockdowns and health measures have made it difficult to **organize collective action** for system-level change related to pre-existing issues.

## Evolution of Political Activities of Unit Groups During the First Lockdown (April-June 2020)

Percentage of unit groups for whom the following activities were suspended or restricted :



As COVID-19's impacts on the health, safety and fundamental needs of **organization members mounted**, maintaining lines of communication with these members and maintaining their involvement in collective actions grew increasingly difficult. Furthermore, the **popular education activities** that form the basis of collective action brought by ACA groups have specific discussion time and space needs that are difficult to adapt to an online model.

*We did so much. With our partners in the field, open letters, government pressure... no real change came of it, unfortunately.*

*We're still working for change, but I think people are a little disillusioned. They've started to get used to things we shouldn't be getting used to...*

In spite of all of these issues, multiple means were put in place to maintain **mobilization** and **political action efforts** :



Equipment loans to support the online participation of some members

Broader use of social media

Holding activities in outdoor settings for some mobilizations

Use of spaces that allow for social distancing

Publication of press releases and open letters

Virtual or remote options (e.g., deliveries) for decision-makers

Community organizations **were able to hold collective actions despite the challenging context**. For example, actions organized during the winter of 2021 by feminist groups demanding a feminist recovery, actions organized by popular education groups to speak out against the lack of policies that fight climate change, mobilizations related to the Black Lives Matter movement, or actions seeking to guarantee Indigenous populations equitable access, free from discrimination,

to all social and health services, as well as the right to enjoy the highest standard of physical, mental, emotional and spiritual health (Joyce's Principle).

But beyond efforts brought by organizations, they felt that the context made it more **difficult to make political victories**, whether on issues related to the crisis or on pre-existing issues.

# Staying Loyal to One's Mission and Approaches: A Challenge in Times of Crisis

Organizations' adaptations have allowed them to respond to urgent needs, and in many cases, to make up for blind spots in government-issued measures. However, these rapid adjustments have had **consequences for the approaches and missions that are at the heart of autonomous community action (ACA), on working conditions** that lead to burn-out in teams, and on organizations' financial resources.

## Challenges Maintaining a BY, FOR and WITH Approach

ACA organizations are defined by their grassroots nature and the fact that they work by, for and with populations. These populations participate actively in the organization's work and are not just clients who receive services. During the crisis, difficulties maintaining spaces for involvement and the cancelation of informal social activities had **a huge impact on connections with participants, despite their being at the centre of ACA organizations' action** and purpose.

*When I see the number of calls I receive from people who just need to chat, I realize what we're missing. We don't have informal contexts anymore, which has negative effects on mobilization and on people's mental health.*

*Community space services, where people can drink coffee, socialize, break their isolation and meet parents.*

*We have a very inclusive approach, too, where vulnerable families spend time alongside less vulnerable families and experience mutual aid and support.*

*It's really the essence of our space, but we lost it all, because people need to stay two metres apart and sign up in advance for appointments.*

## The Fear of Becoming Service Organizations

The response from ACA organizations to populations' basic needs is part of a larger mission of social transformation. They are working to improve living conditions and fighting against inequality in all its forms. Individual support is indivisible from overarching actions for social justice. When faced with the ocean of distress created by the crisis, teams felt responsible for responding to every single need and to act within their communities. The emphasis placed over the past few months on responding to basic needs, whether due to pressure from internal or external sources (specifically financial partners), created a fear among some organizations considered to be **service providers, to the detriment of their larger mission of social transformation.**



## Data sources

The Observatoire de l'ACA is a large-scale **action research project** that seeks to document the impacts of the COVID-19 crisis on Quebec's autonomous community action (ACA) organizations

The data presented in this report are drawn from **preliminary analyses** carried out in April 2021 from:

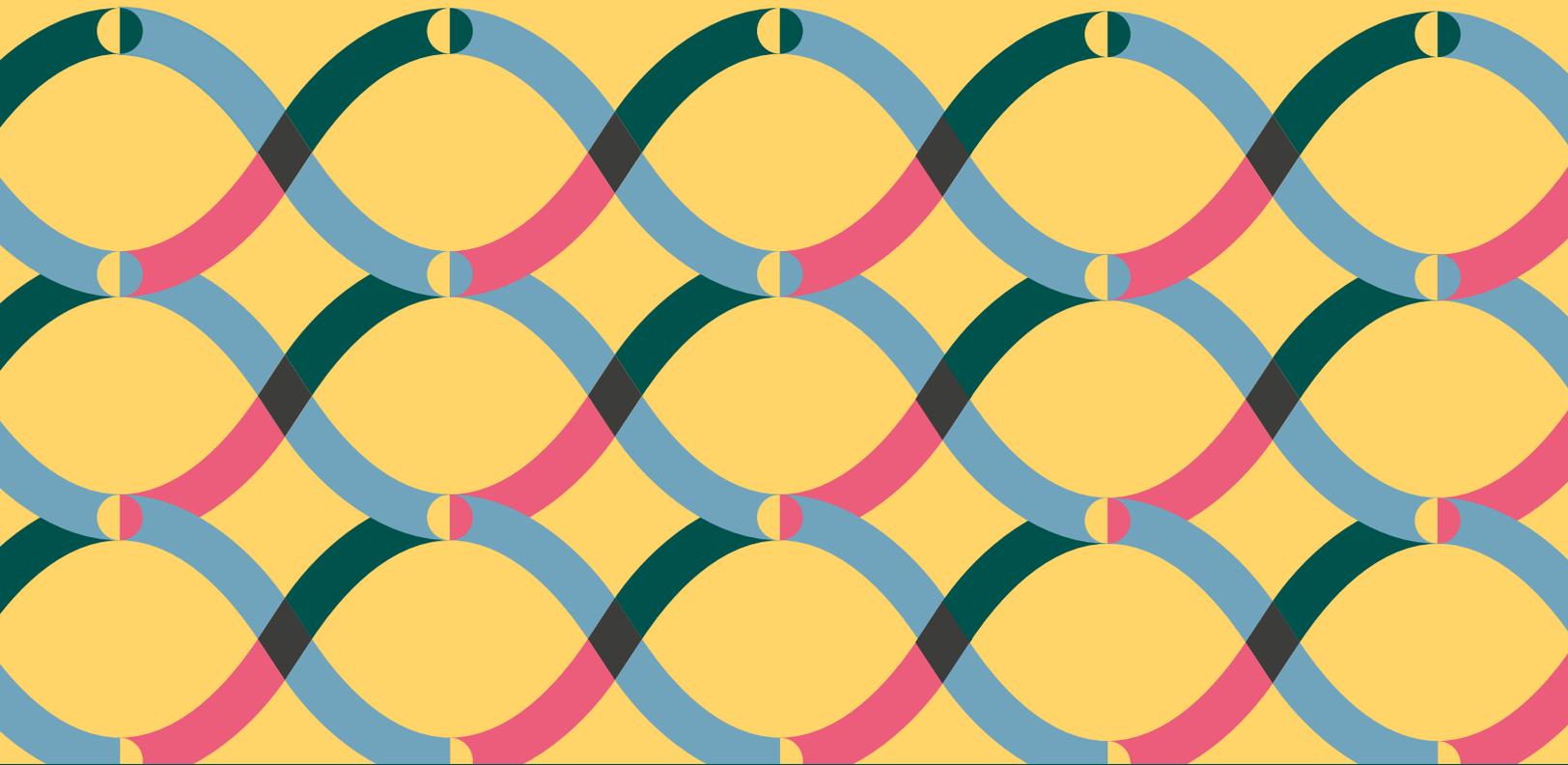
### Qualitative element

15 discussion groups conducted  
from November 3, 2020 to February 24, 2021  
(97 participants)

### Quantitative element

online survey carried out by IRIS  
from October 23 to December 14, 2020  
(740 organizational respondents)

Final **research results** will be available as of **September 2021**.



To learn more:



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