

Making What Matters Happen:

Organizational Needs Assessment of Toronto's Urban Health Nonprofit Community



June 2006
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INTRODUCTION

TOWARDS URBAN HEALTH

The experience of Toronto's nonprofit community over the past decade has been articulated in countless reports. They document that changing political and economic forces have led to not only the downloading of responsibilities,¹ but also increased demands for programs and services² provided by nonprofit organizations. This changing terrain has placed local nonprofits in a precarious position, one of trying to achieve and maintain organizational sustainability while at the same time doing their best to address the increasingly complex needs of Toronto's growing vulnerable populations.

The task of addressing the social determinants of health³ has, to a large extent, been delegated to the nonprofit sector. The goals and mission statements of Toronto's urban health nonprofit organizations (NPOs) demonstrate a mature understanding of the role which factors such as income, housing, and social inclusion⁴ play as key influences in health and well-being. At the forefront of providing programs and services to Toronto's most needy groups, nonprofit agencies often provide public goods when government policy fails to respond.⁵ Nonprofits provide not only important community programs and services but also an institutional base where citizens can come together to discuss issues and advocate for changes in policy. Ensuring that NPOs receive the support they need is crucial to the health of vulnerable populations and to the overall health of the city.

This report attempts to identify gaps in the structural capacity of local NPOs, as identified by participating executive directors. Structural capacity includes the non-monetary processes, practices, accumulated knowledge, and supports within organizations that help them to function.⁶ In light of shrinking resources and an increasing need in Toronto's urban health nonprofit sector, these organizations can not respond effectively to the changing external environment unless their structural capacities are supported. The Wellesley Institute, an independent, self-funded, nonprofit organization that emerged out of the closure of one of Canada's leading inner-city hospitals, commissioned this study in order to better understand how capacity builders like it can assist nonprofits to become stronger and more sustainable. In its current inception, The Wellesley Institute no longer provides direct health care,⁷ but is dedicated to acting as an urban health catalyst for change through supporting community-based research, building alliances, strengthening organizational capacity, and informing public policy.

A CAVEAT

It is important to note at the outset that this report does not intend to suggest that local nonprofits are poorly run, nor does it imply that the challenges faced by urban health organizations can be addressed through simple training solutions alone. Rather, this study focuses on the importance of supporting nonprofits to become stronger and more sustainable, while endorsing fundamental approaches that address larger, structural challenges.⁸

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health, broadly speaking, refers to social, economic, and political resources and structures that influence health outcomes.⁹ Research on the social determinants of health has demonstrated robust correlations between several social factors and health status. This study concentrates on local NPOs that provide programs and services relating to income and income distribution, housing and homelessness, and social exclusion in the city of Toronto.

These three categories were chosen primarily due to their overlapping and intersecting nature. Income, for instance, enables one to improve one's health in a multitude of direct and indirect ways. It translates into buying power, lessens the burden of social comparison and broadens and secures one's circle of friends, thereby increasing one's social support. Furthermore, income is a useful socioeconomic category in the sense that it tends to be associated with a variety of other determinants, either for sociocultural reasons or for simple economics; housing, it is argued, is a medium through which socioeconomic status is expressed and through which health determinants operate (Dunn, 2003); and, social exclusion is a broad category that includes exclusion from the labour market (e.g. income), from services (e.g. housing); and from social relations. In this way it is nearly impossible to isolate these issues from conditions that influence the health of an individual, of communities, or of cities as a whole.

If the major determinants of health are social, so must be the remedies; thus, the strength and viability of the NPOs that provide these programs and services is essential in addressing issues of health.

RESEARCH QUESTIONS

This study was designed to guide the development of The Wellesley Institute's planning. It addresses three primary research questions:

1. What assistance do local NPOs need to meet their agencies' goals?
2. What are local NPOs ordinarily doing to build structural capacity?
3. What are the principal external challenges that local NPOs encounter?

Addressing the responses to these questions is of critical importance to the health and future of these organizations, the populations they serve, and to the City of Toronto as a whole. The findings of this study will assist Wellesley in setting priorities for the advancement of programs and approaches that serve local NPOs across a range of service delivery settings—in short, The Wellesley Institute is taking informed action to begin to *Make What Matters Happen*.

METHODOLOGY

This research study is the largest of its kind focusing on the work of nonprofit executive directors within the City of Toronto, a demographic which is immensely difficult to contact, due to its heavy workloads and savvy gatekeepers.

The interview questions and format for this study went through an extensive review and comment process with an advisory committee. The protocol underwent ethical review at the University of Toronto, and the survey tools were piloted for face and content validity and refined accordingly prior to implementation.

The survey was distributed to 365 urban health nonprofit organizations in the City of Toronto, all with mission statements reflecting interest in at least one of the three social determinants of health relevant to Toronto: (1) income and income distribution, (2) housing, and (3) social exclusion.¹⁰ Organizations providing primarily religious, arts-related, recreational, or cultural services were excluded,¹¹ as were universities, colleges, and hospitals.¹²

In order to maximize response rates, an extensive outreach effort was undertaken to make organizations aware of the study and to encourage them to participate in the research. Each organization received an email that introduced the research and provided an individually coded web-link to the interview questions, which allowed for tracking of responses. Every effort

possible was made to accommodate organizations that did not have access to the Internet or that preferred alternate methods.

The response rate of this study represents 55% of all agencies contacted (365), or 200 responses. Of the non-participating 165 organizations, 15 declined to participate, and 150 passively excluded themselves by not replying to email or telephone messages. Of those agencies that did respond, 82 were interviewed over the telephone, and 116 completed the interview questions via the web-link. Two organizations received and responded to the interview questions by fax.

All organizations identified for inclusion in the sample (except for those organizations that declined to participate) were contacted and invited to the Toronto Nonprofit Forum. This Forum was set up explicitly to present the preliminary research results to participating executive directors in order to ensure accuracy of the data and to increase its validity.¹³ Following the presentation of the initial research data, small group discussions were facilitated to elicit feedback, which was collated and incorporated into the final report. Please see Appendix A for a detailed account of the research methodology.

SUMMARY OF KEY FINDINGS

Nonprofit organizations are at the forefront of providing programs and services to Toronto's most vulnerable populations. The strength and sustained health of these agencies is crucial to the overall health of the City. This study provides a snap-shot of the structural capacity needs and challenges faced by a local sample of 200 urban health nonprofit organizations.

This report provides important new data related to the priority training needs of local charitable and registered nonprofit organizations.

- The processes, practices, and accumulated knowledge associated with *keeping the doors open* emerge as key areas with which Toronto's urban health nonprofit community most needs assistance. The priority capacity areas of financial development, strategic assistance, and human resources development emerge as key areas of need in the sector. Managing information technology stands on its own as a top priority issue of structural capacity for responding organizations.
- Less urgent, but nevertheless important, are the mid-priority training needs that correspond with *policy development* and *enhancing management skills*. Policy development includes multiple elements of research and analysis, advocacy and partnering, and harnessing the media for dissemination and public education. Enhancing management skills includes team building, membership development, work

prioritization and time management, project planning and management, and management skills.

Responding nonprofit organizations typically explored various ways of acquiring expert skills to build up their internal knowledge infrastructure.

- Virtually every responding organization sent staff to professional development activities, particularly in the areas of service-related skills and knowledge development training. Executive directors expressed a desire to increase training for staff in the area of management development. It was far less common for executive directors than it was for staff to attend professional development training.
- The advancement of professional development was often impeded by barriers of cost and affordability of courses, time constraints, lack of funding for courses, and replacement costs for staff.
- Nearly two out of every three responding organizations conduct research in one form or another, and the majority of this research is done in partnership with other organizations or institutions. Funding for partnered research is almost entirely provided by granting agencies, whereas agency-driven research is most commonly funded internally.

The external policy environment directly (or indirectly) affects the existence and functioning of local nonprofits. The challenging policies identified by the executive directors surveyed contribute to the growing number of

people in need of their services; many marginalized people are not adequately served by these policies.

- ***Immigration and settlement policies*** ranked as the number one policy issue challenging responding NPOs. Of particular concern for these agencies is the inability of foreign-trained professionals to obtain work in their fields of expertise. Other worrisome policies for these organizations are: access to services for undocumented people; the length of the family reunification process and its impact on women, families, and seniors; the complications of sponsorship if the potential sponsors are on welfare; and the criteria for accepting care files for refugees overseas.
- ***Income security policies*** ranked as the number two policy issue that was particularly troublesome for responding organizations. Most concerning for these organizations are the low social assistance funding rates in Ontario and its related Ontario Disability Support Program (ODSP). Also cited as challenging is the claw back on child benefits, weak policies pertaining to nutrition, child care, and respite care, and the criteria for Ontario Works.
- ***The lack of effective housing policies*** ranked as the number three policy issue challenging responding agencies. Of greatest concern to these organizations is access for their clients to affordable and supportive housing; in fact, some agencies endorsed the idea of priority lists for particularly vulnerable populations.

Many executive directors chose to identify challenges in general, rather than specific policies, because for them it was often the gaps between or the overlapping of policies that had the most negative impact upon their ability to meet organizational goals and objectives.

- ***The lack of stable funding for core operations*** was identified as the greatest external challenge by more than half of participating NPOs. According to responding executive directors, it was of particular concern to 90% of registered nonprofits and 65% of charitable organizations.
- ***The lack of meaningful contribution to policy development*** ranked as the number two issue that responding organizations found troublesome. It was of particular concern to 27% of registered nonprofits and 54% of responding charitable organizations. NPOs would welcome opportunities for meaningful participation in policy development pertaining to such issues as the impact of shifting agendas on stable funding and the lack of coordination between government policy, government departments, and funders.
- ***The challenge of human resources*** ranked as the number three issue most worrisome for responding agencies. Stagnant and uncompetitive salary rates as well as the insecurity of organizational funding exacerbate the difficulties of recruiting, retaining, and motivating enough qualified and educated staff. This issue also extends to the recruitment, retention, and development of qualified volunteers, including boards of directors.

ORGANIZATION OF THE REPORT

Part Two of this report presents a brief demographic profile of the responding organizations, providing important context for the following sections. Part Three presents a priority list of organizational needs identified by executive directors, and Part Four reveals what action organizations are currently taking to build organizational capacity. Part Five provides a summary of the external issues challenging local NPOs and the people they serve. The final section, Part Six, presents the conclusion, recommendations, and a call for broader responses.

PROFILE OF AGENCIES

Participating executive directors were asked to offer contextual information about their organizations. In terms of status (charitable nonprofit and registered nonprofit), number of paid staff, and population focus, responding organizations represented a full range of urban health agencies.

THE DIFFERENCES BETWEEN NPOS

An effort was made in this research to distinguish between registered nonprofits and charitable organizations, a distinction that is often overlooked in local literature on nonprofits. There are important legal differences between the two classifications; these differences not only govern the activities NPOs undertake, but also have a bearing on their access to resources, and, by extension, influence the degree to which particular programs, services, and resources are needed.¹⁴

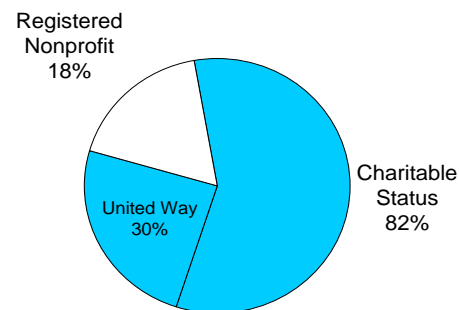
In Canada, registered nonprofit organizations have special tax exemptions gained through the *Income Tax Act*; however, these organizations are not entitled to issue tax receipts. Registered charities, on the other hand, are able to provide tax receipts for donations. This important distinction gives registered charities a financial advantage over other nonprofit organizations, as they are able to attract donations from individuals and corporations motivated in part by tax credits. Other benefits charitable organizations may realize are support from charitable foundations, exemption from the payment of income tax and property taxes, and partial rebates on goods and

services and provincial sales taxes. As a result, registered nonprofits have access to fewer resources than charitable organizations do. Thus, registered and charitable nonprofits are likely to have different needs and priorities in terms of organizational sustainability.

RESPONDENTS NONPROFIT STATUS

As illustrated in Chart 1, among responding organizations, 35 agencies were registered nonprofit, and the remaining 165 had charitable status. Of particular note, the United Way of Greater Toronto supports 51 of the responding charitable organizations. This distinction is noteworthy due to the increased capacity building supports available to the United Way agencies.

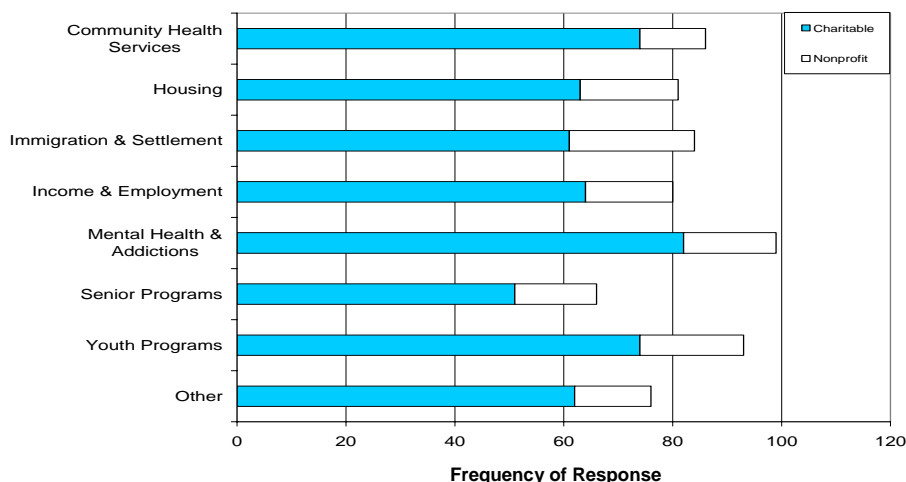
Chart 1: Nonprofit Status



URBAN HEALTH SERVICE PROFILE

Responding NPOs possess primary goals and missions that span the spectrum of the priority areas identified by The Wellesley Institute: income and income distribution, housing and homelessness, social exclusion, mental health and addiction, immigration and settlement, seniors, and youth. The urban health service distribution of responding nonprofit organizations, including multi-service agencies, is illustrated in Chart 2.

CHART 2: URBAN HEALTH SERVICE PROFILE *



*Note: Frequency of Response exceeds 200 because respondents were allowed to give more than one answer

Three-quarters of all responding agencies indicated that their primary missions, goals, and types of service delivery intersected with multiple urban health sub-sectors. The remaining one-quarter of responding agencies identified with a single urban health sub-sector: Community Health Service

(11), Mental Health and Addiction (9), Housing (4), Youth Programs (9), Immigration & Settlement (9), Income & Employment (4), and Seniors Programs (4). The “Other” category (38%) captured additional comments that either specified precisely what particular organizations do, or added areas (women’s programs, advocacy, language training, etc.) not captured in the identified seven categories.

ESTIMATED BUDGET RANGE

The estimated budget range established for the participating NPOs serves to further demonstrate the spectrum of participating organizations (Table 1).¹⁵ Based on staffing Full Time Equivalents (FTE) of the responding nonprofit organizations, these calculations compare the national average of FTE by annual revenue rates for nonprofits.¹⁶ The vast majority of responding charitable nonprofits have budgets over \$500,000 dollars, in contrast to the registered nonprofits, which tend to have budgets under \$250,000.

TABLE 1: ESTIMATED BUDGET RANGE

	\$0 – \$99,999	\$100,000 – \$249,999	\$250,000 – \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$9,999,999	\$10,000,000 +
FTE range	X < 1	1 – 4	5 – 9	10 – 24	25 – 99	100 ≤ X
Charitable	3	28	16	48	46	23
Nonprofit	3	11	11	9	1	0
Total NPO #	6	39	27	57	47	23

SIZE MATTERS

Organization size is a key factor in the degree to which external challenges have an impact on the organization and, correspondingly, has a bearing on the types of organizational supports required. For the purpose of this research, paid FTE is used as the criterion for size, as it correlates highly with other possible measures and because most of the problems associated with flexible labour practices can be resolved by weighting indices of size.¹⁷

Smaller organizations generally cater to specialized niches and are often quite responsive to community fluctuations.¹⁸ Proportionately, however, they bear the brunt of the terms and conditions of funding (e.g. short-term funding, more competition for available dollars) and accountability (e.g. reports). Larger organizations are more likely to have formal internal structures to manage and respond to external challenges, and as a result, they are in a better position to handle these challenges effectively.¹⁹ Despite these differences, when it comes to establishing policies, there is virtually no acknowledgement of the differences between better-staffed and better-financed larger organizations and smaller, lesser-funded nonprofit agencies.²⁰

SECTION SUMMARY

Participating organizations provide a wide diversity of programs and services. In fact, the primary mission for three-quarters of the agencies studied overlaps with that of multiple urban health sub-sectors, which provides evidence to interconnectedness of the social determinates of health categories selected in this study. The responding organizations generally fall into two categories. On the one hand, there is a small set of registered nonprofits with few FTEs and small budgets. These organizations typically depend more on earned income from non-governmental sources and private donations. On the other hand, the majority of participants are larger charitable organizations. These organizations are better able to compete for government contracts and attract alternative sources of funding, such as private donations and the sale of goods and services; they also have a greater capacity to recruit and manage volunteers.

PRIORITY ORGANIZATIONAL NEEDS

The first theme explored in this research was the priority capacity building areas that local NPOs most need assistance with over the next two years.²¹ Executive directors were asked to identify, from a list of twenty-nine potential organizational needs,²² those areas in which their agencies could most use assistance. They were also given the opportunity for an open-ended response in which they could identify other priority areas not represented in the pre-determined list.

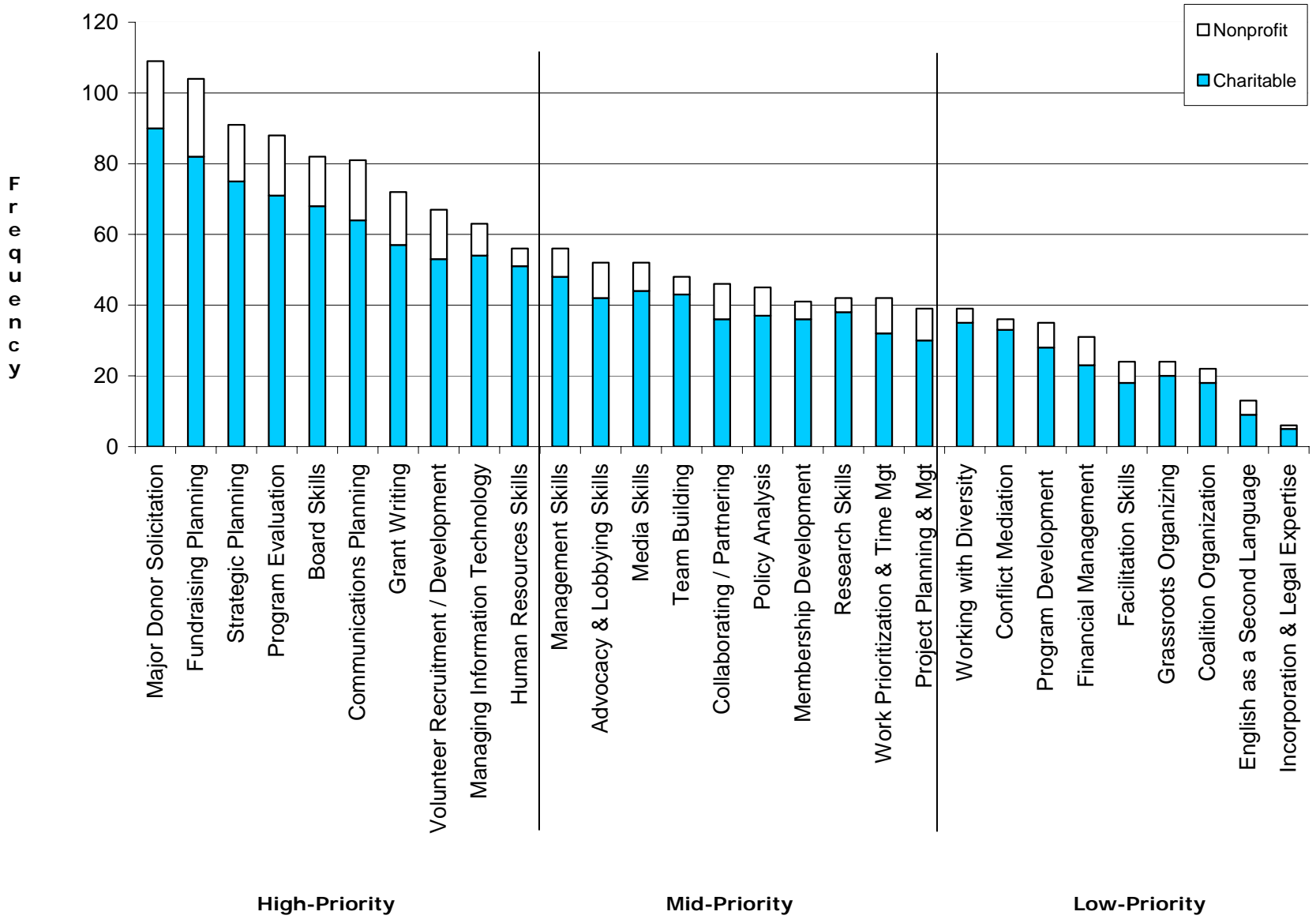
A LOOK AT WHAT'S NEEDED

The capacity training issues identified in this section highlight the areas in which participating organizations would like to invest in order to develop their internal capacity, which can, in turn, enhance their ability to achieve mission goals and objectives.

The concept of capacity building is certainly not new, but it has taken on a new urgency and applicability today, in light of the precarious position in which Toronto's NPOs find themselves. In general, capacity can be considered an organizational output²³—such as fundraising, recruiting board members, or evaluating programs—which is then invested internally through mission-related activities. Ideally, this cycle replenishes itself through those activities that initially created the capacity. However, as we are witnessing changes in the nonprofit funding regime and an increase in vulnerable populations, replenishing organizational capacity becomes more

complex. Output initiatives that may have been highly successful in the past become more constrained as competition for resources (financial and human) among NPOs becomes increasingly fierce.²⁴ Moreover, the growing demands for services and changing social policy initiatives challenge the ability of organizations to achieve an organizational capacity replacement rate.²⁵

CHART 3: PRIORITY ORGANIZATIONAL NEEDS



TOP TEN PRIORITY ORGANIZATIONAL NEEDS

The majority of participants identified the areas of financial development, strategic assistance, human resources development, and managing information technology as top-priority areas where assistance is most needed (Chart 3; Table 2). For the organizations in our study, the top ten priority areas centre on issues of organizational survival, or *keeping the doors open*.

The key area of financial development is linked tightly to organizational vision, or strategic planning, and by extension human resources development—all crucial elements to organizational survival. Financial development includes the top two responses of major donor solicitation and fundraising planning, as well as grant writing, all of which contribute to ensuring that there is sufficient revenue for the continued existence of organizations. Strategic assistance draws on the areas of strategic planning, program evaluation, and communications planning; these areas pertain to an organization's *raison d'être* and the strategies necessary for establishing organizational legitimacy, not only internally but also externally, to funders and to the general public. Human resource development is comprised of board skills, volunteer recruitment and development, and human resources skills, which are essential components in establishing and maintaining nonprofit status and ensuring sufficient and appropriate staffing. Managing information technology stands on its own as a top-priority issue of structural capacity for responding organizations, and this fact signals both the emerging importance of information technology and a transition from urgent core issues to issues of organizational sustainability.

TABLE 2: HIGH-PRIORITY ORGANIZATIONAL NEEDS

Overall		Challenge	Charitable		Nonprofit	
Rank	%		Rank	%	Rank	%
1	82%	Financial Development				
		Major Donor Solicitation	1	58%	2	56%
		Fundraising Planning	2	53%	1	65%
		Grant Writing	7	37%	6	44%
2	78%	Strategic Assistance				
		Strategic Planning	3	48%	5	47%
		Program Evaluation	4	46%	3	50%
		Communications Planning	6	41%	3	50%
3	68%	Human Resources Development				
		Board Skills	5	44%	7	40%
		Volunteer Recruitment	9	34%	7	40%
		Human Resources Skills	10	33%	20	15%

NPO PRIORITY FOR FINANCIAL DEVELOPMENT

Overall, respondents identified major donor solicitation most frequently (57%) as an area in which their organizations need assistance in developing their structural capacity. Fundraising planning also ranked highly, identified by just over half of all possible respondents (55%) as an area in which they would need some assistance over the next few years. Finally, grant writing was highlighted (38%) as an important area that NPOs could use training in. As a whole, the category of financial development reveals that more than four out of every five organizations surveyed (82%) need assistance in this area.

Surveyed executive directors strategically prepare their organizations to attract alternate or diverse forms of revenue. According to Gronbjerg (1993), initiatives that increase predictability and continuity in funding improve the ability of a nonprofit to plan for the allocation of resources, staff, space, and activities.²⁶ As it stands now in Canada, revenue sources for charitable nonprofits (excluding hospitals, universities, and colleges), are comprised of government funding²⁷ (40%), fees²⁸ (48%), and philanthropy²⁹ (12%).³⁰ If one concentrates specifically on national charitable social service nonprofits, it can be seen that an estimated 66% of their total revenue comes from government funding, with fees accounting for 23%, and philanthropy representing 11%.³¹ While the level of government funding fluctuates among nonprofits in different service areas, fees seem to take up the fiscal slack, as philanthropy remains relatively stable. However, while there is a long-term trend of steadily increasing donations, this endowment is principally from a small cluster of donors. Three-quarters of Canadians make charitable donations each year, but just 9% of the population is responsible for 46 % of all donations.³²

STRATEGIC ASSISTANCE PRIORITIES

Participating executive directors identified strategic planning (48%) as an area in need of further development within their organizations; similarly, program evaluation was also highlighted as a key priority (46%). Communications planning also featured prominently among the top ten organizational priority needs, as indicated by 43% of all organizations that participated. Taken together, the area of strategic assistance was identified by nearly four out of every five organizations; 78% stated that they needed support in developing their internal capacity over the next couple of years.

In recent years, both internal and external forces have hampered the ability of NPOs to keep pace with the changing terrain. Many NPOs are now forced to compete for funding in order to survive. The barrage of change forces nonprofits into a position in which it is of prime importance for them to effectively manage the acquisition and use of knowledge³³ and strategically concentrate on organizational missions, strategies, budgets and evaluation.³⁴

Tied up in the rubric of financial development and organizational strategies is the new imperative of communications planning.³⁵ New to many nonprofit organizations, communications planning is becoming increasingly important to organizational survival as it makes known, in a clear and concise way, the effectiveness of an organization's work to attract support from new funding sources.³⁶ This is where strategic management, communications planning, and program evaluation really work well together.

ENHANCING HUMAN RESOURCES DEVELOPMENT

Respondents also identified board skills (43%) as an area where their organizations need assistance in advancing their human resources development. Volunteer recruitment and development were also ranked as important, with roughly one-third of all possible respondents (35%) identifying this issue as one with which they needed some assistance over the next few years. Volunteer recruitment was of particular importance to the registered nonprofits. Finally, 30% of responding agencies identified human resources skills as an area in which they would appreciate some help. Altogether, more than two out of every three organizations, or 68% of

all respondents, said that they needed assistance in human resources development over the next two years.

The area of human resources development is becoming increasingly complex. More than one-quarter of Canadians volunteer their time, but just 9% of the population is responsible for 40% of all volunteer hours.³⁷ In addition, an alarming trend is beginning to emerge, as there are indications that this core group of 9% may be declining. Between 1997 and 2000, total volunteer hours declined by 5% and the percentage of the population volunteering fell from 31% to 27%.³⁸ Volunteers are becoming increasingly sophisticated in their expectations about their role, as many volunteers anticipate that they will be able to use and develop their acquired skills to enhance job prospects.³⁹ To complicate matters further, the potential personal liability of volunteer board members⁴⁰ coupled with the growing pressure to professionalize boards⁴¹ narrows the field of willing and knowledgeable volunteers.

In light of the increasing difficulties in recruiting skilled volunteers, as well as fiscal constraints and the growing complexity of urban health needs, paid skilled personnel are crucial to the survival of nonprofits organizations. Recruiting and retaining staff is challenging, as compensation (financial and benefits) is typically low. Nevertheless, it is estimated that in 1999, charitable nonprofits (excluding, hospitals, universities, and colleges) employed more than 9% of the Canadian workforce.⁴² Put differently, these same nonprofits employed one-third more workers than the transportation industry, one-and-one-half times more than the construction industry, and twelve times more than the utilities industry.⁴³

Understandably, the dynamics of developing and recruiting staff and volunteers is a priority for participating organizations.

SUPPORT FOR INFORMATION TECHNOLOGY NEEDS

Managing information technology ranked ninth overall (33%) as a priority capacity issue, according to respondent executive directors. Identified as more of a challenge for charitable organizations (35% and ranked 8th) than for registered nonprofits (26% and ranked 12th), managing information technology is an issue that is common to both the urgency of “keeping the doors open” and the ongoing maintenance of local NPOs.

Information technology is becoming an essential tool for every nonprofit: electronic networks are connecting programs, projects, and individuals across the world; email has become an essential mode of communication; and software programs are crucial in tracking everything from program evaluation to volunteer hours.⁴⁴ In fact, funders are increasingly asking for dissemination plans that include the question of who should have access and how they are going to gain access.⁴⁵ However, the lack of human resources and adequate funding has, in part, restricted the ability of nonprofits to develop their technological capacity.⁴⁶ Knowledge flux, due to the mobility of trained people, delays or undermines the incorporation of technology into day-to-day activities. In addition, strong technical assistance, including developing computer and other information systems (and the necessary classes, software, hardware, upgrades, and maintenance) is often out of the financial reach of many nonprofits.

MID-PRIORITY ORGANIZATIONAL NEEDS

The mid-priority organizational needs are related to the ongoing maintenance of NPOs and are concentrated in the areas of policy development and management skills (Table 3). According to executive directors, training in these areas is a less urgent priority.

TABLE 3: MID-PRIORITY ORGANIZATIONAL NEEDS

Overall			Charitable		Nonprofit	
Rank	%	Issue	Rank	%	Rank	%
10	30%	Management Skill	11	31%	14	24%
12	27%	Advocacy & Lobbying Skills	14	27%	9	29%
12	27%	Media Skills	12	28%	14	24%
14	25%	Team Building	12	28%	20	15%
15	24%	Collaborating/Partnering	17	23%	9	29%
15	24%	Policy Analysis	15	24%	14	24%
17	22%	Membership Development	17	23%	20	15%
17	22%	Research Skills	15	24%	23	12%
17	22%	Work Prioritization & Time Mgt	20	21%	11	29%
20	21%	Project Planning & Mgt	22	19%	12	26%

THE POLICY DEVELOPMENT CYCLE

Half of the priorities identified in the area of mid-priority organizational needs fall into the category of policy development. Advancing public policy requires multiple approaches that span the public policy continuum.

Ideas or theories are explored through research and analysis, which are required to uncover new issues or confirm theories and perhaps offer solutions. The findings are then advanced through policy analysis, advocacy, and partnering; the media are used for research dissemination and public education.⁴⁷ Charitable organizations' higher ranking of research skills within the area of policy development may signify a more developed internal structure that can accommodate research and, by extension, policy development within their mandate.

DEVELOPING & ENHANCING MANAGEMENT

The remaining five mid-ranking priorities (management skills, team building, membership development, work prioritization and time management, and project planning and management) fall within the broad category of management skills. The smaller registered nonprofits ranked management development higher than charitable organizations did, particularly in the area of work prioritization and time management and that of project planning and management. Not surprisingly, the larger charitable organizations placed a greater emphasis on team building, perhaps because of their higher numbers of paid staff members. For them, team building is an important internal process that is incorporated into the healthy running of their organizations.

LOW-PRIORITY ORGANIZATIONAL NEEDS

Of low priority for surveyed executive directors were broader areas of knowledge development and management skills (Table 4). It is difficult to discern if executive directors felt a high level of core competency in these

areas or if particular issues were not at all relevant to their specific organizations.

TABLE 4: LOW-PRIORITY ORGANIZATIONAL NEEDS

Overall		Issue	Charitable		Nonprofit	
Rank	%		Rank	%	Rank	%
20	21%	Working with Diversity	19	22%	23	12%
22	19%	Conflict / Mediation	20	21%	28	9%
23	18%	Program Development	23	18%	18	21%
24	16%	Financial Management	24	15%	14	24%
25	13%	Facilitation Skills	26	12%	19	18%
25	13%	Grassroots Organizing	25	13%	23	12%
27	12%	Coalition Organizing	26	12%	23	12%
28	7%	English as a Second Language	28	6%	23	12%
29	3%	Incorporation & Legal Expertise	29	3%	29	3%

One notable exception to the pattern discussed above is the issue of financial management for registered nonprofits, a difference which may reflect the financial insecurity typically experienced by smaller organizations.⁴⁸

SECTION SUMMARY: KEEPING THE DOORS OPEN

Making a case for organizational investment at a time when nonprofits have little discretionary funding is challenging. However, participating executive directors are looking at new and different ways to harness, enhance, and develop initiatives in order to ensure organizational survival. NPOs have identified the processes, practices, and accumulated knowledge associated with keeping the doors open as the areas in which they most need assistance in order to improve their organizational capacity. The decade of decline in economic supports for these agencies has impacted the ability of Toronto's nonprofit sector to concentrate on maintaining programs and services. This is clearly evidenced by organizations identifying the areas of resources development, strategic assistance, and human resources skills as ones in which they have high-priority needs—regardless of nonprofit status.

BUILDING CAPACITY

The second theme explored in this research was the question of what local NPOs are ordinarily doing to build capacity within their organizations.⁴⁹ Executive directors were asked a series of open-ended questions: Had staff been sent for professional development over the past year? If so, to which courses? What training did the respondents wish they could have send staff to over the past year?⁵⁰ Executive directors also were asked to answer the same questions about themselves.⁵¹ The disjuncture between realized training and desired training was the focus of the third question: What barriers to professional development did local NPOs experience? In replying to this question, respondents had a choice of four options, of which the last was an open-ended response. The final series of open-ended questions in this theme explored research: who's not doing it, who is, with whom, and how is it funded.

ADVANCING KNOWLEDGE INFRASTRUCTURE

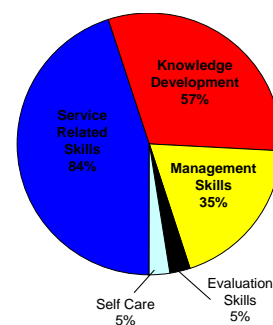
Capacity building is any intentional work of an organization that increases its ability to achieve its mission and build long-term organizational sustainability;⁵² it helps make good operations better.⁵³ Capacity building typically involves one of the following three types of interventions: management consultation, training, or technical assistance.⁵⁴ Consultation is centered on knowledge building, such as conflict resolution or building a good strategic plan. Training involves small group seminars or classes in which staff or board members learn specific skills that improve both their ability to run programs and the overall running of the organization.

Technical assistance is a hands-on, site-based process in which the nonprofit receives active support to a project, program, or problem-solving process.⁵⁵

STAFF PROFESSIONAL DEVELOPMENT

Whether it was in the area of management consultation, training, or technical assistance, participating organizations have been actively engaged in capacity building. When asked whether they had sent their staff for professional development in one form or another, 91% of the nonprofits replied that they had. Five percent of agencies (9) felt that they could not afford to send staff for professional development or training, and two agencies could send their staff only to mandatory programs.⁵⁶ On the flip side, a corresponding 5% of agencies had so many staff members with quite varied professional development plans that executive directors felt there were too many to list.

CHART 4: NPO STAFF TRAINING



Of the responding nonprofit agencies that sent staff for professional development, 159 sent staff to improve internal program and service-related skills, 109 directed staff to advance their knowledge development training, and 67 invested in staff management skills, such as leadership development and financial management. Responding agencies sent staff less frequently to training focused on evaluation skills (9) or self-care (9).

STAFF WISH LIST

Executive directors were asked what training or professional development they wished they could send their staff to. The findings reveal that reported training in management development courses fell short of the reported wish list by 16%; correspondingly, participation in service-related skill courses exceeded the numbers in the reported wish list by 15% (Table 5). This interest in management skills appears to be consistent with its priority ranking of 10th overall as an area of organizational need in which nonprofits require some assistance over the next few years.

TABLE 5: NPO STAFF TRAINING & WISH LIST

Area Of Training	# Of NPOs that Sent Staff for Training	% Of Reported Training	# Of NPOs Wish List for Training	% Of Reported Wish List
Service	159	45%	42	30%
Knowledge	109	31%	41	29%
Management	67	19%	49	35%
Evaluation	9	2.5%	6	4%
Self Care	9	2.5%	2	1.5%

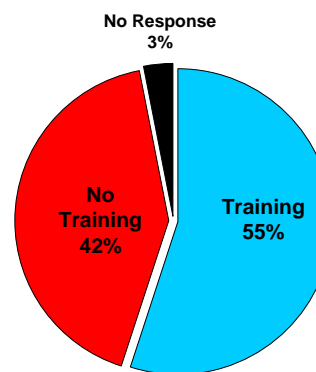
The absence of program evaluation training was striking, both in terms of actual training and “wishful” intent. Ranked very highly in priority organizational needs (the 4th highest), program evaluation represented only 2.5% of actual training over the past year and would likely increase by only 1.5 %, given ideal conditions.

The urban health nonprofit sector is highly susceptible to the loss of funding, loss of people, loss of programs and projects, and other types of crises that can present themselves. In this regard, self-care is regrettably low, both in terms of reported staff training and intentional staff training. When given the freedom to send their staff to any form of professional development or training, participating executive directors showed slightly less interest (1%) in sending their staff to self-care courses.

EXECUTIVE DIRECTOR PROFESSIONAL DEVELOPMENT

While established internal processes for professional development appear to exist for staff, this does not extend to the senior position of executive director (Chart 5). Of responding executive directors, only 55% participated in professional development activities related to improving the management of their organizations, a difference of roughly 40% when measured against staff participation rates.⁵⁷

CHART 5: PERCENTAGE OF EXECUTIVE DIRECTOR TRAINING



The participation rates of executive directors in professional development activities are similar among nonprofit agencies. Fifty-nine percent of charitable agencies and 47% of registered nonprofits sent their executive directors to some form of management training over the past year.

Of the 55% of executive directors who did attend some form of professional development training, most were pleased with their experience. Professional development for this group of executive directors typically took the form of conferences and/or board work with other organizations, which is not uncommon for high-level professionals in other sectors and disciplines. Many executive directors also participated in formalized, university-standard leadership courses, workshops, and breakfast lectures.

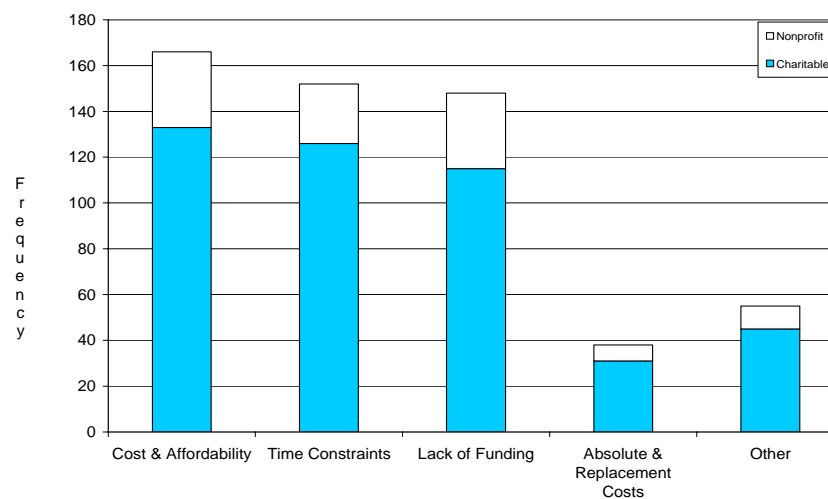
There are times when organizations will need more professional development and times when they will need less; some executive directors interviewed were on the verge of retiring and felt that it would be fiscally irresponsible to take additional training, as it would not ultimately benefit the organization. Conversely, other executive directors were very new to their positions and felt sufficiently occupied by a steep learning curve. Unfortunately, many executive directors also encountered barriers in terms of cost and affordability and time. Fifty-nine percent of registered nonprofit executive directors and 55% of charitable nonprofit executive directors indicated that the barriers most commonly excluding them from participation in professional development activities were the high cost and unaffordability of courses, as well as their own lack of time.⁵⁸

BARRIERS TO STAFF PROFESSIONAL DEVELOPMENT & TRAINING

Responding nonprofit organizations advance their structural capacity by developing internal infrastructure through professional development. These organizations have explored various ways of acquiring expert knowledge to build up their internal knowledge infrastructure, thus becoming stronger and more sustainable. However, a lack of resources (financial and human) for

training and professional development has been a challenge for many responding agencies (Chart 6).⁵⁹ As one organization put it, “I wish we had enough slack in positions to send more staff for continuous development. Most programs have barely enough positions to remain safely open to the public or maintain ratios or outcome targets.”

CHART 6: BARRIERS TO PROFESSIONAL DEVELOPMENT & TRAINING*



*Note: Frequency of Response exceeds 200 because respondents were allowed to give more than one answer

Nearly all (98%) of respondents identified one or more of the top three barriers to professional development and training for their organizations, with cost and affordability presenting the most significant barrier. While the organizers of many conferences, courses, and workshops do consider cost and affordability (via sliding scales, scholarships, low fees), they do not universally embrace the principle of equity. One executive director

provided a telling example: “there is an upcoming conference called, ‘For Profit Healthcare: What is the Big Deal?’...I would love to attend conferences such as these, but the cost is totally unaffordable for relatively small not-for-profit community agencies ... yet, we are the organizations that most require assistance.”

Time constraints also proved to be an issue for responding agencies; lack of time prevented 74% of registered nonprofits and 78% of charitable organizations from sending staff to professional development or training. A further significant barrier to training, identified by 94% of registered nonprofits as a problem, is the lack of funder support for professional development and training in courses not specifically designated by funders. As one executive director pointed out, “there is not enough recognition for the level of training required to work with demanding individuals with complex needs.”

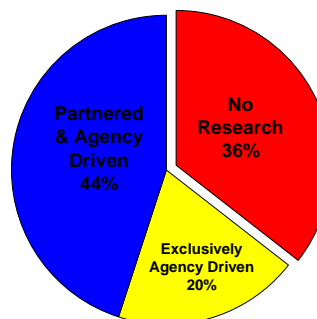
Adding to the established categories (cost and affordability, time constraints, and lack of funding), executive directors contributed the category of “absolute and replacement costs” as the fourth most significant barrier to training and professional development for their organizations. Identified by 20% of nonprofits and 19% of charitable organizations as an obstacle to advancing staff knowledge, absolute and replacement costs go beyond the cost of the professional development and training and include the replacement value of skilled staff into the formula. For some organizations this issue was so significant that even free training presented barriers; for them staffing is related to ratio or outcome targets that are linked to funding dollars. So, investing in staff training could mean a decrease in overall funding for those organizations. The fifth category,

“Other” is composed of less frequently identified barriers such as relevance or quality of courses (12%), logistics (11%), reluctance to participate (4%), and fundamental philosophy of the course (1%).

NPO RESEARCH ACTIVITY

Nearly two out of every three (64%) responding agency is doing some form of research (Chart 7). Of the responding agencies engaged in research activities, 63% were registered nonprofits and 65% were charitable organizations involved in research which was either agency-driven and/or partnered with other organizations.

CHART 7: NPO RESEARCH ACTIVITY



Nearly three out of every four (74%) agency-driven research projects were internally funded; this funding dynamic does not differ widely between registered nonprofits (78%) or charitable agency (73%). Partnered research, on the other hand, is almost entirely funded by granting agencies (98%); in only two cases was partnered research funded internally.

Three smaller registered nonprofit organizations expressed an interest in becoming involved in research which went beyond providing other agencies access to their internal data or their client base. However, these agencies felt that they did not have the internal resources (financial, human, physical) to pursue agency-driven or even partnered research. The issue of not having

the personnel was also encountered by a larger charitable organization, but they took a different approach: “At this point, we do not have a research professional in our agency, so by partnering with an academic or non-academic organization, we learn something from them.”

SECTION CONCLUSION

At its most basic level, capacity building can be defined as any effort to increase, replenish, or improve an organization’s ability to fulfill its mission. Organizational processes and practices to enhance knowledge accumulation for staff are established within nearly every responding local NPO. Most of this training exists within the two categories of service-related skills and knowledge development, although, given the right conditions, management skills would also be included within this grouping.

Sorely lacking is professional development associated with evaluation skills. Evaluation can provide not only critical information about specific program components, but also a body of information about best practices; increasingly, it is becoming linked to organizational funding.⁶⁰ As Frumkin and Kim (2001) note, “beyond the need to build legitimacy and donor confidence, which may underlie the new bottom-line movement in the nonprofit sector, there has been much talk about the growing sophistication of philanthropy as evidenced in the expectation of donors that their contributions be well spent.”⁶¹ A 2002 study of excellence in nonprofit agencies notes that high-performing organizations report that they evaluate themselves more frequently.⁶²

The advancement of professional development has often been impeded by barriers such as cost and affordability of courses, time constraints, lack of funding for courses, and replacement costs of staff. Nevertheless, nearly all of responding urban health nonprofit organizations sent staff to a wide range of professional development activities. Facing the same resource challenges, however, executive directors are much more likely to send staff for professional development than to go themselves.

Toronto’s urban health nonprofit community is no stranger to research, despite the lack of internal resources (financial, human, and physical) for some organizations. Research skills ranked 17th overall as a priority-needs area in which assistance is required, and, there was a significant difference between charitable organizations (23%) and registered nonprofits (11%). Nevertheless, two out of every three nonprofits, regardless of classification, participated in agency-driven and/or partnered research. It is unclear, to what extent or depth registered or charitable organizations are carrying out their own research.

EXTERNAL CHALLENGES FACING NPOs

In its third theme, this research sought to identify the top three external policy challenges that have the most negative impact on the ability of local NPOs to meet their mission goals and objectives.⁶³ The results, as presented in this section, were weighted⁶⁴ in order to emphasize the order of importance that executive directors placed on particular challenges.

The external environment directly (or indirectly) affects the existence and functioning of NPOs. It comprises phenomena such as the social, political, and economic forces operating in the overall society (e.g. the national economy);⁶⁵ the extent of demand and need for NPOs (e.g. food banks);⁶⁶ social values and preferences for programs and services of NPOs (e.g. harm reduction);⁶⁷ and, forces external to the nonprofit sector that exert pressure on it to function in particular ways (e.g. LHINs).⁶⁸ The inclusion of this external context illustrates that NPOs are implicated in a dynamic relationship with a multitude of factors outside of their own missions and purposes. This relationship can impact the performance of NPOs through its influence on organizational missions (e.g. changes in welfare policies may affect how and what programs NPOs can provide);⁶⁹ on capacity (e.g. resources available to NPOs may be limited);⁷⁰ on process (technological advances may change evaluation, grant applications, and information dissemination expectations);⁷¹ and on outcomes (e.g. particular health initiatives / outcomes are dependent on social values and needs).⁷²

HISTORICAL SOCIAL POLICY CONTEXT

The period of the mid-1980s through to the mid-1990s marked the beginning of a new era, as Canada's welfare and human services system underwent a process of fundamental restructuring. The newly minted Conservative (Mulroney) government pursued a market-oriented approach to labour issues, and it began by installing a modest 1985 unemployment program (UI), ensuring that limited funds would be allocated to reflect new Conservative principles of “decentralized decision making, more privatized delivery, and retrenched program funding.”⁷³ Not surprisingly, 1985 also marked the beginning of a new trend—that of welfare nonprofit organizations⁷⁴ taking over the lead, as new charitable registrations, in order to deal with the unaddressed basic needs of Canadians.⁷⁵

The 1995 budget of the Federal (Liberal) Government introduced the Canada Health and Social Transfer (CHST) to replace the Established Program Financing (EPF)⁷⁶ and Canada Assistance Plan (CAP).⁷⁷ The EPG and CAP had previously provided funds to the provinces for post-secondary education, Medicare, hospital insurance, and income support.⁷⁸ The CHST (implemented in 1996) dramatically altered the way welfare budgeting and policy making took place, and it dispersed access points for welfare groups and poverty advocates across the country.⁷⁹ The removal of national standards in national-provincial funding arrangements (CAP) intensified welfare state restructuring, and ongoing cuts in federal funding decreased the capacity of provinces and municipalities to meet service demands.

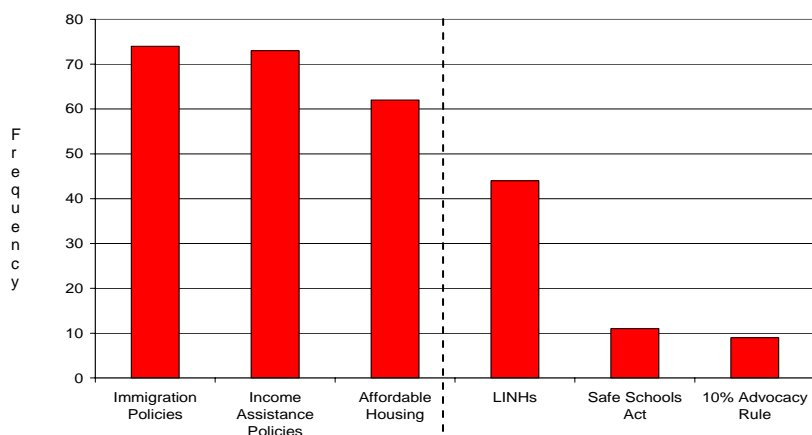
That same year (1995), the new Conservative Ontario government (Harris) announced a 21.6% cut to welfare rates and in the following year introduced

cuts totalling \$772 million, including the reduction or termination of funds to those nonprofits not providing core mandatory services.⁸⁰ Consequently, many nonprofits were financially devastated. For example: 100% funding was cut for second-stage women’s shelters (Dec 1995);⁸¹ the Multilingual Access to Social Assistance Program (MASAP)⁸² and three settlement houses were all closed;⁸³ and emergency women’s shelters had their funding cut successively by 5% in October 1995 and April 1996.⁸⁴ The City of Toronto estimated that its net costs from downloading were \$131 million in 1998 and nearly \$160 million in 1999.⁸⁵

SOCIAL POLICY CHALLENGES

This question was open-ended, and as a result, participants touched on a wide spectrum of policy issues (Appendix D) in their replies. The top three policy challenges are explored in this section (Chart 8).

CHART 8: SOCIAL POLICY CHALLENGES FACING NPOs*



Note: Frequency of Response exceeds 200 because respondents were allowed to give more than one answer

IMMIGRATION & REFUGEE PROTECTION ACT

Ranked as the number one policy issue facing NPOs, immigration and settlement policies⁸⁶ were identified by 20% of agencies as one of the top three policy challenges they face. Of particular concern for these agencies was the absence of government support in the following areas: access to services for undocumented people;⁸⁷ the length of the family reunification process and its impact on women, families, and seniors; the complications of sponsorship if the potential sponsors were on welfare; and the criteria for accepting care files for refugees overseas. But of perhaps greatest concern was the inability of foreign-trained professionals to obtain work in their fields of expertise. As one executive director put it: “Foreign-trained professionals are attracted [to Canada] by great promises and opportunities, but a huge disconnect [exists] with their lived experience.”

Since 1996, the Toronto Region received an average of 90,000 immigrants each year, one-half of all arrivals to Canada; two out of every three settled in the City of Toronto.⁸⁸ The poverty rate among immigrants in the City of Toronto in 1996 was 32.9%, just above the national average of 30.0%; among recent immigrants (arrival between 1991 and 1996), the poverty rate was 52.8%.⁸⁹ Although recent immigrants have high levels of education and skills training, they are often working in low-paying jobs with insufficient income to support their families.⁹⁰ It is estimated that it takes approximately twelve years for immigrants to reach the average wage of the Canadian-born population.⁹¹ This is largely a result of employment barriers caused by the difficulty of having foreign academic and professional credentials recognized in Canada.⁹²

To make matters worse, Toronto is one of the most expensive housing markets in Canada, and rates of home ownership among newcomers has dropped proportionately since 1981.⁹³ In addition, access to rental accommodation is often limited by the factors of affordability or of discrimination due to race, ethnicity, immigration status, or receipt of public assistance. According to Toronto Social Housing Connections, immigrants and refugees make up 46% of the waiting list designated for disadvantaged households.⁹⁴

Clearly, immigration and settlement policies are linked significantly with the three social determinants of health most important to the City of Toronto. And the ripple effects of these policies are felt soundly by local NPOs in the growing complexity and number of people that they serve. Of particular note is the intersection of immigration and poverty rates for these people in Toronto.

INCOME SECURITY POLICIES

Ranked as the number two policy issue and following very closely behind immigration and settlement policies were income security policies. Eighteen percent of local NPOs ranked these policies among their top three policy challenges. Most worrisome for these organizations are the low social assistance funding rates in Ontario and its related Ontario Disability Support Program (ODSP). These policies, according to surveyed executive directors, contribute to the growing number of people in need of their services. Also cited as challenging are the clawback on child benefits, weak policies pertaining to nutrition, child care, and respite care, and the criteria for Ontario Works.⁹⁵

As previously mentioned, in the mid-1990s the Ontario provincial government reduced family benefits rates by 21.6%. Coupled with the changes to Employment Insurance eligibility and duration rules, these policies have placed people in vulnerable positions. Table 6 illustrates this growing trend in the City, where 11,300 more seniors and 14,310 more children and youth are living in poverty at the end of that five year period than at the beginning of it.

TABLE 6: POVERTY RATES IN TORONTO (1995-1999)

Poverty Rate	1995	1999	% Increase	Increase # living in poverty
National	19.1%	19.1%	0	
City of Toronto	22.6%	23.3	0.7%	
Seniors ⁹⁶	9.2%	12.2%	3%	11,300
Child & Youth	30.8%	32.3%	1.5%	14,310

(Source: CCSD, 2001)

The average number of people using food banks each month is a reliable indicator of poverty levels, giving, as it does, a measure of how many people do not have enough income to meet their basic needs of food and shelter. In 2005, an average of 175,000 people used food banks in the GTA each month, up from 115,000 people in 1995.⁹⁷ Lack of income security is the fundamental reason driving people to use food banks. Here, single people and single parents are disproportionately affected,⁹⁸ and the number of seniors using food banks doubled between 1995 and 2000.⁹⁹ Cuts that undermine income security create an escalating need for urban health

services for the working poor, the undocumented, and others who fall through the cracks.

SUPPORTIVE AND AFFORDABLE HOUSING

Ranked as the number three policy issue, the lack of effective housing policies poses challenges to 16% of responding agencies. Of greatest concern to these organizations is access for their clients to affordable and supportive housing; in fact some agencies endorsed the idea of priority lists for particularly vulnerable populations.¹⁰⁰

Factors contributing to the housing and homelessness crisis in Toronto are highly complex and, for the most part, inseparable from issues of income security. According to a 2005 study, 64% of food bank users pay over 50% of their income on rent.¹⁰¹ Toronto's waiting list for social housing is too long to be of any assistance. In 2003, there were 71,000 households on the social housing waiting list; with an annual turnover of about 4,000 to 4,500 units, it could take as long as 17 years to get to the top of the list.¹⁰² In 2004, the City of Toronto recorded the deaths of 51 homeless people, almost double the 27 deaths recorded in 2003. In 1995, seven deaths were recorded.¹⁰³

The number of aging boomers waiting for subsidized housing rose dramatically from 7,929 in 1997 to 12,743 at the end of September 2001—a 57% increase, compared to the 35% increase among family applicants over the same time period.¹⁰⁴ To add more complexity to this issue, between 30 and 35 percent of homeless people suffer from mental illness.¹⁰⁵ Many people who suffer from mental illness and addictions are homeless partly as

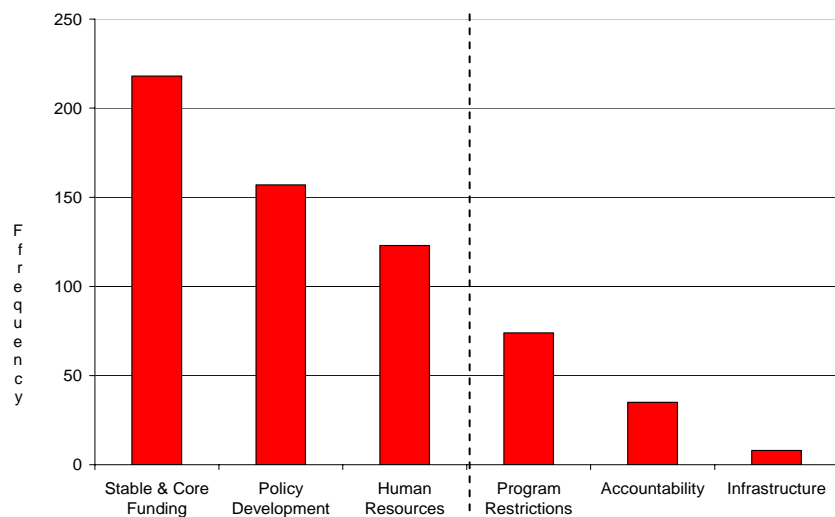
a result of deinstitutionalization without adequate community support programs.¹⁰⁶

Dunn (2003) argues that “housing is a medium through which socio-economic status is expressed and through which health determinants operate.”¹⁰⁷ In this way, of all social determinants of health, income security is perhaps the most pivotal. Intersecting with issues of social exclusion and housing, poverty in this research is linked with Toronto's growing immigrant population, aging boomers, and young people. Regrettably, barriers to employment opportunities and disparities in access to good job prospects are obstacles that are compounded by the lack of availability of supportive and affordable housing.

CHALLENGES FACING LOCAL NPOs

Some executive directors chose to identify challenges rather than specific policies (Appendix E). The choice to single out challenges is understandable, given that they are often the results of gaps between policies and their implementation, or the unintended consequences of political events (such as increased accountability demands due to highly publicized scandals).¹⁰⁸ The top three challenges are explored in this section (Chart 9).

Chart 9: Top Challenges Facing Local NPOs*



Note: Frequency of Response exceeds 200 because respondents were allowed to give more than one answer

STABLE & CORE FUNDING CHALLENGES

The lack of stable funding for core operations received the greatest frequency of response; 54% of all local NPOs respondents ranked it as one of the top three challenges facing their organizations. This challenge was of particular concern to 90% of registered nonprofits and 65% of charitable organizations.

Currently, most of the funding available to local NPOs is program specific, with very few funds allocated to cover the day-to-day overhead (e.g. rent, utilities, technology, accounting, administrative staff). As one executive director pointed out, “The current funding model assumes a mythical infrastructure that needs no investment (organizational leadership without pay), no-cost office space and equipment, and virtually free administration.” While city statistical data demonstrates that the number and complexity of people seeking services have increased, according to respondents, the funding of local NPOs has not kept pace with either inflation or the demand for services. Lack of stable and core funding means that some organizations disappear, either closing their doors or merging with other organizations.

Fiscal resources are critical to the viability of the nonprofit sector. If nonprofits are to remain a major player in the provision of urban health programs and services, the form and duration of their funding is crucial. A 1996 study of Toronto’s community-based nonprofits documented profound impacts on the ability of agencies to address the needs of the populations they serve,¹⁰⁹ due to changes in priorities, values, and funding mechanisms at senior levels of government. The study found that funding pressures had

forced agencies to place additional demands on staff, spend more time raising revenue from new sources, and rely increasingly on volunteers. Agencies were stretched to the limit to sustain their organizations and meet client needs.

A more recent study reiterates these same challenges, but on a national scale.¹¹⁰ This 2003 report argues that funders are adopting an increasingly targeted approach to funding, and that there has been a marked shift away from providing core funding. More specifically, the report reveals that funders are reluctant to cover administrative costs that cannot be directly tied to a project or a program. As well, funding is typically being provided for ever shorter periods of time and is increasingly unpredictable, while reporting requirements have increased.

CONTRIBUTION TO POLICY DEVELOPMENT

The lack of meaningful contribution to policy development by the sector proved problematic for 45% of all local NPOs respondents. This challenge was of particular concern to 54% of responding charitable organizations and 27% of registered nonprofits. One executive director placed this challenge in context: “Policy is not static and should not be static; the constant updating is as important as is taking the time to do it. [Policy development] is a process that requires coordinating between and among all stakeholders.”

Many agencies felt that strong leadership was the antidote to shifting agendas or “flavour of the day” policy development. These shifting agendas impact funding (who is in, who is out, and for how long) and contribute to changes in the demographics of the populations that NPOs serve.

Responding organizations often reported challenges stemming from a lack of coordination between funders and government policy, often resulting in an inconsistent application of policy among nonprofits and creating tension with non-adhering agencies. Many executive directors identified this lack of policy coordination (also between government departments) as a factor undermining fundamental approaches to issues such as housing and homelessness, income security, and immigration.¹¹¹

HUMAN RESOURCES: SALARIES AND RECRUITMENT

Thirty-three percent of all study participants characterized the area of human resources as particularly challenging. Most frequently identified by executive directors of charitable organizations (40%), human resource challenges were also recognized by 20% of registered nonprofits. The withering of core infrastructure capacity in nonprofit agencies has contributed to stagnant and uncompetitive salary rates that have not kept pace with either private or public sector wage scales. One organization had to deal with “30% – 40% lower salaries than direct government, education, and hospital sectors (including a benefits package).”

Issues of recruiting, retaining, and motivating enough qualified and educated staff presents a challenge for the majority of these organizations, due in large part to the insecurity of funding. Again, shifting funding priorities or “flavour of the day” policies undermine established service delivery by withdrawing funding, which in turn elevates feelings of job insecurity. Management is forced to deal with issues of attrition or scramble to find other funding. Larger organizations stated that the introduction of unionized labour and free market competition further exacerbates an already

difficult situation, where as one executive director put it, “We spend way too much money on lawyer’s fees.” The tenuous relationship between program funding, accountability, and human resources does not end with the staff or management. Rather, according to responding executive directors, it also extends to the recruitment, development, and retention of their Boards of Directors.

SECTION CONCLUSION

Nonprofit agencies are the organizations “on the ground.” They have the networks, provide the services and deliver the programs, and are often best positioned to provide positive change and growth within communities. In short, nonprofits “deliver” public policy to citizens. Bearing this in mind, it is not surprising that a majority of nonprofit agencies identified policy development as one of their top three policy challenges.

In light of government downloading and given the composite of participating agencies, it is not miraculous, but remarkable, that so many executive directors so consistently identified the Immigration and Refugee Protection Act, Ontario’s social assistance rates, and housing policies as challenges. In many ways, these policy challenges are exceedingly complex, the result of the intersection of a wide variety of factors. According to study participants, many marginalized people are not adequately served by these policies, and many more are excluded by their combination. In practice, these policies contribute to the growing demands on local NPOs.

Clients of nonprofits must fall within particular categories in order to qualify for programs and services that are funded externally. Nonprofit organizations have the responsibility of determining the eligibility of the client, within parameters set out by the funders, in order to obtain funding to pay for these programs and services. Consequently, nonprofits must spend an excessive amount of time learning intimate details of their clients’ lives to determine if they are eligible to receive services, ascertaining under what category the clients might be eligible, and establishing how the tracking and evaluation of the services be determined.

However, the needs of Toronto's vulnerable populations often cannot be contained within such tidy parameters, and nonprofit organizations are confronted with competing agendas. Organizations are faced with a dilemma. On the one hand, they need to provide services for people who fall through program gaps (e.g. non-status populations and undocumented refugees), and on the other hand, restrictive service delivery parameters exist that prevent NPOs from doing so. In addition, transitioning clients to appropriate care, which exists in restrictive treatment in silos (e.g. mental health and addictions, or hospital and home care) highlights a lack of cooperation between agencies, which is often exaggerated by administrative parameters (e.g. nondisclosure of client medical impairment or of services provided by agencies.)

To make matters worse, challenges related to financing and funding relationships continue to be the single most important issue facing local NPOs. These challenges are the same today as they have been over the past decade. Clearly, this sector cannot deliver on its mission without adequate and sustainable financial resources. It is not profit driven and must rely upon funders—public, private, and individual—to support its work. This has complex and challenging repercussions, as evidenced by the replies of participants on the issues of human resources.

CONCLUSION

The findings from this research, providing, as they do, a snapshot of Toronto's urban health nonprofit community, afford insight into the capacity of organizations. This information will help funders, capacity builders, and nonprofits alike to make informed decisions about where to most effectively focus efforts to build capacity. By monitoring these measures over time, it may be possible to track the impact of these efforts and/or to determine how organizational capacity and needs change over time, as a result of the many factors that have a bearing on these measures.

WHAT DOES IT ALL MEAN?

Toronto's urban health nonprofit sector emerges from the evidence as sizable and highly dynamic. Not only does this set of organizations serve urban health needs, it also constitutes a significant contribution to economic as well as social life. At the same time, these organizations are not evenly developed. While some agencies have achieved charitable status and benefit from that designation, other agencies remain relatively fragile in their registered nonprofit status and require greater attention. Under these circumstances, no single set of implications will apply equally; however, the broader discussions flowing from the data place context around the differences and similarities of supports needed by these organizations.

The organizations consulted face a range of external and internal structural capacity issues. Participants identified resource development as their top

priority for assistance, reiterating that it was the greatest challenge facing local NPOs. Many of the issues identified ultimately relate to a dependence on project-based, time-limited funding that does not support organizational infrastructure. Uncertainties about future funding and the conditions placed on funding have a significant impact on the ability of organizations to plan strategically. In response, agencies attempt to compensate for revenue uncertainties by seeking alternate funding from private donors or increasing revenues via fundraising efforts.

In addition, human resources development is tightly implicated in the form and duration of funding. For example, government-contract funding coincided with the Canadian Red Cross's (Toronto Region) adoption of alternate staffing patterns (contract).¹¹² The end of the contract meant 100% job loss for those contract employees and a significant loss of organizational memory.¹¹³ Under these conditions, it is small wonder that human resources development was identified as a key priority, and that issues of recruiting, retaining, and motivating educated staff were named as the third greatest challenge facing local NPOs.

The second greatest challenge facing local NPOs is the lack of their meaningful inclusion in policy development. Particularly troublesome are shifting policy agendas and the lack of coordination not only among governments but also between governments and funders. Participation in the policy development process was also identified by NPOs as a mid-priority capacity building need. These organizations are motivated to advocate on behalf of their clients to realize policy alternatives, rather than merely act as handmaidens to government.

RECOMMENDATIONS

The Wellesley Institute commissioned this study to understand how capacity builders like itself can best support local NPOs. In light of the data gathered, this report offers eight recommendations and seven broader responses.

1. Capacity builders should direct programming and approaches towards the identified top-priority needs areas of financial development, strategic assistance, and human resources development. Establishing higher-level training directed at senior management and board members is of key importance.
2. Capacity builders should establish and fund teams of consultants who could assist individual nonprofits at subsidized or no cost to the organizations. These could be either project-based or one-offs, whereby local NPOs benefit from specialized knowledge for specific activities. As an example, one organization that identified funding as their key barrier is “in the process of searching for a pro bono consultant to guide the Board in strategic planning.” In this way, a team composed of academics, nonprofit executive directors, public service professionals, etc., could periodically assist in the long-term visioning processes of local NPOs.
3. Capacity builders should direct programming and approaches towards policy development and knowledge enhancement in the identified capacity building areas of policy development (policy analysis, advocacy, partnering, and media) and policy challenges (immigration and settlement, income security, and housing). It is important to establish higher-level policy training to develop policy-savvy senior management and board members.
4. Capacity builders should take into consideration the cost and affordability of courses offered, time constraints placed on attendees, and the replacement costs of staff for local NPOs. Bringing trainers into a nonprofit, rather than the reverse, would begin to address some the barriers to professional development placed on nonprofits.
5. Nearly two out of three responding organizations conduct research in one form or another, but tragically there is no public record of their research findings. Capacity builders should consider establishing a research clearinghouse in order to make this important data available. A clearinghouse would reduce the number of redundant research projects and begin to address the problem of the research fatigue experienced by many organizations and their clients (e.g. First Nations and new immigrant organizations). Furthermore, public access to data which highlights new trends (e.g. increasing or changing client base) may very well be of benefit to other organizations and institutions. Capacity builders should also consider interviewing those NPOs which, although they do not produce research reports, are willing to share their findings, and then writing up summary reports that can be made available to the public.
6. During the course of this research, it became apparent that many organizations lack the internal capacity to conduct their own research

or to apply for major grants; several organizations involved in this study used the survey as an opportunity to request assistance in performing these tasks.¹¹⁴ In this regard, it would be helpful to local NPOs if capacity builders established a stable of grant writers and researchers available for these purposes. This recommendation is not intended to negate the value of training, but rather to complement capacity building efforts.

7. The Toronto Nonprofit Forum was a tremendous success, not only because of the research value of the member check process, but also because it facilitated the gathering of nonprofit agencies that would not normally sit at the same table. Capacity builders should consider making the Toronto Nonprofit Forum an annual event, organized along the same lines, in order to “assemble community agencies to develop priorities for funders and governments,” and “identify structural issues that are destroying opportunities for community capacity building.”
8. Capacity builders should also consider regularly conducting surveys similar to the one used in this research, in order to monitor the effect of these measures. In this way, they can not only track the impact of the report’s recommendations, but also determine how organizational capacity and needs change over time, as a result of the many factors (internal and external) that contribute to the success or failure of local NPOs.

BROADER RESPONSES NEEDED

It is an alarming state of affairs when the top ten priority organizational needs of local NPOs pertain exclusively to keeping the doors of these important agencies open. As is further substantiated through the external challenges data, insufficient financial support of nonprofits is threatening the ability of these organizations to thrive.

1. What this study reveals is that local nonprofits cultivate organizational development through professional skills training. Nevertheless, nearly all respondents indicate that funding for this training is inadequate. Funders and granting agencies should consider including training dollars together with funding of projects (e.g. service delivery and research) in order to invest in the advancement of knowledge development of local NPOs. The form and type of professional development should be determined by the nonprofit organization and *not* the funder or granting agency. This important caveat is a deviation from the encroachment often inflicted on organizational management by funders through conditional funding arrangements. Moreover, those NPOs that have been awarded funding and have thus already been identified as competent and effective, are equally capable of determining in what areas of professional development dollars are best spent for their organization. For example, the overall health of an organization may be better enhanced by its staff receiving training on a computer accounting program than by one more staff member receiving SPSS training.

2. Conference and workshop organizers should consider implementing sliding scales and/or scholarships to foster greater attendance of and access to their events.

The ability of capacity builders, such as The Wellesley Institute, to support local NPOs in meeting their missions' goals and objectives is limited. In the worst-case scenario, even the best training will atrophy if organizations are so financially constrained that they can barely deliver services. As one organization so rightly argues, "Without funding and operating costs we cannot make any plans for coming years. Our ability and experience in working in [capacity building areas] is being wasted." A broader response is needed. Capacity building makes good organizations better, but it cannot compensate for the absence of sufficient funding. The findings of this study reinforce and in many ways reiterate countless other reports that make evident the precarious position in which local NPOs are placed.¹¹⁵ Despite the mounting evidence, there still remains a significant need to establish a sustainable financial base for local NPOs. In part, this will require:

3. Increased collaboration between local funders, capacity builders, and nonprofits to begin to address issues regarding the predictability, form, and duration of funding available to Toronto's nonprofit organizations.

Competition among nonprofits for ever fewer funding dollars is fierce; as well, funding is often project specific. As a result, organizations are often compelled to write dozens of grant applications per year. Unfortunately, the lack of consistency in the criteria required by the funders means that organizations need to invest a lot of their resources into preparing applications, rather than providing services. This is particularly difficult for

smaller agencies. Nonprofit organizations are obliged to absorb the increased administration costs (time and money) to prepare grant applications, which are often so detailed that they exceed 100 pages in length. Moreover, as one executive director explains "the momentum needed to follow through working with a community is lost when it takes too long to proceed, and not only is the initial investment wasted, but so is the opportunity to retain the trust of the community."

4. Local granting organizations should attempt to standardize grant application forms and processes among themselves and, where possible, reduce the volume of data required from NPOs. For NPOs that have already established a relationship with a funding body, an abbreviated application processes should be established.

Accountability requirements are of value to both funders and nonprofits. Funders support their validity on behalf of taxpayers and their donors, as both vigilance against waste and insurance of appropriate program delivery by nonprofits. Nonprofit organizations also recognize the value of accountability with regards to legitimacy within the public sphere and as a measure of effectiveness to the populations they serve. In this way, accountability requirements *per se* are not the issue for the participants; at issue are, however, the *hyper*-accountability requirements that have plagued nonprofit organizations over the last decade (Baines 2004). These requirements are tied up in new models of public administration that emphasize achievement of measurable performance targets governed by accountability and efficiency, rather than process and responsiveness (Gendron *et al.*, 2001; Mukherjee, 2000).

It is the tension between quantity and quality and their indicators, and the disproportionate time and resources usurped by these new levels of accountability—without financial reciprocity—that executive directors identify as problematic.

Organizations feel that they devote a disproportionate amount of time and resources to meet extensive monitoring, reporting, and evaluation requirements, all which take skilled people (e.g. front line, board, and senior staff) away from doing their work. “With budgets being cut back,” one organization reports, “staff are diverted from direct service to preparing quality control reports.”

The layering of accountability measures serves as one of the most problematic and time-consuming aspects of reporting. For example, each funder requires separate and discrete reports, each with a different format and at staggered intervals. In one extreme case, a local NPO was juggling 36 contracts at one time and was required to produce roughly 400 discrete reports in a single year. Under such conditions, it is likely that Torontonians will witness continued erosion to the number of nonprofits in the city.

5. A detailed discussion with all stakeholders about the evaluation system to be used in reporting results should be included whenever funding arrangements are made. This process would encourage the elimination of reports for the sake of reports and foster the reduction of funders’ reporting requirements vis-à-vis the recipient nonprofit to useful information only.

Put simply, the people who are served by local nonprofits must fall within particular categories in order to qualify for programs and services that are externally funded. NPOs have the responsibility of determining their clients’ eligibility, within parameters typically set out by the funder, in order to obtain program funding. In this dynamic, NPOs spend an excessive amount of time learning intimate details of people’s lives, in order to determine eligibility, classification, and tracking for reporting purposes.

However, the needs of Toronto’s vulnerable population often cannot be contained within tidy parameters. As a consequence, nonprofit organizations are often confronted with the dilemma of providing services for people such as non-status populations and undocumented refugees, who fall between the program gaps. Several executive directors expressed their frustration with program gaps in the areas between mental health and addictions, and between hospital and home care services. Ultimately, many executive directors affirm that the lack of policy coordination undermines fundamental approaches to complex issues such as housing and homelessness, income security and immigration.

The external policy environment affects the existence and functioning of NPOs. More seamless government processes and policies would assist nonprofits to deliver services that are oriented towards the social determinants of health. Succinctly put by one executive director, “policy is not static and should not be static; the constant updating is important as is taking the time to do it. [Policy development] is a process that requires coordinating between and among all stakeholders.”

6. Government departments, funders, capacity builders and local nonprofit organizations need to increase the collaboration between and among themselves, so that they can begin to address the policy gaps which further marginalize vulnerable populations in Toronto.

Accountability reports generated by NPOs are seemingly sent into an abyss, as funders generally do not respond to the receipt of data beyond a cursory acknowledgement. This dynamic feeds into the notion that accountability reports serve little purpose beyond ensuring appropriate program delivery.

7. NPOs can benefit tremendously from substantive feedback from funders regarding how well the program, service, or research met the expectations of the funder, as well as how the data, from a funders' perspective, may be helpful in changing policy and practice.

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END NOTES

1 (Blake, Bryden, & Strain, 1997; Day & Devlin, 1997; Hall & Reed, 1998; Juillet, Andrew, Aubry, & Mrenica, 2001; Mackenzie, 2006; Miller, 1998; Phillips, 1991, 1995; Rice, 1995).

2 (Canadian Council on Social Development, 2001; City of Toronto, 2000, 2001, 2004; City of Toronto, Social Planning Council of Metropolitan Toronto, & Municipality of Metropolitan Toronto, 1996; Clement, 1999; Eakin & Lynn Eakin & Associates, 2004; Hall et al., 2003; Owen, 1999; United Way of Greater Toronto & Canadian Council on Social Development, 2002).

3 Social determinants of health are the socio-economic conditions that influence the health of individual, communities, and jurisdictions as a whole. These determinants also establish the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. A 'determinants of health' perspective is the key to understanding patterns of health and illness in Canada today (See Raphael, 2004).

4 Social exclusion is used to broadly describe both the structures and the dynamic processes of inequality among groups in society which, over time, structure access to critical resources that determine the quality of membership in society and ultimately produce and reproduce a complex of unequal outcomes (Galabuzi, 2004).

5 (Weisbrod, 1988).

6 (Hall et al., 2003; Handler, Issel, & Turnock, 2001; Turnock, 1997).

7 As of October 01, 2000.

8 (Geronimus, 2000).

9 Barnett, E. & Casper M. (2001). A definition of "social environment. *American Journal of Public Health*. 91 (465).

10 (Centre for Social Justice, 2003).

11 These organizations do constitute an important component within the urban health matrix; however, their services can be viewed as less urgent than housing and homelessness.

12 Nonprofit sector data often includes hospitals, university and colleges, which is problematic because it skews the full representation of fiscal distribution. Hospitals, universities and colleges receive 56% of all government nonprofit funding; whereas the

remaining 44% is divided among the remaining charities ((Hall & Banting, 2000). The organizations that receive less support are the focal point of this research.

13 (Guba E.G. & Lincoln, 1989).

14 The effort of separating out registered and chartable agency data bared out at the member check when a number of registered nonprofit executive directors expressed their appreciation of this approach as they could better see their organization within the data.

15 One charitable organization did not provide FTE data.

16 (Statistics Canada, 2003b).

17 (Kimberly, 1976).

18 (Daft, 1999).

19 (Greening & Gray, 1994).

20 One policy that takes into account the size of a nonprofit organization is the 10% advocacy rule . The Canadian Revenue Agency does acknowledge that a broad 10% policy negatively impacts on smaller charities and accordingly they "will exercise [their] discretion and not revoke the registration of smaller charities for the excessive use of their resources on political activities" (Canada Revenue Agency, 2003).

21 Ten organizations did not respond to this question: one registered nonprofit and nine charitable organizations.

22 The 29 capacity training areas are list of course topics that are addressed by capacity building agencies.

23 The concept of capacity is closely linked to that of capital in that the capacity of an organization to work toward a particular objective depends upon the capital it is able to deploy. In economic terms, capital refers to the goods, assets, and other physical resources that can be deployed to produce goods or services (Hall et al, 2003, p.4).

24 (Hall & Banting, 2000).

25 (Canadian Council on Social Development, 2001; City of Toronto, 2000, 2001, 2004; City of Toronto et al., 1996; Clement, 1999; Eakin & Lynn Eakin & Associates, 2004; Hall et al., 2003; Owen, 1999; United Way of Greater Toronto & Canadian Council on Social Development, 2002).

26 (Gronbjerg, 1993).

27 Government or public sector support includes grants, contracts, and reimbursements for services to eligible third parties from all levels of government.

28 Fees include earned income from private payments for services, membership dues, service charges, and investment income.

29 Philanthropy includes individual giving, foundation giving, and corporate donations.

30 (Hall, Barr, Easwaramoorthy, Wojciech Sokolowski, & Salamon, 2005).

31 Ibid.

32 Ibid.

33 (Wolch & Rocha, 1993).

34 (Butler & Wilson, 1990; Ott, 2001).

35 (Hyojin, 2002).

36 (Frumkin & Kim, 2001).

37 (Hall et al., 2005).

38 Ibid.

39 (Hall & Banting, 2000).

40 Legislated safeguards are sought for Ontario's volunteer board members to protect them from liability where they acted legally and in good faith, such as in the case of Nova Scotia's Volunteer Protection Act.

41 (Alexander, Nank, Stivers, & Goodman, 1999).

42 (Hall et al., 2005).

43 Ibid.

44 (Boris, 2001).

45 (White, 1997).

46 (Corder, 2001).

47 (Lomas, 2000).

48 (Daft, 1999).

49 It would not be surprising to find that capacity building varied with mission and clientele; although with so many multi-service agencies it is difficult to compare interventions across different missions.

50 Ten organizations did not respond to this question.

51 Six organizations did not respond to this question.

52 (Backer, 2001; McPhee & Bare, 2001).

53 (Boris, 2001).

54 (Backer, 2001).

55 Ibid.

56 Mandatory programs (in order to qualify for funding) such as CPR/First Aid training, work place safety, WHIMIS, hostel training, shelter workers course, food safety.

57 It is important to recognize that staff training is not the same as training for executive directors; in this way, the comparison of participation rates is difficult to justify. However, what is at issue here are established internal processes, ones that ordinarily invest in advancing professional development for both nonprofit staff and executive directors.

58 A smaller number of executive directors felt that there was a lack of depth in the available courses offered, and did not feel that they would receive a 'value added' seed for their efforts. As one executive director put it, "Nothing felt appropriate given my years and experience in role."

59 Three organizations did not respond to this question.

60 (Easterling, 2000; Paddock, 2001).

61 (Frumkin & Kim, 2001).

62 (Light, 2002).

63 Twenty-two organizations did not respond to this question.

64 The organizational challenges are weighted according to the level of priority given by respondents: The top challenge was given the numerical value of '3'; the second challenge was given the numerical value of '2'; and, the third challenged identified was given the numerical value of '1'.

65 (Clement, 1999).

66 (Daily Bread Food Bank, 2005, 2006).

67 (Mangham, 2001).

68 The Local Health Integration Networks (LHIN) are very new to Ontario; Bill 36, the Local Health System Integration Act 2005 Second Reading was just carried December 7, 2005. LHINs are non-profit organizations that are designed to plan, coordinate and fund the delivery

of health care services across Ontario. They are envisioned as quality improvement initiatives that will change the way the system is managed.

69 (Alexander et al., 1999).

70 (Canadian Council on Social Development, 2001; City of Toronto, 2000, 2001, 2004; City of Toronto et al., 1996; Clement, 1999; Eakin & Lynn Eakin & Associates, 2004; Hall et al., 2003; Owen, 1999; United Way of Greater Toronto & Canadian Council on Social Development, 2002).

71 (Easterling, 2000; White, 1997).

72 (Mangham, 2001).

73 (Prince & Rice, 1989).

74 The welfare category of nonprofits represents organizations that provide various types of social services.

75 (Day & Devlin, 1997). To be fair, the decades of the 1970s and 1980s were troubled times for Canada and for the rest of the Western world. At that time, there was an increased redistribution of production and income for the traditionally industrialized West to the rest of the world. By 1976, the Canadian Government (Trudeau's Liberals) was deep preoccupied with economic problems. It launched a major drive to bring inflation under control through the introduction of price and wage control programs, and in 1978, it announced major reductions in Government expenditures.

76 The Established Programmes Financing (EPF) set up in 1977. Under this programme, the federal Government agreed to make an annual fiscal transfer comprising tax points and cash transfers, based on 1976 levels of cost-sharing payments. EPF was the first of a long series of federal actions to transfer fiscal and programme responsibility to the provinces, to limit federal fiscal responsibilities and to make transfers more redistributive.

77 The Canada Health Act, initiated in 1984 and introduced after several years of funding erosion at the federal level, attempted to ensure accountability for funds designated for health care.

78 (Blake et al., 1997).

79 Ibid.

80 (Miller, 1998).

81 (Ontario Association of Interval and Transition Houses (OAITH), 1996).

82 MASAP helped clients receive social assistance.

83 The Province closed three Ontario Welcome Houses it had operated in Scarborough, North York and downtown Toronto. These organizations provided comprehensive settlement services, including translation and interpretation no longer readily available (Oxman-Martinez & Hanley, 2005).

84 (Ontario Association of Interval and Transition Houses (OAITH), 1996).

85 (Clement, 1999).

86 The Immigration and Refugee Protection Act (IRPA 2001) is a federal law key to diversity and health. The immigration status conferred to newcomers is not only a starting point for determining eligibility for public health insurance but also has profound repercussions for immigrants' ability to maintain their health or seek help from professionals.

87 Undocumented people are those who are not defined as permanent residents or landed immigrants. This demographic is often barred from the education and health systems. The Canada Health Act (CHA) is a federal law concerning criteria and conditions in respect of provincially insured health services and extended health care services. The Act requires only that permanent residents of Canada be eligible for provincial health plans, thereby excluding many people with precarious immigration status. But provinces have some leeway for interpretation, and Article 10 of the Act (CHA, 1985, Article 10) it also states that newcomers to a province, including landed immigrants, may be subjected to a delay of no more than three months before being insured.

88 (Department of Canadian Heritage, 2004).

89 Poverty rates among racialized minorities was 40.7% in 1996, double the poverty rate of non-visible minorities (19.8%), and slightly above the national rate of 37.6% among racialized minorities (Lee, 2000; Ornstein, 2000)The high poverty rate among racial minorities has been linked in part to systemic inequities experienced by this group (Lee, 2000; Ornstein, 2000).

90 (Shields, 2003).

91 (Department of Canadian Heritage, 2004).

92 (Toronto City Summit Alliance, 2003).

93 According to a new study, homeownership rates among working age immigrant families (aged 25-54) have dropped proportionately since 1981. In Toronto, 65% of immigrant families owned their own home as opposed to 55% Canadian-born, but by 2001, the proportion among immigrant families who owned their own home had declined to 61%, while the proportion for Canadian-born had risen to 64% (Statistics Canada, 2005).

94 (City of Toronto, 2001; Ontario Council of Agencies Serving Immigrants (OCASI), 2005).Regrettably, the number of people citing “refugee claimant” as a reason for admission increased from 21% in 1998 to 27% in 2000.The increase was greatest in the family shelter system and the largest number of these families came from Eastern European countries. Refugee claimants are not eligible for federal settlement programs. If they arrive in Toronto without money or supports, chances are they will end up in the shelter system (City of Toronto, 2001; Ontario Council of Agencies Serving Immigrants (OCASI), 2005), p.4).

95 With its introduction May 1, 1998, Bill 142 or the Ontario Works Act, Ontario introduced the first formal workfare program in Canada. Ontario Works established two forms of assistance: financial assistance, designed to cover welfare recipients’ basic needs; and, employment assistance. Employment assistance embraced a range of measures, but, most importantly, it required mandatory job preparation, job search and/or ‘community participation’ (i.e., forced ‘volunteering’ for nonprofit organizations) or employment in temporary paid work brokered through a private sector employment agency.

96 Single women over the age of 65 are particularly at risk of poverty as the rate for this demographic was 54%, while the rate for women 75 years of age or older was 35.6% in 1996 (United Way, 2001).

97 (Daily Bread Food Bank, 2006).

98 (Daily Bread Food Bank, 2005).

99 (United Way of Greater Toronto, 2001).

100 One organization question the criteria required, while another pointed to how homelessness initiatives are funded and managed by various levels of government.

101 (Daily Bread Food Bank, 2006).

102 (Mackenzie, 2003).

103 (Toronto Disaster Relief Committee, 2004).

104 (United Way of Greater Toronto, 2001).

105 Health Canada estimates that 20% of Ontarians experience mental illness at some point during their lifetimes, and the remaining 80% experience it indirectly through family, friends and colleagues (Bijl, de Graaf, Hiripi, & Kessler, 2003; Health Canada, 2002; Statistics Canada, 2003a)Youth (aged 15-24) in particular are most likely to suffer from selected mental disorders or substance dependence problems, while at the same time, youth are least likely to use mental health resources despite higher prevalence (Bijl et al., 2003; Health Canada, 2002; Statistics Canada, 2003a). It is interesting to note that 70% of Canadians never receive the help they need to deal with mental illness; more specifically, of those who do not receive help, 47.7% have serious mental illness; 72.3 have moderate mental illness, and 89.6 % have a mild form of mental illness ((Bijl et al., 2003; Health Canada, 2002; Statistics Canada, 2003a).

106 (City of Toronto, 1999).

107 (Dunn, 2003).

108 As evidenced by the public / political reactions to the Red Cross ‘tainted blood’ and residential schools scandals of the mid 1990s. It remains to be seen what the accountability fallout of the Gomery Report will have on Canadian nonprofit organizations. It has been promised by the new Harper government that their first major legislative action will be to bring in a new Federal Accountability Act.

109 (City of Toronto et al., 1996).

110 (Scott, 2003).

111 The Winnipeg Development Agreement: From 1995 to 2000, the federal government, province of Manitoba and the City agreed upon the \$75 million cost-shared Winnipeg Development Agreement (WDA), which successfully targeted issues of downtown revitalization, urban safety and neighbourhood improvements.

112 (Akingbola, 2004).

113 Ibid.

114 These organizations were referred to the director of research at The Wellesley Institute.

115 (Canadian Council on Social Development, 2001; City of Toronto, 2000, 2001, 2004; City of Toronto et al., 1996; Clement, 1999; Eakin & Lynn Eakin & Associates, 2004; Hall et al.,

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