Keeping Community During a Pandemic: LGBTQ+ Older Adults and the Virtual Senior Center

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Abstract: *The purpose of this qualitative exploratory study was to better understand how LGBTQ+ senior centers created virtual communities and implemented organizational adaptation in the earliest stages of the pandemic. Three focus groups (n=22) were conducted with program facilitators and senior center employees to better understand how these key stakeholders contributed to the transition from in person senior center to virtual senior center programming in March of 2020. The experiences of LGBTQ+ program facilitators and senior center staff varied based on the nature of their assigned roles. Latent pattern content analysis of the focus groups unveiled both shared and divergent categories and themes from the two cohorts. Themes identified for program facilitators included: adaptation, interconnectedness, some not served, and virtual preference. Themes identified for senior center staff included: communication, the blurring of the personal/professional, urgent needs, and future planning.*

Keywords: *LGBTQ+, senior centers, COVID-19, organizational adaptation*

In the initial stages of the pandemic, the spread of the virus that causes COVID-19, SARS-CoV-2, increased the need for rapid adaptive processes in human service organizations and nonprofits (Christensen, 2021). Organizations dedicated to serving older adults needed to facilitate operational changes in an environment of uncertainty and fear, with the added complexity of serving the needs of not only homebound seniors, but also homebound staff members. Older adults in urban settings such as New York City, widely considered the epicenter of the pandemic in the United States, were most at risk for experiencing fatal outcomes, with 70% of deaths occurring amongst those individuals who were 65 and older within the first months after the declaration of state of emergency (Garret et al., 2020).

Orders to shelter in place, and fear of contracting the virus created unprecedented barriers for seniors who needed access to basic needs such as meals, groceries, medicine, and support services (Garba et al., 2022 Williams et al., 2021). Widespread fear of not being able to have basic needs met placed unexpected emotional, physical, and psychosocial burden on many older adults and the workforce dedicated to serving this population (Voinea et al., 2022).

Impact of COVID-19 on LGBTQ+ Older Adults

Older adults from the LGBTQ+ community are more likely to live alone, experience loneliness or have less immediate family support systems when compared to non-LGBTQ+

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older adults (Moreno et al., 2024; Yang et al., 2018). Additionally, LGBTQ+ seniors are at risk for experiencing much higher rates of isolation and disconnection from community supports (Fortune & Butler, 2023; Griffin et al., 2023). A dedicated LGBTQ+ senior center has been shown in previous research to serve as a social resource, or protective factor, against experiencing isolation and loneliness and improving perceptions of social support (Fortune & Butler, 2023; McGovern et al., 2016).

Early in the pandemic, the Center for Disease Control (CDC) recommended that adults 60 and over should stay home as much as possible and avoid face to face contact (Cohen & Tavares, 2020). New York City based LGBTQ+ older adults were at even greater risk of being underserved, experiencing isolation, and experiencing difficulties in meeting basic needs (Griffin et al., 2023; Hay, 2020; Paremoer et al., 2021). The principle of intersectionality (Crenshaw, 1991) underscores how multiple social identities can intersect to shape experiences and contribute to cumulative disadvantage. For LGBTQ+ older adults, intersecting disadvantages, such as being part of a racial or ethnic historically marginalized group, living in communities with high rates of poverty or experiencing housing instability, contributed to increased likelihood of developing severe COVID and experiencing additional negative health outcomes (Berg-Weger & Morley, 2020; Dietzel et al., 2023; Kuehn, 2021).

The utilization of technology for social good has emerged as focus within the field of social work, aligning with the Grand Challenges (American Academy of Social Work & Social Welfare, 2017). Older adults who experience intersecting disadvantage, are less likely to have access to technology. This "digital divide" is the gap between those who have access and can use information and communication technologies, and those who cannot (DiMaggio et al., 2004). Older adults in particular, often face barriers to utilizing digital technology due to factors such as limited digital literacy, financial constraints, and age-related physical or cognitive limitations (Oh et al., 2021).

Organizational Transition to the Virtual Senior Center

Sufficient resources, adaptive efficiency, and strong community connections are recognized as pivotal components for successful organizational change and restructuring during times of rapid change (Hitt et al., 2020). Despite the closure of many senior centers, some senior serving organizations had sufficient resources and were well positioned to strategically utilize these pre-existing resources to serve the community of older adults within their area of service during the initial days of the pandemic (Pendergrast, 2021). Some senior serving organizations also demonstrated adaptive efficiency, or a capacity to use creative and flexible strategies to restore stability in their operations after experiencing significant disruptions (Hitt et al., 2020). Some centers also had robust community connections through workers who were highly embedded in the communities that they serve, which has been shown to contribute to higher rates of proactive work behavior and enhanced ability to provide needed service to the community (Ng & Feldman, 2009).

Senior centers that were most able to adapt to the needs of their communities during the early stages of the pandemic, transitioned quickly to becoming virtual senior centers (New York City [NYC] Department of Aging, 2020). The concept of a virtual senior center

has been documented in research literature predating the pandemic, referring to digital initiatives offering social and health promotion services for older adults unable to access physical facilities (Kaplan, 2012; Wihry et al., 2017). Pre-pandemic a small number of virtual senior centers were created to provide services and reduce social isolation for homebound older adults in urban areas (Kaplan, 2012) and in rural areas (Wihry et al., 2017).

Participation in virtual senior centers and interacting with peers has been shown to contribute to perceptions of safety and social support and has also been suggested to serve as a protective factor against the development of depression and anxiety (Kotwal et al., 2021). One organization, SAGE Advocacy and Services for LGBTQ+ Older Adults, was one of the first NYC senior centers to transition from an in person to a virtual senior center model within weeks of the closing of all senior centers, arranging for delivery of meals, conducting community outreach, making regular wellness calls, and providing case management (Morgan & Yuan, 2020; NYC Department of Aging, 2020).

Organizations such as SAGE, who employ members of the community they serve, benefit from their unique insights (Dreyfus & Wareing Evans, 2020). Immediate and long-term innovative organizational changes were required to pivot operations from an in-person model to virtual programming. Workers who were able to adapt to virtual work, and organizations that were able to support these workers, became valuable resources to the community, providing specialized and inclusive LGBTQ+ senior care.

Impact of COVID-19 on Social Service Organizations

Research on how social service organizations responded to the COVID crisis and its impact on administrators, staff and the public served by these organizations is still emerging. Much research has highlighted experiences of shared trauma, fear and anxiety between both clients and direct care staff (Öner et al., 2023; Stahnke & Firestone, 2024). Bender et al. (2021) highlighted the stress of staff in healthcare facilities and the critical need for emotional connectedness with colleagues and loved ones during crisis. Essential workers who experienced previous trauma and lack of therapeutic alliance were more likely to experience shared trauma and less likely to experience post traumatic growth (Stahnke & Firestone, 2024). Holmes et al. (2021) and Mittal et al. (2023) described how social workers and other mental health workers faced significant grief and secondary trauma during the pandemic, contributing to higher levels of burnout, resignations and diminished quality of work. Holiday et al. (2020) found that those who worked with people experiencing homelessness, experienced increases in stress related to their perceived inability to meet the needs of clients. Dopp et al. (2024) found increased frequency of discrimination and stigma against vulnerable populations such as sexual and gender minority (SGM) individuals who needed to access supportive housing programs.

There were some organizations that adapted to the changes causes by the pandemic and demonstrated organizational resiliency. To better understand how complex organizational change occurs, applying a framework of multiple theories can help conceptualize how organizations adapt to unforeseen disruptions, such as those experienced by public serving organizations during the pandemic. Lewin's theory of

organizational change (Lewin, 1947) focuses on the process of change involving three stages: *unfreezing* (undoing old practices), *change* (implementing new practices) and *freezing* (establishing new practices). While Lewin's framework provides a foundational understanding of the process of organizational change, it does not explicitly address change caused by rapid and unpredictable disruptions, such as those that occurred due to the pandemic. Dynamic capabilities theory (Teece et al., 1997), extends Lewin's theory, emphasizing an organization's ability to continuously sense, seize, and reconfigure its resources and capabilities. Agility, flexibility, and innovation are characteristics of organizations that are able to adapt to uncertainty (Teece et al., 1997).

The framework of organizational resilience builds upon dynamic capabilities theory by highlighting how resilience is crucial for facilitating lasting change that aligns with an organization's purpose or mission (Duchek, 2020). This implies that organizational resilience is not just about responding to challenges but also about driving meaningful and sustainable transformations within the organization. Studying organizations that have effectively navigated disruptions and flourished in the face of change can help identify resources and capabilities that promote organizational resilience during crises (Duchek, 2020; Hitt et al., 2020). Now that we have potentially entered the phase of living with an endemic situation, positive changes, policies, and practices implemented by organizations that have demonstrated resilience need to be better understood to continuously improve organizational culture and prepare for potential future crises. This research study was conducted in the summer of 2021 to better understand how one organization adapted to serving their population by transitioning to a virtual community. This research aimed to document the process of organizational change from the perspective of key stakeholders of a LGBTQ+ senior center, the direct care staff and program facilitators of SAGE.

Methods

This qualitative exploratory study was conducted with six senior centers primarily serving LGBTQ+ older adults in New York City. During the early stages of the pandemic, two distinct groups of staff were acting as virtual frontline workers for the senior center, each with unique roles and responsibilities to clients and the organization. One of the groups comprised *staff* who were paid employees of the organization. Their responsibilities include intakes, comprehensive assessments, care coordination, linkages to services and benefits, and the day-to-day operations of the organization. The second group comprised *program facilitators*, who are mostly volunteers and contributed to leading various programs and groups (exercise, creative arts, book clubs, discussion groups, etc.). Program facilitators do not have day-to-day service responsibilities like direct care staff. Two groups were intentionally chosen for the focus groups, utilizing a purposive sampling technique, to be representative of the perspective of key organizational resources serving as senior center participants' primary connections to the organization. Purposive sampling is often used in qualitative research as it allows the researcher to select participants based on specific criteria, in order to collect rich and meaningful data related to the research objectives (Creswell, 2018). The study was approved by the Institutional Review Board (IRB) at the primary authors' university (IRB#200713BP).

Email invitations were sent to all senior center frontline staff and program facilitators. To ensure confidentiality, email invitations were sent by SAGE requesting participation in a focus group that would be facilitated by researchers who were not employed by SAGE. In the summer of 2021, three focus groups were held: One with frontline staff (n=8) and two other focus groups were conducted with program facilitators (n = 9; n = 5). Demographic information was intentionally not collected for participants to preserve confidentiality, as unique social group identities in this sample could identify participants. A semi structured interview protocol was created to guide discussion and encourage detailed responses, reflection, and interaction amongst participants (see Table 1).

Table 1. *Semi-Structured Interview*

1) I want you to recall back to when the decision was made to move senior center programming to virtual programming. What was that experience like?
   a. How was this decision communicated to the members of the senior center?
   b. How was this experience for you, as a staff member/program facilitator?
2) For those of you who were involved in the first stages of contacting seniors after the stay-at-home orders, what worries and challenges were expressed to you?
   a. Can you tell me about what the senior center members reported that they needed, during these calls?
   b. Were you able to meet these needs? How so, or how not?
   c. How have these needs changed over time?
   d. Were you familiar with the technology needed, and did you have the technology needed to continue the program or class? Who trained you on the technology?
   e. Were all members of the senior center able to access needed technology?
   f. Do you think there was a "digital divide" meaning that some seniors had access to technology, and some did not?

Data Analysis

Following completion of the focus groups, audio files for qualitative data were obtained from the cloud recording and checked for accuracy by the researchers who conducted the interviews. Data were then imported into Atlas.ti (version 7.5.4) for data management and analysis. Interview transcripts were analyzed using inductive content analytical methods, specifically, latent pattern content analysis (Kleinheksel et al., 2020; Patton, 1990). This methodology allowed for the researchers to establish a pattern of characteristics in the text of the data, rather than the researcher's interpretations of the meaning of the text (Kleinheksel et al., 2020). Step one in analysis involved having two of the researchers read the text several times to immerse themselves in the data and detect emergent codes through identification of meaning units related to the shared experience of transitioning to a virtual LGBTQ+ senior center in the early stages of the pandemic. In step two, each researcher utilized open coding to independently code 25% of transcript excerpts and label textual codes (Campbell et al., 2013; Lincoln & Guba, 1985). To reduce potential bias, two investigators then compared textual codes and refined conceptual categories via consensus-building discussion to establish intercoder agreement on codes for the codebook, including code descriptions and examples of codes. (Corbin & Strauss, 1990; Kleinheksel et al., 2020). In step three, following completion of coding for the remainder

of the transcripts, second-level coding and first-level meaning units were then sorted and placed in categories of similar codes, separating dissimilar codes to create distinct categories. In step four, these categories were then analyzed for themes and patterns, comparing, and contrasting within and across groups, to allow for data reduction through categorization of themes and the discovery of similarities and differences in the data (Kleinheksel et al., 2020; Peterson, 2017). In step five, both researchers iteratively reached consensus on the list of four finalized themes and representative quotes for program facilitators and four finalized themes and representative quotes for senior center staff.

Results

Data from program facilitators and staff were analyzed separately to better understand diverse perspectives related to the transition of virtual programming (see Table 2).

Table 2. *Themes*

Participants	Theme
Program Facilitators	Adaptation
	Micro
	Mezzo
	Macro
	Interconnectedness
	Virtual benefits
	Some not served
Staff	Communication
	Blurring of personal/professional
	Urgent needs
	Future planning

In the analysis of the program facilitator focus groups, perceptions were primarily focused on the population of LGBTQ+ seniors with whom they had connections with from the community and from in person programming pre-pandemic. Transitioning to virtual and telephonic group programming contributed to the ability to maintain community connection and create mutual support. Being part of the larger LGBTQ+ community and having both group participants' and their own needs met, framed the overall discussion. The open coding process for facilitators revealed four distinct themes, including: 1) adaptation (with subthemes of micro, mezzo, and macro) 2) interconnectedness 3) virtual benefits and 4) some not served.

Program Facilitators

Adaptation

The first theme adaptation was the most common theme identified in the facilitator focus groups. Participants described how different adjustments and adaptations were made to create a new normal for virtual programming. This required both technological and non-technological adaptation of methods from their previous in person groups. Thematic coding further revealed how this process had to occur at a micro, mezzo, and macro level.

Micro Level. Most program facilitators in the focus groups were very experienced in group work and included former social workers, teachers, and chaplains. To maintain their groups during this uncertain time, they had to develop new capabilities rapidly, often creating their own processes for initiating virtual communication. Facilitators took personal responsibility for checking in and creating networks of connection and support, performing their own outreach, and engaging in self-instruction to create mechanisms for virtual and telephonic connection with the group. As demonstrated by the data, facilitators consistently articulated their unwavering commitment to learning digital technology for the purpose of sustaining group cohesion, further emphasizing the integral role of these participants as members of their own community.

> *I did it on my own, there was a former member who had drawn up a voluntary contact sheet years back. So, I contacted everybody, I made phone calls, and found other contacts for newer members, so that's how I started.*

> *I've also done individual phone calls one to one, with SAGE participants who felt like they wanted to talk to someone during this time, so those also went really well.*

> *I probably spent without exaggeration, 100 hours learning about video conferencing…but it had to be done, individually and had to be done with a lot of research, because the answers about how to get around that were not easy.*

Mezzo Level. The contribution of the organization was also identified as an important resource for adaptation, with the organization providing a method of connection, technological support, and establishment of a consistent platform for virtual programming. In addition, the groups themselves often organically developed protocols within the group, so that virtual or telephone meetings could proceed smoothly. The crucial role of organizational support in facilitating the transition to virtual platforms for group interaction was essential for the development of protocols and adjustments to ensure effective communication and participation.

> *I think what's been most helpful is the support of SAGE, of the organization, of having somebody, I mean A. was you know, the person that sent out the emails, provided the link…and that allowed me to just really focus on group process, you know intimacy in the group.*

> *We were all very, very saddened when everything stopped. But SAGE quickly responded, and I think by May, we were already linked with zoom and everybody who used to come to the meeting practically…everybody participates in zoom now.*

> *We all developed the protocols about how to speak in zoom, everybody knows that everybody gets a chance to speak at the first go around, the facilitator is the one who calls on people, people raise their hands.*

> *It was a challenge at first, it was kind of nerve wracking and a little bit frustrating. Setting up rules like, mute yourself, unmute yourself, you know I can't see you people...and you can only see half their head, and the group kept saying you know if you can't see yourself, we can't see you...*

Macro Level. Several facilitators discussed how the groups needed to adapt to the context of the political landscape and reflect issues that were impacting LGBTQ+ and minoritized persons disproportionately. Additionally, policy changes were needed to better address those who may be part of a digital divide or without access to reliable internet. While many of the groups were themed as educational, supportive, exercise, or dedicated to the arts, the shared experiences of being a member of the larger LGBTQ+ community and homebound during the pandemic influenced group processes. Several program facilitators also discussed new groups formed, attracting new members in response to the shifting political and sociocultural climate:

> *Many of the older people in certain communities do not have an internet connection and so it's a big challenge. I know there are lots of politicians and people who have been addressing this, we need to have citywide internet, or they're just going to get more and more disconnected.*

> *And there was pandemic, politics, and protest, and out of that came a brand-new group to sort of respond to all that was happening. It is still going now called "America's Burning" - it is very much about Black Lives Matter, very much about LGBT rights.*

Interconnectedness

Program facilitators emphasized the importance of community and connection for not only the participants, but also for themselves. Overall, most facilitators identified how they felt that the groups not only helped the members who attended each week, but also provided program facilitators with connection to their community, as a sense of mutual support. Program facilitators described their connectedness and sense of belonging to the groups they led as relationships of reciprocity, with the groups serving to mitigate their own feelings of isolation and providing a sense of purpose and focus during the early stages of the pandemic.

> *My group has been meeting now for 13 years, I think. It used to meet at SAGE and now it is online, and it's the highlight of my week.*

> *For me it was incredible...I mean facilitating the group was also incredibly supportive for me...so I got so much out of it also you know, in terms of my own isolation and my own, we all struggled with this, what it did, for me, to be able to be engaged with those participants in this really meaningful way.*

> *And that's what these groups do for us. You know, it keeps us connected to our community...these women are our family. So, it's very emotional.*

Some Not Served

An additional theme described by facilitators was the theme of some not served. This represented an awareness that there were some members of the LGBTQ+ community who were not able to access virtual programming. Some spoke of members they lost due to technological challenges, but also some others in the community who were more of an

unknown population, and they were not exactly sure who or how to engage these older adults.

> *For most it was seamless, but one person dropped out because they couldn't handle zoom*

> *I do worry a lot about who's getting left out...who do they have to turn to, so it's almost like people who are disconnected become even more disconnected and more isolated and people who are connected have more opportunities to connect.*

> *Most of our Spanish speaking population was a big challenge for us in regard to whether they had technology, and those who were older, like at 75, 80, 90 where they might not have been ready for a virtual world.*

Virtual Benefits

As these focus groups were being conducted, the NYC Office of Aging was in initial phases of permitting senior centers to resume some in-person programming. However, a surprising theme expressed by the program facilitators, was a preference (by some) for the new experiences they discovered with virtual programming. Facilitators reported that certain types of groups, such as writing, art, and foreign language were improved by the virtual component, and they had intentions of continuing either fully virtual or a hybrid version of some in person and some online meetings.

> *I can say we are comfortable enough so that people actually prefer Zoom to meeting in person, given the various advantages that zoom does have from home...because it's a thing at home.*

> *We have read 12 plays now and I would say the transfer to zoom has not made that much of a difference because we spend our sessions with our heads buried in the book, so we may just continue on zoom. Certainly, for the moment.*

> *It's been a real joy and the participants don't want to really go back to in person. We turned the classes into discussion about the artwork that we are prompted to make during the week...people think about and meditate on projects to do during the week, so they stay really busy and focused.*

Staff

In the analysis of staff focus groups, staff perception of the transition to virtual programming seemed very focused on the population of LGBTQ+ seniors who presented with the highest amount of need, describing how challenging it was when they felt they could not help the most disadvantaged individuals enough. Staff described feelings of distress, frustration, and uncertainty for the future, for both their clients and potentially for themselves. Staff initially struggled to acknowledge the positive influence they exerted on seniors in the community, including those they were able to reach through virtual platforms. While program facilitators were somewhat aware of service access disparities, staff faced personal and professional challenges in forming connections, particularly during the early stages of the pandemic. The open coding process for staff revealed four

themes of 1) communication 2) the blurring of personal/professional 3) urgent needs and 4) future planning.

Communication

Staff members discussed ways to improve communication following the closure of in person programming. Not being at the workplace, and working out of their homes, created concrete challenges to communication and a need to increase and change methods of intra-agency communication and communication with center participants. During this time, staff and volunteers were valuable resources to the organization, engaging in creative and complex problem solving and using diverse methods for facilitating communication both within their organization and with the community.

> *As site managers we met virtually once per month pre-pandemic. For the duration of the pandemic, we met two times per week and collaborated and problem solved together a lot. I know for me, that really meant a lot, because of the many losses, it really became almost a support group during the first weeks.*

> *Especially at the beginning, a cohesive strategy needed to be developed around making sure we could contact our diverse community of elders in ways that were digital, we definitely tried to share information over social media.*

> *One way that we were able to pivot pretty quickly…is that our friendly visitor volunteers who are trained in pure support, took on an enormous amount of work in supporting clients calling them sometimes as much as every day, to make sure that they had the support they need.*

> *As we were sending out our first virtual program calendar, we also had to develop a method of how someone should register for these virtual workshops, so it was sent to my email address, for like 1500 participants, so you can see, it was kind of high stress, so I know how to use Smartsheet and I built it...that was what we adopted and actually, that's what we're still using.*

Some staff discussed how virtual programming positively impacted their capacity to communicate with traditionally harder to reach LGBTQ+ seniors who did not attend if they were only offering in person services. Staff members discussed the increase in transgender members accessing support:

> *I also found it (virtual programming) a lot more productive to engage with a transgender community. I'm surprised with how huge the trans group has grown, they usually don't like leaving the house, they get harassed often.*

> *Some members of the trans population, it's challenging for them, so in the virtual space, it's welcoming, there were new participants that joined our groups that perhaps we wouldn't have reached had we not been virtual.*

Blurring of Personal/Professional

Staff spent a great deal of time discussing the blurred line between professional and personal life in the early stages of the pandemic. Direct care staff, who mostly identified as members of the LGBTQ+ community themselves, were uniquely positioned to provide trusted support and help. However, staff also described the challenges they experienced creating boundaries between work life and home life, and the parallel process between the experiences they were having, and their clients were having. Staff expressed feeling overwhelmed at times, expressing feelings that were consistent with a vicarious trauma response to the pressure of working during times of high crisis, perceived danger, and fear.

> *We knew definitely what our clients were saying about feeling isolated and being at home and fears of not being able to get what they needed, because we were thinking the same things too.*

> *The fact that there was a parallel process of our own experience with our clients' experience. It is really a big deal in terms of how we're able to sustain the work and not burn out.*

> *Where do you create that balance between personal and work? They were calling late at night, or on the weekends, I kept saying this is the first time that I've worked in a space where there is no separation between what I'm going through personally and what the participants are going through personally.*

> *I feel like my experience with it was very frenzied and that's what I expected in the beginning, because everything felt, really, really, new but you can't be frenzied for a year and a half that's not sustainable.*

Urgent Needs

Staff were very focused on the population of seniors who they felt had the most vulnerability and were at highest risk. Such participants did not always have reliable means of communication and utilized the center pre-pandemic for in-person concrete service needs and meals. Staff described the needs of their participants and fears of not having needs met.

> *There was a lot of anxiety and a lot of worries, how are they going to see the doctors, how are they going to get their medication. You know how they're going to see their friends how they're going to get the groceries.*

> *There really is a diverse range of people that interact with the centers. In the very immediacy when lockdown happened, food was probably the number one concern for most people and we were finding those first few days, a lot of the services across the city were just like, nope, no can-do kind of thing. So just a lot of anxiety for participants, and for staff.*

> *For some of our participants, maybe they're getting food, but they're having serious mental health issues or drug and substance abuse and coming to the center*

was how they had kept from you know, falling into those things, and now they must stay home. They're home all the time.

In addition to client needs, staff also spoke of their own personal and professional needs. The need for additional training and feeling unprepared to engage in case management work if that was not their initial job function.

Many of the non-care management staff had never experienced that kind of crisis calling and weren't trained in it. And so, that was a whole other issue as well.

I think that clinical support was provided by us as managers of the programs, we try to run support for our teams. But what we also needed was how we deal with constant death and loss, and how do we talk to clients every day, who have these enormous needs.

Future planning. As staff reflected on initial stages of the pandemic response, it was clear they wanted to make sure that there were concrete strategic plans in place should the situation become more severe. Most wanted contingency plans ready to implement in case further organizational change was needed. Staff discussed the need for further organizational preparedness so that direct care staff wouldn't again have to develop new procedures as the crisis was happening.

We just didn't necessarily have all the infrastructure initially, and we now know we need to create the time and figure out how to do it, because something you know, something like this could happen again.

I think in that aspect we need to tighten up and make sure we get on the same page, it was sort of thrust upon us and not to pat all of ourselves on the back, I think we did an excellent job, given those parameters.

You have to let the staff help you develop what it's going to look like because really, they have to figure out our services now what does this look like now post pandemic, that's the question that has to be answered.

Discussion

Staff at human organizations, are often a part of the community that they serve. Especially at an organization like SAGE, many staff members and program facilitators also identify as part of the LGBTQ+ community. This seemed to make the experience extremely personal and emotional for them. For program facilitators and staff, the community connection was often both location-based and population-based. Similar to other research with essential workers, an additional observation from several of the staff respondents was how traumatized they felt related to working through the crisis (Stahnke & Firestone, 2024). For some staff respondents, secondary trauma seemed to occur from being witnesses to clients getting sick, losing their housing, not being able to make ends meet and at times, dying from COVID-19. The sense of helplessness was palpable, as was a tendency to at times hold themselves responsible for not being able to meet the overwhelming need for help. One other critical finding was how moving to the virtual world blurred the division between personal and professional space. Staff worked extremely long hours which seemed

to add to distress and negative impact on their well-being. Several staff expressed challenges with "turning off" when they needed to. These experiences need to be addressed and supported to prevent burnout and emotional distress as we transition to the new "normal."

On the other hand, the way the frontline staff and volunteers rallied to assist older adults and provide for their physical, emotional, and social needs was noteworthy. Quick adaption to emerging needs for services, socialization, and connectedness occurred through teamwork, self- initiative, and innovative change, demonstrating organizational resiliency. Programs and services pivoted to the virtual realm to ensure that their participants' needs would continue to be met. Additionally, as the staff and facilitators reported, organizational silos between departments were often deconstructed and staff worked collaboratively on innovative and sustainable solutions for the clients. As was common in other human service organizations during the pandemic, management incorporated "bottom-up" leadership from front line staff using their direct experiences with clients to inform changes in operations (Holiday et al., 2020; Stahnke & Firestone, 2024). This increased staff and facilitators' perceptions of strength and commitment amongst colleagues towards the organization and their clients, while also helping to establish a pathway for the development of an effective new paradigm of service provision within the organization.

From an organizational perspective, the study yielded some critical findings about culture and practices. In many large social service organizations like SAGE, professional services are highly specialized and delineated. Based on the parameters set by various funding streams and the need for specifically trained personnel, organizations are often highly compartmentalized - both virtually and horizontally. This organization structure can work seamlessly if there is an effective communication and collaboration mechanism in place. If this system was not functioning smoothly prior to the pandemic, that could contribute to an exacerbation of divisions within an organization. Staff mentioned the need for timely and consistent communication between departments and personnel, as well as improved connectedness between staff and administrators. Similarly, the need to be flexible and adapt to the rapidly changing scenario was identified as the need of the hour. These concerns have not receded as staff/facilitators are still unsure of what the new system of operations will look like in the coming months. Finally, some limitations on availability of resources (support, technology, financial) for staff/facilitators and clients was highlighted by study participants. Programs and services could move seamlessly to the virtual realm, but the providers and consumers needed to have both ability and acumen in this new method of service provision.

Limitations

This study explored the experiences of frontline staff and program facilitators within SAGE. Respondents were voluntary and self-selected from purpose sampling invitations. This sampling method may have influenced the findings of the study, along with the impact of the aftermath of this crisis. We believe that providing a safe and confidential space for the respondents and having the focus group led by non-SAGE employed facilitators, helped minimize these limitations. One limitation of utilizing focus groups as a data collection

method is the potential for social desirability bias. However, as a method for gathering data through group interaction, focus groups can also unveil patterns of engagement among participants, leading to a deeper understanding of the topic (Morgan, 1997). The perspectives and values of the authors may have also influenced the analysis of the data. A codebook and iterative consensus building techniques were used to help increase credibility (Lincoln & Guba, 1985).

Conclusion

Our study makes a small but significant contribution to the literature about lessons learned and critical needs for LGBTQ+ senior social service organizations. Unresolved grief, trauma, and emotional distress are pervasive among frontline workers, necessitating robust support mechanisms such as counseling, peer support groups, and psychoeducation (Bender et al., 2021; Holiday et al., 2020; Holmes et al., 2021; Magruder et al., 2022; Stahnke & Firestone, 2024). Additionally, organizational resilience can be fostered by implementing team building and conflict resolution workshops to restore relationships and promote staff well-being (Folger et al., 2021; White et al., 2020).

Amidst these challenges, SAGE exemplified adaptability by innovating service delivery methods to meet client needs. Drawing on Lewin's change management framework (1947), SAGE has successfully navigated organizational transitions by discarding outdated practices (unfreeze) and institutionalizing new approaches (freeze). This adaptive response not only enhanced organizational resilience, but also strengthened, connections within the LGBTQ+ community. Furthermore, our findings underscore the potential of virtual programs to reach marginalized populations, such as LGBTQ+ older adults who live in underserved regions, offering privacy, while also fostering a sense of community. This underscores the importance of advocating for more resources to promote social inclusion, improved access to technology and equitable access to services for older adults.

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