



Is the Welfare Partnership's End in Sight?

Germany's Government/Nonprofit Relations under the Strains of COVID

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Abstract

This article provides an overview of how German social welfare nonprofits in health and human services fared during the COVID-19 pandemic to gauge whether the historically strong complementary relationship between the sectors has continued to hold. Conceptually, we use third-party governance theory to frame German social welfare policy and see what the pandemic experience suggests about government/nonprofit relations. Using an exploratory approach, the analysis is based on a national CAWI survey, conducted in late 2020, covering initial effects of the pandemic and nonprofit countermeasures; financial and non-financial impacts; and the uptake of support programs. The survey data presents the first attempt to analyze the pandemic effects on the most crucial component of Germany's social welfare infrastructure. The findings suggest that while the traditional partnership still exists, the government showed little interest in addressing the needs of nonprofits. This raises questions as to whether neo-liberal policies have undercut the sense that government is as dependent on nonprofits in social welfare service provision as nonprofits are on government support.

Keywords

third-party government, interdependence theory, welfare partnership, government/nonprofit relationship, human services, Germany, COVID-19

1 Introduction

The second half of the 20th Century saw the blossoming, and subsequent scholarly recognition, of close collaborative relationships between governments and the nonprofit sector across Western industrialized countries (Wuthnow & Anheier, 1991; Gidron et al., 1992; Salamon, 1995). The comparative exploration of the collaborative nature of sector relations became so dominant that it effectively resulted in a partnership paradigm. With the growth of neo-liberal policies, on one hand, and authoritarianism, on the other, however, the continued prevalence of the partnership paradigm is being called into question (Toepler et al., 2023). Next to the USA, Germany has long been held as a paragon of the welfare partnership, with its corporatist structures that vested large

responsibility for core health and social welfare services to the nonprofit sector (Anheier, 1992; Salamon & Anheier, 1998; Zimmer, 1999). In the recent past, changing government policies and attitudes (discussed below under social policy) appear to have softened the commitment of the government towards its nonprofit partners (Zimmer & Priller, 2023). In this article, we seek to gauge how well the partnership held up under the strains of the COVID-19 pandemic.

On 16 March 2020, the German government imposed a first round of contact restrictions in reaction to a drastic increase in COVID-19 infections, temporarily closing shops, bars, restaurants, schools, and kindergartens and prohibiting assemblies of people. With masking and social distancing requirements staying in place, closures were largely lifted or eased as summer approached. With infection rates rising again in the fall, a new round of severe measures to contain the spread of the virus was imposed on 2 November 2020. Contact restrictions were reimposed; services requiring close interpersonal contact, recreational activities, bars and restaurants were once again closed; entertainment events prohibited, and get-togethers in public and private places severely limited.

While these measures received widespread media and public attention and were widely debated, their implications for civil society and Germany's nonprofit sector remained largely below the public's radar, compared to the economic impact on business. The consequences for social services as well as civic activities did not get broadly recognized, nor did the substantial contributions of volunteers to mitigating problems and addressing the crises. Yet, these contributions gained in importance as, like elsewhere, the crisis also accentuated social problems beyond economic concerns, including growing social isolation, rising social inequities, reduction of civic space, and growing political fragmentation of the population over the acceptance of government-imposed restrictions. At the same time, a chosen few large organizations, notably the five large social welfare peak associations (umbrella groups representing individual human service organizations) and the four disaster care organizations (with the German Red Cross included in both counts) became indispensable contractors of governments at all levels, staffing vaccination centers throughout the country.

Yet, while their plight was not broadly acknowledged, lots of Germany's approximately 700,000 civil society organizations saw their scope of action significantly reduced during the pandemic. They nevertheless took on important roles in the mitigation of pandemic effects, attempting to maintain services when possible while some of them were facing survival threats. Overall, the impact of the pandemic on civil society organizations was very differentiated. Some were no longer able to operate at all and had to try to digitally reorganize their activities, while others had to take on additional tasks and responsibilities. Business lobbies and industry associations dominated the public discourse from the beginning by pointing to the difficult economic situation and demanding government relief programs for businesses. The pandemic sharpened awareness, as one observer noted, of the dependence of economic value creation on a functioning governmental infrastructure and public services (Heinze, 2020, 2). The Government responded by pledging unprecedented levels of support, primarily geared towards stabilizing businesses and preventing lay-offs.

Civil society in Germany, by contrast, was less successful in making the case for its potential or its needs, which differed markedly from other European countries, such as the U. K., Austria, or Switzerland. As a result, the government's offers of rescue packages during the pandemic – referred to as *Rettungsschirme* (rescue shields), connoting an image of protection from the economic storm – proved insufficient and often inaccessible to many nonprofits due to specific pre-conditions that were difficult to meet. In addition, federal, state, and local responses to the economic threats were overall poorly coordinated in contrast to the public health response to the

crisis (Hattke & Martin, 2020). The situation remained somewhat better, however, for nonprofits in federated structures, such as the free welfare peak associations, which were better positioned to articulate demands for support and had the political access at the federal level to pursue them.

The free welfare peak associations were able to do so because their members working in healthcare and human services account for the majority of the roughly 3.7 million employees in Germany's nonprofit sector, and because the government depends on their contribution to public welfare production (which had naturally gained in importance due to the pandemic). A third of all German hospital beds, for example, are in nonprofit institutions (Deutsche Krankenhausgesellschaft, 2020, 6). The five major welfare peak associations – Lutheran *Diakonie*, Catholic *Caritas*, *Arbeiterwohlfahrt* (rooted in the trade union movement), the German Red Cross, and the independent *Paritätischer Wohlfahrtsverband* – rank among the largest private employers in Germany, putting them on a level footing with industry interests. These peak associations that were created between the mid-19th and early 20th centuries (Strachwitz et al., 2020; Strachwitz, 2023), are substantially involved in both healthcare and social service provision and were granted social policy consultation rights. Also, *Malteser-Hilfsdienst*, *Johanniter-Unfallhilfe*, and *Arbeiter-Samariterbund*, as well as the German Red Cross, actually did very well financially during the crisis by managing and staffing 80% of all Germany's vaccination centres through government contracts. Using exploratory data from a national survey of civil society organizations by the Maecenata Institute for Philanthropy and Civil Society, conducted at the end of 2020, this article will discuss how German nonprofit organizations in the human services fared during the pandemic.

Our principal interest lies in gauging what the pandemic response suggests about the state of government/nonprofit relations in Germany. Underpinned by the principle of subsidiarity (Strachwitz, 2023, 51), the post-WW II era was characterized by a pronounced interdependence between the government, which relied near exclusively on nonprofits for the delivery of social welfare and much of health care services, and the human service organizations (HSO) federated under the free welfare associations, which in turn depended very heavily on government support and protection of their privileged position. In recent decades, however, the government, acting in pursuit of competition regulations imposed by the European Union, had started to loosen these protections and financial guarantees, and admitted for-profit service providers in fields previously reserved for nonprofits. As this raises the question whether the pandemic, with its extreme economic demands, further strained the partnership and the concept of interdependency, this article seeks to contribute to the discussion about the future of government/nonprofit partnerships in an age of neoliberalism.

We will first briefly outline the conceptual framework of interdependence in government/nonprofit relations and then describe the German social welfare policy context and the changes over recent decades that put human services organizations in a somewhat precarious position at the outset of the pandemic, and the governmental support programs – the rescue packages that supported nonprofits during the economic restrictions. We then discuss the survey, present findings for the human services, before concluding with an overall assessment of the pandemic's impact on the sector and the state of the German welfare partnership in general.

2 Third-Party Government and Interdependence Theory

One of the more consequential efforts to re-model the role of the modern welfare state, especially in social welfare and the human services, was the theory of third-party government (Salamon,

1995), which foreshadowed much of the modern governance literature (Salamon & Toepler, 2015; Toepler, 2023). Salamon's key contribution was to dismantle the monolithic state thinking by insisting that the functions of the financing of public services and of the actual provision be treated as analytically distinct in order to understand the full complexity of modern public service delivery. By enlisting third parties, including lower levels of government, commercial businesses, and nonprofit organizations in the delivery of government-financed public services, the post-WW II American welfare state was able to expand without increasing the government bureaucracy at the same rate.

Making this distinction then allowed Salamon (1995) to argue for a natural division of labor between the sectors, particularly in the human services, in a mutually beneficial, interdependent, collaborative relationship that “combines the respective strengths of government and the nonprofit sector while avoiding their respective weaknesses” (Salamon & Anheier, 1998, 159). Referred to as voluntary failure or interdependence theory, it remains a key conceptualization of government/nonprofit relations (Lecy & Van Slyke, 2013; Bae & Sohn, 2018) within the human services (Jang et al., 2023) and beyond (Shafiq et al., 2023).

Although historically and institutionally very different from the US, the German welfare state has served as a prime international example of the third sector government/interdependence theory and its collaborative relationship pattern (Anheier, 1992; Anheier & Seibel, 1997; Salamon & Anheier, 1998). It traditionally featured a large nonprofit social welfare sector, largely funded by the state (and/or the arms-length social security system), which guaranteed the financial viability of social welfare nonprofits with a specified role in social policy making while historically protecting the sector from commercial competition (Anheier & Toepler, 2023).

Given the presumed interdependence between the sectors, the theory would suggest that the German government would take special measures to protect its nonprofit social welfare delivery infrastructure during the COVID pandemic, while the nonprofit human service field would primarily look to government for assistance in maintaining services and organizational viability. Indeed, as Anheier et al. (1997) had shown, the primary strategy of German nonprofit managers in crisis situations has traditionally been to turn, first and foremost, to their government partners for help. Albeit still in place, the influence of NPM since the 1990s has weakened the collaborative relationship pattern in Germany, which made the COVID pandemic a significant stress test for the intersectoral partnership. When the pandemic arrived, it so happened that business lobbyists were infinitely more successful in securing government aid. In the following, we review the basis of the German collaborative pattern and the recent developments that have begun to weaken it. In doing so, it needs to be emphasized that the services provided by civil society organizations are not funded by way of subsidies, but are negotiated in scope and details between various government agencies at different level (federal, state, and local plus the semi-governmental public social security system) and subsequently performed by the organizations and funded by the respective agencies on the basis of contracts that specify the fee due for any one service provided.

3 Social Policy and the Free Welfare Associations

Germany features a substantial nonprofit sector with a total employment share of close to 12% and accounting for about 4% of GDP. More than half of German nonprofit employees are employed in social services and health care as the most significant parts of the sector (Zimmer et al., 2022). In Germany's post-WW II corporatist order (Backhaus-Maul & Langner, 2014, 115),

nonprofit organizations in health and human services, organized within the five welfare peak associations, enjoyed a special position in the social welfare field. This position was formed in the 1920s, when the welfare state, established under the 1919 constitution, had to come to terms, for practical as much as for political reasons, with the strong existing and indispensable involvement of non-state actors, church-affiliated and other, in welfare production. It was then that Catholic theorists further developed the principle of subsidiarity, which not only became a cornerstone of Catholic social theory (laid down with authority in Pope Pius XI. Encyclical *Quadragesimo Anno*, 1931, para. 79) but also a hallmark of the interplay between the state and the non-governmental social service providers organized within one of the welfare peak associations. This principle “defended the priority of individual and communal solidarity over state-run welfare programs” (Anheier & Toepler, 2023, 43). Subsidiarity accords precedence for addressing needs to smaller social units over larger ones, which should only step in where smaller units reach their limits. In practice, this suggests that nonprofits are preferable to direct government intervention, but should be supported by the government in their efforts to address social welfare needs (Backhaus-Maul & Langener 2014, 113).

Subsidiarity became enshrined in post-WW II social welfare legislation, which limited the government’s legitimacy to create health and human services agencies, provided non-governmental organizations existed that were able to implement welfare policies. As the government exponentially expanded the range of services from the 1970s, Caritas and Diakonie in particular became, in aggregate, the largest non-governmental employers in Germany, benefiting from contracts with federal, state, and local governments and the public social security system.

Beginning in the mid-1990s, however, incremental neoliberal reforms and policy adaptations began to undercut the privileged position of the non-state welfare associations. Healthcare reforms lowered contractual insurance reimbursement rates for hospitals, and some fields, including long-term and daycare, were opened up to for-profit players as pre-approved providers. While the subsidiarity principle remained technically in effect, it practically mattered less, as the establishment of quasi-markets and efforts to increase competition weakened the position of nonprofit human service organizations (Zimmer & Priller, 2023). This was also promoted by the European Commission, which viewed the privileged status of tax-exempt organizations with some skepticism, deeming it to be incompatible with European free trade regulations.

Putting nonprofits on equal footing with commercial providers in much of the human services was prone to erode the financial security as well as the advocacy capacities of nonprofit service providers over time (Zimmer & Priller, 2023). It also forced a business mindset and efficiency concerns on them that, in combination with financial constraints, increasingly degraded their ability to function as independent civil society actors (Strachwitz, 2023). In addition, tax laws significantly handicap nonprofits by limiting the building of financial reserves. What is more, emergency response capacities were reduced, entitlements pared back for the sake of economic efficiency, and regional emergency response plans became neglected despite warnings by nonprofit providers. The Federal Office of Civil Protection and Disaster Assistance, for example, collated these concerns in a 2012 report to the German parliament (Deutscher Bundestag, 2013), which outlined several potential scenarios that eventually turned real in 2020, but did not lead to any political action at the time. Non-governmental service providers were hampered in their ability to act on their own by the constraints imposed through collective contracts.

4 The Government's Rescue Packages

Because of the shortcomings in emergency preparedness, government support programs were slow to start at the onset of the pandemic. At the beginning, it was private initiatives by individuals, nonprofits, and small and medium-sized businesses that provided resources to procure personal protective equipment (PPE), disinfectants, and other necessities for first responders in human service organizations. The peak welfare associations themselves mobilized their limited resources to provide financial and other support targeted at organizations most impacted at the frontlines of pandemic mitigation. These helped defray general costs, such as rents, for CSOs, employees, and citizens, and helped stabilize those that fell through the cracks of the governmental economic rescue programs.

Whereas the Paycheck Protection Program (PPP) in the United States applied equally to small businesses and nonprofits, covering 95% of all US nonprofits (Salamon & Newhouse, 2020), the German federal government's economic rescue packages intended to mitigate the economic effects of the pandemic proved less comprehensive, although they did apply to nonprofits under certain circumstances. State governments supplemented the federal rescue efforts by offering additional economic relief, generating a diverse array of supportive initiatives for nonprofits between the federal and state governments as well as among the latter (Schrader et al., 2020; Zimmer & Priller, 2021). In contrast to neighboring Austria, for example, where a unified federal approach across all relevant ministries was developed in consultation with civil society representatives (see Meyer et al., 2021), the German federal government did not develop such a comprehensive approach. Support programs, launched to provide immediate aid, were nearly exclusively financial in nature, located at various federal and state agencies, frequently policy field-specific, and barely coordinated. The various programs were also never fully tallied up (Schrader et al., 2020).

The Federal Government launched a general immediate aid program in March 2020 to help cover revenue losses for small enterprises during the initial lockdown. Separate state-level programs were initiated in April 2020 as short-term financial aid for nonprofits in specific policy fields lasting through July 2020. As the pandemic progressed through the summer, these initiatives were largely replaced with federal bridge support (*Corona-Überbrückungshilfen*) (Ehrenamt 24, 2021), although a few states continued their own programs into 2021 (Zimmer & Priller, 2021). The federal government introduced the bridge support program in the summer of 2020 to keep businesses and organizations alive that were facing permanent closure. The first phase applied broadly across the economy, but later phases from November 2020 through June 2022 were more targeted (*Table 1*). The programs focused on covering up to 90% of the fixed costs of small and medium-sized enterprises, the self-employed, as well as commercially-operating nonprofits that had experienced significant fee-for-service income losses due to pandemic restrictions, with a cap of €50,000 (\$60,000) (BMW & BMF 2021). With the so-called "Lockdown Light" in November 2020, a second, supplementary Extraordinary Aid to the Economy program (*Ausserordentliche Wirtschaftshilfen*) was created that allowed unbureaucratic aid in the form of non-repayable aid to businesses and organizations experiencing constant turnover reductions of at least 80% during the lockdown. Eligible entities could claim 75% of the average turnover/business income of November and December of the prior year (BMW 2020, 1.1, 5.3).

Table 1. Key federal aid programs during the pandemic

Timeline	Programs
March to May 2020	Immediate Aid (<i>Soforthilfe</i>) 2.2 mln applications; 1.8 mln approved; vol: €13.28 bln – Compensation for lockdown revenue losses for small enterprises and the self-employed
June to August 2020	Federal Bridge Support I (<i>Corona-Überbrückungshilfen</i>) 137,188 applications; 129,595 approved; vol: €1.42 bln – For businesses and organizations facing permanent closure
September to December 2020	Federal Bridge Support II 215,300 applications; 203,990 approved; vol: €2.76 bln – Covering the fixed costs of small and medium-sized enterprises, the self-employed, and commercially-operating nonprofits. Extraordinary Aid for the Economy (<i>Außerordentliche Wirtschaftshilfen</i>) 761,282 applications; 706,382 approved; vol: €13.79 bln – Non-repayable subsidies for November and December of 2020 to businesses and organizations experiencing constant turnover reductions of at least 80% during “Lockdown Light” in November and December of 2020.
November 2020 to June 2022	Federal Bridge Support III & IV 900,372 applications; 673,404 approved; vol: €38 bln – 90% of fixed costs could be subsidized for each month in which revenue losses amounted to at least 30%.

Sources: based on BMWI, 2022; Schrader, 2021

While the bridge support and the extraordinary aid covered tax-exempt nonprofits, they were, however, limited to subsidies for fee-for-service income losses and did not factor in lost membership dues, donations, or other public subsidies, nor did the government recognize or even acknowledge the contribution offered by nonprofits in fields like community building and self-help. In addition, applications had to be submitted through certified public accountants (CPAs) or tax attorney offices, which proved a significant barrier for smaller and mid-sized nonprofits. Taken together, this severely limited the number of nonprofits that were able to avail themselves of aid through these programs. All support programs that nonprofits could avail themselves of were limited to their business, i.e., fees for services and other semi-commercial activities. Services provided free of charge in pursuit of their charitable mission did not qualify for government support, although these proved to be more urgently needed than before the pandemic. Governmental support was primarily focused on the services provided by the nonprofit sector and overlooked advocacy and other more expressive activities. In particular, political initiatives that were less likely to obtain tax-exempt public benefit status, and those not represented by peak associations or unable to demonstrate COVID-enforced service reductions, lost out (Schrader et al., 2020). Bridge support only began to allow nonprofits to apply for reimbursements of total revenue losses, that is, including reduced donations, membership dues, and other public subsidies in addition to fee-for-service income in 2021 (Ehrenamt 24, 2021).

On balance, the various programs provided a patchwork of short-term financial aid that lacked a comprehensive strategy for countering any longer-term effects of the pandemic on the nonprofit sector (Zimmer & Priller, 2021). In addition, it was not only financial shortfalls that posed a problem for organizations. With the rise of digitalization, many organizations also

experienced new additional costs as they were forced to invest in hardware and software or organize additional space for their activities due to minimum distance regulations. This was not compensated for by the rescue packages. Service providers that were better integrated into the corporatist structures, by contrast, particularly in social welfare, culture, education, environment, youth, and sports, were more successful in advocating for, and receiving, comprehensive aid from the government. Independent, often smaller nonprofits that were not embedded into the governmentally financed public service delivery networks, on the other hand, remain largely excluded from the rescue efforts. This was very noticeable when activities exceeded the provision of services and included advocacy and/or community-building activities. The latter in particular bore the brunt of the restrictions imposed, received no support, and suffered a sharp decline in voluntary engagement, while the government failed to recognize the long-term societal consequences of this development.

5 Data

Research on the effects of crises on nonprofits in Europe has been few and far between (Pape et al., 2016). Moreover, prior crises did not provide a useful blueprint for the COVID response, and the effects of the pandemic and the public health mitigation measures to contain it constituted an unprecedented and ill-defined challenge, not only for government and business, but also for a wide range of nonprofit organizations, that exceeded prior crisis situations in complexity and multidimensionality. This range of new crisis challenges constituted an empirical situation that suggested taking an exploratory approach (Stebbins, 2001; Swedberg, 2020) to gauging the initial reactions of nonprofits to the pandemic. The country-wide public health mitigation measures did not expire until April 2023 in Germany, and the global public health emergency was not lifted until May 2023 by the WHO. Our research aimed at gauging the range of experiences that human service and other nonprofits experienced at the height of the pandemic.

The data used in this article draws on a web-based organizational survey that was designed and commissioned by the Maecenata Institute for Philanthropy and Civil Society and conducted by the data analytics and market research firm Kantar. Following the results of an earlier study (Schrader et al., 2020) that had explored the initial effects of the pandemic on Germany's civil society sector, the survey sought to embrace how nonprofits fared during the second COVID wave in the fall and early winter of 2020, what core needs were and to what extent government support mitigated problems.

The survey using computer-assisted web interviewing (CAWI) technology was conducted between November 25 and December 31, 2020. It was promoted to a broad range of civil society actors in Germany through newsletters, social media, online ads, and e-mail address databases provided by various relevant associations and organizations. The questionnaire was broken down into four parts. The first part sought information on the financial impact of the pandemic (how and to what extent the organization was affected; how key revenue sources had developed; measures taken and new expenditures). The second part asked about potential opportunities resulting from the pandemic crisis, and the third part focused on public and private aid programs and the support needs of nonprofits). The fourth part collected general information about the organization and its activities. The survey generated 282 responses from organizational representatives. Four self-identified as representing public agencies and were omitted from the analysis for 278 usable responses. The quantitative analysis was supplemented

with five semi-structured expert interviews, conducted in March and April 2021 with peak association representatives to contextualize the findings.

For the purposes of this article, we re-analyzed the data to differentiate between human service organizations (HSOs) in the social welfare field and other responders. Included as HSOs here are disability and health services; welfare, social assistance, homelessness; child welfare and youth; and nursing and senior care. These services accounted for 135 of the 278 total responses. The remaining 143 responses were from nonprofit service providers in a variety of other fields, advocacy, social movement, and consumer protection organizations, philanthropic foundations, and community and grassroots groups.

6 Analysis and Findings

The coronavirus pandemic and the public health measures to combat it had substantial effects on German social welfare nonprofits. Three-fourths of these organizations reported significant to very significant impacts, with another fifth noting at least some impact. HSOs reported very significant impacts at higher rates than other NPOs, of which two-thirds reported significant or very significant impacts overall. *Table 2* shows specific effects that the pandemic had on operations. The largest concern among HSOs was related to demands on, and changing deployments of staff (66%). Extra workloads and shifts to different tasks and assignments were exacerbated by the need to cut program services (58%); new government demands, such as requirements to develop and enforce hygiene plans, making working conditions more difficult (48%); growing bureaucratization to manage changing routines (43%); and staff shortages due to sickness (23%), as front-line workers continued to be exposed. Although some HSOs saw an increase in volunteering (10%), a much larger share saw a decline in volunteer engagement (35%), further adding to staff workloads. Many HSOs found the pivot to digital services difficult (44%) amid generally rising costs (37%) and financial shortfalls (41%).

Other NPOs reported similar impacts, but in all but one case (loss of visibility) at lower levels than HSOs. Among the greater discrepancies are that other NPOs saw much less need to cut programs (40%); were more adept at digitizing operations (34%); had only half the incidence of cost increases (19%); lost fewer volunteers (22%); and experienced fewer staff shortages due to sickness (11%), most likely because of less direct client contact.

Table 2. Organizational effects of the pandemic
(% very strong and strong agreement)

	HSOs (n=131)	Other NPOs (n=138)
Demands on staff	66%	61%
reductions in program services	58%	40%
Difficult working conditions due to government requirements	48%	42%
Insufficient digitalization	44%	34%
More bureaucratic work routines	43%	38%
Financial shortfalls	41%	38%

	HSOs (n=131)	Other NPOs (n=138)
Higher costs	37%	19%
Reduced volunteer engagement	35%	22%
Lower visibility of activities	24%	31%
Sick staff	23%	11%
Changes among the core clientele	22%	16%
Membership decline	12%	5%
Growing volunteering	10%	5%

Source: COVID Survey

These general assessments underscore the complexity and multidimensionality of the pandemic challenges that exceeded those of prior crises that were largely limited to financial shortfalls. HSOs appear to have been affected more strongly than other nonprofits, likely because of the greater need to maintain face-to-face services. This, in turn, should have called for more focused government support to cushion the impact on the social welfare infrastructure. The potential need for a more specialized, custom-tailored government response for HSOs is also suggested by strategies that HSOs utilized to manage operations during the pandemic crisis, which imply different needs than those of other nonprofits.

Table 3. Organizational responses
(% very strong and strong agreement)

	HSOs (n=124)	other NPOs (n=123)
Canceled face-to-face events	74%	70%
Canceled/postponed projects	73%	65%
Pivot to digital services	69%	74%
Switched to home office	66%	65%
Using financial reserves	40%	25%
Across-the-board spending cuts	37%	38%
Simplified office routines	34%	43%
Canceled/postponed new investments	33%	31%
Increased fundraising expenditures	17%	11%
Staff time cuts	15%	18%
Leased new space	10%	5%
Renegotiated/canceled contracts	10%	20%
Started to fundraise for the first time	6%	5%
Canceled leases	2%	6%
Cutting fundraising costs	2%	5%
Workforce reductions	1%	1%
Special members assessments	1%	2%
Other	6%	5%

Source: COVID Survey

Table 3 shows the organizational responses, that is, the measures that HSOs and NPOs undertook to address the difficulties they experienced from the beginning of the pandemic crisis. Nearly three-quarters of HSOs had to reduce face-to-face events (74%) and cancel or postpone projects (73%) at higher rates than other NPOs (70% and 65%, respectively). The latter were better able to offer digital services than HSOs (74% to 69%), although about two-thirds of both groups were able to let some staff work from home. In terms of instituting across-the-board cuts and canceling or postponing investments, the differences were only minor, but HSOs had to dip into financial reserves more frequently than other NPOs (40% vs. 25%).

They were less able to renegotiate or cancel contracts (10% vs. 20%) and more likely to have to lease new space (10% vs. 5%), likely to respond to new needs and to maintain client services in compliance with distancing requirements, thereby increasing financial pressures. Accordingly, HSOs found it more necessary to raise fundraising expenditures than other NPOs (17% vs. 11%) and were more reluctant to seek cost savings by cutting fundraising outlays (2% vs. 5%). Few organizations (1%) found it necessary to let staff go and reduce their workforces in marked contrast to the US, where initial job losses in the nonprofit sector had been estimated as substantial (Salamon & Newhouse, 2020).

6.1 Expenditure and Revenue Impacts

Like other places of work in Germany, nonprofits were required to develop hygiene concepts to continue activities. These involved conducting risk assessments and developing specific plans and protocols to mitigate the spread of COVID at the workplace and implement public health workers’ protection mandates, such as measures to reduce interpersonal contacts, providing medical facemasks, offering home office options where feasible, and ensuring approximately 100 sq. ft. of space for each person per room or, alternatively, installing ventilation or barriers. As shown in Table 4, the creation and implementation of these hygiene concepts proved to be the most noted reason for higher expenditures by HSOs (77%), followed by digitalization expenses (73%) and limits on participation (55%), that is, the number of persons, including clients, allowed to gather for events or interventions. Offering the same services to smaller groups of clients required additional personnel (27%), and together with the hygiene concept implementation, increased training needs and costs (39%). Nearly all of these cost drivers affected HSOs to a higher degree than other NPOs (Table 4), suggesting a financial crunch that forced HSOs also to increase fundraising expenditures at a higher rate (26% to other NPOs’ 20%) in an effort to generate new private revenues.

Table 4. Main Drivers of Expenditure Changes since the Beginning of the Pandemic
(% very strong and strong agreement)

	HSOs (n=124)	other NPOs (n=123)
Hygiene concepts	77%	65%
Digitalization costs	73%	73%
Participation limits	55%	54%
Increased training needs	39%	26%
Personnel cost	27%	18%
Higher fundraising expenses	26%	20%
Other	7%	7%
No changes	3%	9%

Source: COVID Survey

The financial crunch is also borne out in *Table 5*, which shows how nonprofits assessed changes at the end of 2020 among the main revenue categories, as compared to 2019, the year before the pandemic’s onset.

Table 5. Revenue situation in 2020, compared to 2019
(HSOs n=131; other NPOs n=138)

	Donation and dues		Fees-for-service		Commercial operations		Investments	
	HSOs	other NPOs	HSOs	other NPOs	HSOs	other NPOs	HSOs	other NPOs
Better	14%	18%	2%	5%	0%	3%	3%	0%
Same	35%	43%	27%	18%	20%	25%	61%	47%
Worse	48%	36%	67%	75%	76%	72%	24%	53%
No response	4%	2%	5%	2%	4%	0%	13%	0%

Source: COVID Survey

While more than 60% of HSOs were able to maintain the levels of their investment income, the lockdowns and other pandemic restrictions took their toll on their auxiliary businesses and commercial operations. One in five, however, managed to maintain commercial income levels of 2019, but three-quarters (76%) noted worse results than the year before. Fees-for-service, that is, mission-related business activities, fared somewhat better with 2% improving on and 27% maintaining prior year results. Two-thirds (67%) still saw their fees-for-service decline. Although the survey respondents suggested an overall decline of donations by 10%, the situation with dues and donative income looked relatively better, which in part may be a reflection of increased fundraising efforts. Only about half of the respondent HSOs saw their dues and donations income decline. More than one-third (35%) maintained dues and donations at 2019 levels, and 14% actually generated better results, suggesting that some sections of the social welfare field were better able to reach the public. Compared to NPOs in other fields, though, HSOs overall did not do as well. While the former had more problems with their fee-for-service and commercial income, they outperformed HSOs in terms of raising donative income. More than six in ten improved (18%) or maintained (41%) fundraising levels, and only 36% saw declines (*Table 5*).

6.2 Non-Financial Challenges

Beyond the considerable financial concerns, HSOs also struggled with a number of additional challenges caused by the pandemic. While maintaining services was a significant issue for only 36% of HSOs, two-thirds reported that uncertainty about financial outlooks led to a lack of planning security. One-fifth felt that the government did not provide enough information (22%) to help HSOs adjust in a timely manner. Public health measures intended to mitigate the pandemic increased space needs (35%) and constraints introduced through government requirements, like the hygiene concept, led to a perception of reduced managerial freedom (66%).

Issues relating to digitalization, or pivoting to online processes and services, were among the most pressing concerns. A vast majority of HSOs (74%) reported difficulties with reaching clients digitally. Deficiencies at the organizational level further exacerbated the situation:

About half note not having sufficient digital know-how (51%), 44% lack the requisite computer hardware, and about as many see their digitalization efforts stymied because of inadequate access to the public digital infrastructure (43%). Problems with taking processes and services online have led to reduced access of volunteers and some staff to core activities (54%). Most organizations have found it more difficult to contact volunteers (58%). In nearly all of these dimensions, HSOs fared worse than NPOs in other fields, which, on balance, were less likely to have to maintain some level of face-to-face client service than the human services. It should be noted, however, that many community-building NPOs, such as recreational or sports clubs, were also disproportionately affected in terms of non-financial challenges because they were hit particularly hard by contact restrictions, although the need for personal contact was rated lowest here.

6.3 Uptake of Aid Programs

At the end of 2020, only about a third of HSOs had applied for government support (30%) or were planning to do so (4%). Slightly more than another third did not apply because the government requirements proved too complex for them to handle (6%) or because they did not meet eligibility criteria (29%), which included public benefit status, sufficient losses caused by pandemic restrictions, and membership in designated peak associations and federations. One-fifth of HSOs felt in a strong enough position during the pandemic not to need any aid (19%), and another 6% were not interested in receiving aid from the government (*Table 6*).

Table 6. Applications for Public and Private Support in 2020

	<i>HSOs</i> (n=124)	<i>other NPOs</i> (n=123)
Government Support Programs		
<i>Applied for government support</i>	30.6%	20.3%
<i>Not applied, but planning to</i>	4%	2.4%
<i>Not applied: not meeting eligibility criteria</i>	29%	26.8%
<i>Not applied: programs are too complex</i>	5.6%	9.8%
<i>Not applied: no interest in government support</i>	5.6%	5.7%
<i>Not applied: aid not needed</i>	19.4%	30.1%
<i>No response</i>	6.5%	6.5%
Private Support Programs		
<i>Applied to foundations/other nonprofit sources</i>	30.6%	16.3%
<i>Applied for corporate support</i>	8.1%	4.1%
<i>Applied to other sources</i>	2.4%	0%
<i>Did not apply</i>	51.3%	78.9%
<i>No response</i>	5.6%	3.3%

Source: COVID Survey

Among NPOs in other fields (*Table 6*), the share of organizations not needing aid was considerably higher (30%), but the number of organizations seeking government support was considerably lower, with only about one-fifth having applied (20%) or planning to do so (2%).

Slightly fewer didn't meet eligibility criteria (26%) compared to HSOs, but more found the government programs too complex (10%). HSOs and other NPOs also differed considerably in their approaches to applying to the pandemic support programs of private institutions and organizations (*Table 6*). Whereas about half of HSOs applied for private aid (52%), nearly four out of five (77%) of other NPOs did not. 31% of HSOs sought help from foundations and other philanthropic sources within the nonprofit sector, and 8 percent from corporations, at about twice the rate of other NPOs (16% and 4%, respectively).

7 Discussion

Germany's peak welfare associations, comprising some 120,000 individual member HSOs with a capacity of over four million beds or other placements, about two million employees, and many more volunteers, continue to form the bedrock of the country's health and social care (Zimmer & Priller, 2021). Accordingly, they bore the brunt of the crisis response and mitigation efforts and took on central tasks and responsibilities to ensure the continuance of public social welfare services. In maintaining care for the needy and those requiring assistance, HSOs frequently went beyond and above their contractual obligations under adverse circumstances (Grunau, 2021). While childcare centers and some other facilities were subject to lockdown requirements, other services, such as rescue and ambulance services, hospitals, nursing homes, shelters, and other care facilities, needed to stay open (BAGFW, 2020). Staff temporarily moved into facilities to protect patients and residents or into home care if facilities had to close. In some cases, they were the only social contacts for people living in such institutions. As volunteers stayed away because of the risk of infection, employees had to put in additional efforts, working overtime without additional compensation (interview, welfare association representative; Zimmer & Priller, 2021). As the pandemic progressed, the government drew the Red Cross and other emergency responders into setting up and operating vaccination centers. Inoculation drives among vulnerable and hard-to-reach populations were also coordinated and conducted through the infrastructure of the welfare associations, as an interviewed representative pointed out.

The burden on staff due to the extraordinary requirements of maintaining services during the pandemic was a major concern of HSOs, as borne out in the survey. The human service response to the crisis required continued face-to-face care and interaction more so than in other fields, such as education. Various digitalization barriers nevertheless prevented lifting at least some of the burdens on the staff through online options.

Realizing that a retreat from service provision obligations was not an option, welfare representatives early on appealed to the government for a "protective commitment that [current] public financial flows will be maintained and economic losses threatening the existence [of providers] will be compensated" in addition (Hensel, 2020). This call was reflective of concerns that contractual arrangements could frequently result in the public insurance systems refusing to cover costs if services could not be delivered as contractually required, and HSOs would get stuck with unreimbursed expenses (see AWO Bezirksverband Westliches Westfalen, 2020; BAGFW, 2020). In one of the larger federal states, a welfare association was able to negotiate more flexibility in service delivery as well as financing guarantees, but such commitments were walked back, and the government eventually issued reclamation requests after all. Moreover, another association anticipated that the government would seek to recover current excess expenditures by reducing future regular subsidies, which would suggest continued long-term negative impacts of the pandemic crisis (interview, welfare association representative).

This incident is indicative of a perceived lack of recognition by the government of the contributions of HSO staff and volunteers to maintaining the social infrastructure during a time of extreme stress, and its resulting failure to provide the needed financial and immaterial support (Diakonie Deutschland, 2020). This lack of recognition of the free welfare associations' special role and needs is reflected in the government support programs which largely treated HSOs like businesses rather than crucial partners at the forefront of crisis management (Zimmer & Priller, 2021), making some concession to the peculiarities of the nonprofit form (e.g. treatment of donations as recoverable revenues) only in later rounds. The survey findings show that the government programs were too cumbersome in their complexity and eligibility requirements to provide substantial support to more than just one-third of HSOs. That half of HSOs and an even higher share of other NPOs did not apply to private sources of assistance may be a reflection of limited pandemic response programs by private funders as much as a continued tendency among German nonprofits to look to government for assistance (Anheier et al., 1997). What is more, the lack of a more tailored government response to aid HSOs also meant that major, especially non-financial, needs of the social welfare sector went unaddressed. This was particularly visible in the prominence of digitalization as a pandemic cost driver (second only to the hygiene concept mandate) and the various digital readiness and infrastructure issues among the non-financial challenges.

The government's commitment to its partnership with the peak welfare associations and the historically strong complementary relationship between the sectors (Seibel, 2022, 72) has shown strains during the pandemic, but overall corporatist patterns arguably still held (Benevolenski et al., 2023). The preferential treatment that characterized the welfare partnership between the sectors in much of the last century, however, has largely waned. "With respect to the acknowledgment of the sector as a valuable partner in the policy process, particularly in difficult times, the programs of the Federal government are disappointing [and] were developed in a top-down approach without giving civil society the possibility of making its voice heard" (Zimmer & Priller, 2021, 56). While the economic support programs did help mitigate the financial impacts of the crisis, government help with much-needed investments in the digitalization of HSOs or with the flexibilization of contractual obligations and arrangements remains elusive. There was also virtually no recognition of the significant extra effort put in by HSO employees. The special commitment of those working in system-relevant professions in health care and social services, was recognized only briefly with much applause. Sustained acknowledgment of services, however, did not take place because, in collective bargaining, if at all, only one-time payments in the form of COVID bonuses were agreed upon.

8 Conclusion

Cross-national comparisons suggest a continuum of government-civil society relations in the pandemic crisis response, ranging from governments blocking civil society action, on one end, to extensive, cross-sectoral cooperation with extensive public funding, on the other (Kövé, 2021). Germany, formerly a paragon of government-nonprofit collaboration in social welfare (Salamon & Anheier, 1998), occupied only a middle ground. Conceptually, this suggests that third-party government still provides a key rationale to explain the German government's social welfare policy stances, but that interdependence theory is considerably weakened as a theoretical rationale behind German social policy. The government did not consult with the free welfare associations about the need for special programs for the human services, leaving HSOs not much better off than other

nonprofits; and the crisis raised new costs (i.e., physical space needs due to hygiene requirements and digitalization) and organizational needs (i.e., loosening of contractual obligations) that the government chose not to address. This is consistent with the move towards quasi-markets in social welfare, granting access to commercial competition, and the abolition of financial guarantees for HSOs that preceded the pandemic crisis (Zimmer & Priller, 2023). This is demonstrated, *inter alia*, by the successful bids for contracts that five nonprofit rescue and disaster care organizations submitted to the government agencies responsible for the extensive public vaccination programs. The contracts were exclusively awarded on the basis of business plans and capacity, with no regard to their nonprofit status and longstanding partnerships. As a result, 80% of the vaccinations nationwide (and 100% in some areas) were organized by nonprofits.

Yet, with commercial entities now available to act as “third parties” in social welfare, the government’s dependence on nonprofit HSOs is diminished, and the lack of support programs focused on the specific needs of HSOs during the pandemic is among the clearest signs yet that Germany’s welfare partnership has become unbalanced. An open question is to what extent HSOs remain dependent on the government. Given the strength of the dependency in the past (Anheier, Toepler, & Sokolowski, 1997), it is noteworthy that only a minority of HSOs chose to apply for the government’s rescue shields, which is only partially explainable by the misalignment of the support programs’ goals with the needs of HSOs. In some of the nonprofits concerned, a strategic rethinking has begun to determine, to what extent this dependency could be tolerated in the future. In the mid-term, this might lead to a fundamental reshuffling of social service provision in Germany.

Exploratory research has its limitations. While we can say what challenges German human service and other nonprofits experienced at the height of the pandemic and what strategies they employed in response, we cannot determine what share of Germany’s 120.000 HSOs had these experiences and to what extent, or how differences between various nonprofits shaped their experience. At this point, confirmatory research still needs to address these questions conclusively. Here, we can only offer suggestions for future hypotheses and research themes. Nevertheless, our findings are broadly compatible with other similar studies conducted during the same time period on social welfare organizations in Austria (Meyer et al., 2024) or immigrant-serving nonprofits in Canada (Preston et al., 2024)

Among these, digitalization emerged as a core issue. Upgrading computer systems and digital know-how, and developing new ways to reach and serve both clients and volunteers, requires significant investments on the part of HSOs, but the post-pandemic return to more face-to-face service provision reduces the urgency to make these investments, especially if the government is unwilling to support the effort. On the policy level, the government’s relative inattention to HSOs during the pandemic suggests a further erosion of the privileges once granted to the preferred nonprofit “third parties.” With the social welfare structure not collapsing during the pandemic stress test, there seems to be little incentive for the government to reverse course in the neo-liberalization of social welfare. Future research will have to ascertain, however, whether all sub-fields held up equally well during the pandemic or whether HSOs in some areas did better than in others. Crucially, research also needs to examine how commercial, for-profit providers performed in comparison to nonprofit HSOs during the pandemic. Whether they did better or worse might well determine how the government will evaluate the welfare partnership in the future. Unfortunately, such evaluations will likely not consider the counterfactual, that is, how much better German HSOs might have responded if the government had chosen to loosen the constraints of neo-liberal funding arrangements. This is what the Canadian government did in the case of immigrant-serving nonprofits, which freed these organizations to invest in digitalization and organizational capacity and improve their service delivery outcomes (Preston et al., 2024).

Finally, and importantly, the fuzzy edges between service provision and community building in HSOs during the crisis have as yet not been adequately researched. While the plummeting of volunteerism in sports clubs is well researched (e.g., Feiler & Breuer, 2021) and the drawbacks for developing communities of choice during a crisis have come to be recognized as long-term negative outcomes of the crisis, the issue as to whether HSOs in their role as community organizations are affected merits further attention. There are indications that volunteering in HSOs has not only mushroomed to some extent but has also prompted discussions within these organizations as to whether their role as “just service providers” deserves to be revisited.

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