THE IMPACT OF COVID-19 ON SOCIAL SERVICE PROVIDERS WHO WORKED WITH THE HOMELESS POPULATION

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A Project

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In Partial Fulfillment

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by

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ABSTRACT

Minimal research has been conducted to evaluate the effects COVID-19 has had on social service providers and their ability to deliver services to the homeless population during the pandemic. This research study seeks to focus on three areas that include: the mental health of the social service providers, the ability to adapt and provide services to the homeless population through telehealth, and the available resources social service providers were able to access to assist their clientele. To explore the impact of COVID-19 on social service providers who work with the homeless population, a qualitative cross-sectional research study was conducted through structured interviews. COVID-19 has brought unforeseen challenges for everyone but especially for social service providers who are trying to continue the provision of services to such a vulnerable population. Researchers hope to provide social work practice with a better understanding of how to support social service providers and people experiencing homelessness during an unforeseen crisis or pandemic.

DEDICATION

<u>Franco</u>

This research is dedicated to my beautiful mother, my wonderful father, my amazing brothers, my beautiful nieces and nephew, and my dog, Zeus.

<u>Cynthia</u>

This is dedicated to my mother Maria Del Carmen Jauregui and my loving partner Edgar Arredondo. You both have supported me throughout my master's program with unconditional love, support, and patience. I would not have been able to get through this process without the two of you. Words cannot express the gratitude I have for the both of you, thank you from the bottom of my heart.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

As COVID-19 spread across the county and the globe, legislators at the federal, state, and county levels were forced to implement radical measures to stop the spread of the virus. COVID-19 safety guidelines forced social service providers in Los Angeles and San Bernardino Counties to change the way their services were provided which included adhering to social and physical distancing guidance such as avoiding close contact with other people and working from home when possible (County of Los Angeles Public Health, 2020). According to the United States Interagency Council on Homelessness, as of January 2019, there is an estimated 151,278 homeless individuals in California, of which almost 60 thousand homeless individuals live in San Bernardino County (Homelessness in the United States: The federal government's annual census of unhouse people, 2020; Paynich, 2020; San Bernardino County, 2019).

Policies implemented by legislators may have inadvertently affected how social service providers work with the homeless population. Social distancing mandates have had a big impact on education, development, and employment (Noutchie, 2021). Additionally, social distancing policies forced social service providers to stop meeting face-to-face with their clients and rely on technology which may be difficult for homeless individuals to access.

Furthermore, social service providers were forced to reckon with their own wellbeing while trying to assist their vulnerable clients. Research on the impact of COVID-19 on mental healthcare providers found that perceived high risk of exposure to COVID-19 and fears about one's own health was associated with worse mental health outcomes (De Brier et al., 2020).

Social service providers in different agencies that have been affected in servicing the homeless population include local and state health departments, homeless service providers, housing authorities, case managers, drug and alcohol service agencies, and behavioral health support (Center for Disease Control and Prevention, 2020). There are many issues that people experiencing homelessness such as lack of shelter and inability to self-isolate and such factors put them at an increased risk of contracting COVID-19 (Komaromy et al., 2021). Additionally, homeless individuals have less access to health care providers and other services, and COVID-19 has only increased these challenges (Lima et al., 2020).

The roles of social service providers have been affected by COVID-19 for instance the shift from providing services in-person to meeting via telehealth (Cornell et al., 2021). Certain organizations were able to stay open to some degree as they were considered essential workers, however, many organizations had to reduce their services which meant that social service providers were not able to reach the same level of clientele as before the pandemic. Furthermore, social service providers modified their roles to deal with the increasing number of

COVID-19 cases such as relying on telehealth. An effective way to reduce the potential of exposure to COVID-19 is the use of presently available technology to provide services (Moaghesh & Hajizadeh, 2020).

The Center for Disease and Prevention (CDC) issued a guide that different organizations in their practice approach must incorporate with their homeless clientele. Nonetheless, one of the biggest changes that have continued to significantly impact the homeless population is the practice of having to reduce the staff, the traffic flow of clients being serviced, and the health and wellness checks that may turn clients away from being seen (Centers for Disease Control and Prevention, 2020). Other practice approaches have been turning to online platforms, telehealth, and telepsychology to reach clients without having to have face-to-face interaction (Pierce, 2021).

Purpose of this Study

The purpose of this study is to determine the impact of COVID-19 and how it has impacted the social service providers who work with the homeless population. This study hopes to identify how COVID-19 impacted the social service providers to assist in the creation of social policies, programs, or possible interventions that will better facilitate the continuity of client care during a future crisis. For this study, social service providers include social workers, case managers, community outreach workers, and program supervisors. This study hopes to identify what barriers social service providers faced as delivery of

services is critical when a crisis has presented itself. Their experiences are invaluable to contributing to social work practice, policy, and research.

This study will address the challenges that social service providers experienced during this pandemic while providing service to the homeless population. This study will explore how social service providers were impacted in certain areas of their life which include physical and mental wellbeing, providing services through telehealth, and resource navigation. This research study will conduct a qualitative research method. The researchers will conduct interviews with social service providers via zoom. The rationale for a qualitative research method is due to acquiring a deeper examination of what the social service provider is experiencing, and the deeper meaning of that said experience is. The data that will be collected will include information about their mental health, social support, the limitations of interaction they had in servicing their clientele, how the pandemic impacted their clients, and information including their suggestions of what is needed or what could be improved.

Significance of the Project for Social Work Practice

This study is needed to help social service providers, organizations, and legislators in creating a plan for this vulnerable population. This study hopes to contribute to the creation of a "crisis standard of care" (Barocas & Earnest, 2021). A crisis standard of care would create a standardized plan across various organizations that work with the homeless population to continue to ensure the safety and well-being of all clienteles as well as the workers in a crisis. This crisis

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standard of care may include additional funding where there is a need, a workforce that is prepared to deliver services in a variety of ways to still provide good quality of care and most important policies that can be flexible to meet the needs of the clientele in changing circumstances (Barocas & Earnest, 2021).

The COVID-19 pandemic impacted virtually all aspects of our society. The findings of this study will contribute to social work practice by looking into the effects that COVID-19 has had on social service providers servicing the homeless population. This study will help the social service providers analyze what are some of the challenges that come with providing services during a global pandemic so that social service providers will be better prepared to address this vulnerable population should another unforeseen disaster occur.

This study will be informed by the exploring phase of the generalist model. There are a variety of ways in which social service providers could have serviced their clientele. Exploring the front-line workers' experiences who directly saw the impact of COVID-19 on this population as well as themselves becomes essential to be able to plan or even implement future crisis policies. The full impact of COVID-19 on social services has yet to be studied, so, this question must be asked. How has COVID-19 impacted social service providers who work with the homeless population?

CHAPTER TWO

LITERATURE REVIEW

Introduction

According to the World Health Organization (WHO) global-wide numbers
for COVID-19 are as follows, 145,216,414 confirmed cases, 3,079,390 confirmed
deaths, and 223 countries have reported COVID-19 cases (World Health
Organization, 2021). The COVID -19 pandemic impacted various aspects of
society, including mental health outcomes. Measures to reduce the spread of the
virus such as the implementation of social distancing measures and having to be
quarantined at home for prolonged periods of time may have inadvertently led to
a rise of mental health challenges (Gangwar et al., 2021). Likewise, researchers
assessing mental health outcomes 2-months after the onset of the COVID-19
pandemic found that participants in their study had an increase in depressive,
anxiety, and stress symptoms (Wong et al., 2021). Social services providers
experienced their own challenges while continuing to provide services during this
global pandemic including mental health challenges. More studies are needed to
address the impact of COVID-19 on social service providers. The purpose of this
chapter is to highlight the common themes that frequently appeared in the
presently available research literature on the impact of COVID-19. This chapter
will cover the impact COVID-19 has had on social service providers' mental
health, how social providers adapted to provide their services during this
pandemic, and how COVID-19 has impacted the homeless population.

Mental Health Outcomes of Social Service Providers

 Studies on the impact COVID-19 has had on the mental health outcomes of social service providers who work with the homeless population reveal that social service providers experienced negative mental health symptoms. Munoz-Moreno et al. (2020) discovered the lack of resources, the proximity to daily COVID-19 related suffering, emotional involvement, and difficulty maintaining social distancing guidelines were but a few contributing factors that led to negative mental health outcomes amongst social service providers working with homeless individuals. The COVID-19 pandemic created challenges that social service providers were ill-prepared for and for some social service providers these challenges caused mental health challenges. Yildirim et al. (2020) further expanded on the Munoz-Moreno research by demonstrating that a perceived exposure to COVID-19 and risk of contracting COVID-19 lead to symptoms of depression, anxiety, and stress amongst healthcare workers. The COVID-19 pandemic has had a negative mental health outcome for social service providers and other sectors of the population.

 The COVID-19 pandemic also led to more severe mental health challenges. Uphoff (2021) further concludes that COVID-19 led to healthcare workers experiencing symptoms of depression, anxiety, PTSD, distress, sleep problems, and burnout. Various studies have demonstrated the extent to which COVID-19 has negatively impacted mental health outcomes. Regardless of job title, people working during the pandemic were impacted by mental health

symptoms. Johnson (2020) found that although healthcare workers who worked

directly with COVID-19 positive patients experienced higher rates of PTSD, both

healthcare workers and public service providers experienced symptoms of

anxiety and depression.

<u>Impact of COVID-19 on Delivery of Social Services</u>

Like many other professions, social service workers were required to

change the way they provided services to their homeless clients. The regulations

created to stop the spread of COVID-19 required social service providers to

adapt working from home practices and communicating with clients through

technological means such as cell phones and laptops. Donnelly et al (2021)

highlighted that the rapid transition from in-person consultations to virtual ones

prohibited primary care providers from receiving adequate training on how to

provide services through telehealth. Moreover, Johnson et al (2021) expanded

on these findings by adding that COVID-19 prevention protocols lead to the

exacerbation of already-present negative mental health issues.

Furthermore, vulnerable populations such as the homeless face

compounded challenges due to the difficulty of accessing reliable resources such

as internet connectivity, electricity to charge devices, and lack of privacy to

communicate with their social service providers. Kaplan (2021) highlighted some

of the challenges of providing health services through telehealth which included

the inability to establish an emotional connection and lack of internet

access. Though available research demonstrates the negative impact of COVD-

19 on the delivery of services it is important to point out there are conflicting

findings. Brody et al. (2021) determined that regardless of housing status,

telehealth was a feasible method for conducting case management services.

Though available research predominantly demonstrated that COVID-19 had

negatively impacted the way social services are provided, some research

concludes some aspects of providing services were not impacted negatively.

Impact of COVID-19 on the Homeless Population

It is not enough to solely focus on the impact that the COVID-19 pandemic

has had on social service providers who work with the homeless population. This

research will also focus on the impact that COVID-19 has had on the homeless

population. Tsai (2020) found that people living on the street or in temporary

shelters were at higher risk of contracting COVID-19 due to forced closed

proximity to others and lack of proper hygienic conditions. Social distancing

strategies were some of the most utilized methods to slow down the rapid

infection rates of COVID-19. The primary function of social distancing was to limit

the interactions between small and large groups of people (Nande et al., 2021).

Limiting personal contact between individuals to prevent the spread of COVID-19

was a sound idea, however, not everyone could afford to oblige by those

mandates. Vulnerable populations such as the homeless could not possibly

afford to quarantine in a place of their own or survive without interacting with the

resources they critically needed such as homeless shelters. Leung et al (2008)

support this notion in that homeless individuals are more at risk of contracting

infections because they often reside in densely packed outdoor encampments, they often gather around donation centers, they have limited access to restrooms, showers, and handwashing stations. Yet more research by Ghinai (2020) found that people experiencing homelessness were more likely to be infected with COVID-19 due to sharing rooms with a large number of homeless people in city shelters. A homeless individual does not have the luxury of quarantining in rooms and must rely on crowded homeless shelters for assistance, so an already vulnerable population was now vulnerable to contracting COVID-19. The theme is clear, the lack of space, reliance on shelters, and lack of hygiene necessities put the homeless population at greater risk of contracting and dying from COVID-19. More research is needed to help address this issue.

Access to health care was a challenge for the homeless population, in fact, governmental public health guidelines impacted access to vital community resource and services (McCann et al., 2022). Richard et al. (2021) determined that homeless individuals were more likely to test positive for COVID-19, more like to require hospitalization, and more likely to die from COVID-19 related complications. As research has demonstrated, the homeless population is impacted by COVID-19 at higher rates than people who are not homeless. Future research must address how to facilitate easier access to healthcare during stressful events. The homeless population is the most vulnerable to contracting

COVID-19 and they must be provided the necessary resources that will prevent them from being more susceptible to infections and disease.

<u>Theories Guiding Conceptualization</u>

The theory guiding this research study is Person in Environment theory (PIE) based on Bronfenbrenner's Ecological Systems theory (Dybicz, 2015). PIE showcases how the environment is structured in an individual's life and various levels impact or influence the individual resulting in the individual being a product of their environment (Dybicz, 2015). In looking at social services providers, the first level that most closely impacts them is through their microsystem. Their microsystem influences may include their profession, their mental health, covid-19 status (exposure), and geographic location as it pertains to the differentiation in-laws and regulations from location to location. The second level of PIE is the mesosystem. A social service provider's mesosystem influences may include social support and self-care. In the third level of PIE, there is the ecosystem. The social service providers' ecosystem influences may include the institution from which they work, the availability of PPE they have access to, the change in roles as they adapt to COVID-19 protocols, and the delivery of services. In the fourth and last level of PIE, there is the macrosystem. In the social service providers' macrosystem, influences may include: the state/ local government response to COVID-19, the homeless population from which they work, the community response, and the impact COVID-19 has had on the resources used in addressing homelessness.

<u>Summary</u>

This study will examine the impacts COVID-19 has had on social service providers and their experiences in providing services to people experiencing homelessness to help identify possible ways to reduce barriers to services should future crises occur. The presently available literature on the impact that COVID-19 has had on social service providers and healthcare workers points to an increase of negative mental health outcomes, challenges implementing telehealth to provide services, and difficulty servicing vulnerable client due to lack of resources and inability for clients to adhere to guidelines aimed at reducing COVID-19 exposure

CHAPTER THREE

METHODS

Introduction

This study will seek to explore the experiences that social service

providers who work with the homeless population experienced while providing

services to the homeless population during the COVID-19 pandemic. This

chapter will describe the data collection methods and processes that will be used

in this study. This chapter will be broken down into sections that include the study

design, sampling, data collection, procedures, protection of human subjects, and

analysis of data.

Study Design

The primary purpose of this qualitative study is to explore the experiences

of social service providers who worked with the homeless population during the

COVID-19 pandemic. This study is an exploratory study because the data on the

impact of COVID-19 on social service providers who work with the homeless

population is limited. Moreover, this study hopes to explore the experiences of

social service providers in three primary areas. The three areas this study will

explore are the mental health outcomes of the social service providers,

experiences with providing services through telehealth during the pandemic, and

the accessibility and availability of resources for their clients.

The research method that will be applied to this study will be one-on-one interviews. More specifically, this study will utilize a structured interview format. The measurement instrument for this study is an interview guide that will contain all the questions that participants will be asked and will primarily be comprised of open-ended questions.

As for the strengths of this type of study, Grinnell & Unrau (2018) suggest that conducting interviews offers a high response rate, flexibility, opportunity to observe nonverbal responses, and researchers can control the environment in which the interviews take place. Gathering data through interviews offers many advantages, however, this type of research design does have some limitations. Grinnell & Unrau (2018) conclude that respondent bias is a limitation of interviews because respondents might answer in a way that will be perceived as favorable by the researchers. In addition, time and expenses, interview intensity, inaccessibility of potential interviewees, loss of anonymity, interviewer distortion, and influence are further limitations of this type of study design (Grinnell & Unrau, 2018). Covid-19 has presented this study with a new challenge. The fluidity of covid-19 and the reliance on teleconferencing bring unique challenges such as unreliable internet and dependence on faulty electronic equipment.

Sampling

This study will use non-probability sampling because participants will not be randomly selected. Instead, participants of this study are being selected for a specific purpose. Thus, the sampling method will consist of a purposive sample

type because the researchers will select agencies and social service providers who work with the homeless population in organizations within San Bernardino County. Though still pending approval, the social service providers participating in this study will hail from Lighthouse Social Service Centers and Lutheran Social Services of Southern California. The researchers have requested approval from the respective agencies to collect data. The sample size for this study will be n=20.

The selection criteria for this research include social service providers who work with the homeless population in the Inland Empire region of Southern California. Social service providers must be over the age of 18 and must work directly with people who are presently experiencing homelessness. Additionally, the participants of this research must work at an agency whose primary responsibility is working with homeless individuals in a determined geographical area. This sample was chosen because social service providers can provide valuable data on their experiences working with the homeless population during the COVID-19 global pandemic.

Data Collection and Instruments

Qualitative data is to be collected by video and audio recorded interviews. Permission to record the teleconferencing interviews will be requested for each participant. The interview will follow a structured format as outlined in appendix A. The interview guide was developed to explore in greater detail the three primary topics that will be explored in this study which are the mental health of

social service providers, the experiences of social service providers utilizing telehealth to provide services, and the challenges of acquiring resources for homeless clients during the pandemic. The face and content validity of the interview guide was guided by the literature available on the topic as well as collaboration with the field instructor and other MSW students. Moreover, the researchers administered the questions in the interview guide to each other to further test for face and content validity. Whether the experiences were negative or positive, this research will look at individual experiences of social providers who worked with the homeless population during this pandemic. The interview guide is divided into three sections and each section will contain 5 questions. Follow-up and probing questions will be asked to interviewees should the need arise to seek clarification or more detailed information on a specific topic. The researchers will do their best to limit possible distractions that may arise during the teleconferencing interview.

Procedures

To gather the data, the researchers will solicit participation by contacting organizations that work with the homeless population in the community of San Bernardino County. The researchers will contact agency managers or directors to discuss the objectives of the research project and request approval to conduct interviews with agency employees. The agencies who approve participating in this research will be asked to provide the researchers with an agency approval letter. The researchers will then collaborate with the agency to determine which

agency employees will participate in the interviews. The interviews with the agency's social service providers will be conducted virtually via Zoom. The researchers will ensure the meetings on their end will be conducted in a space where there is privacy to ensure confidentiality. The researchers will then record the meetings to transcribe the information at a later time. Both researchers from this project will be collecting the data simultaneously by splitting the interviews amongst each other. The interviews will be conducted in December 2021 and after the CSUSB IRB application has been approved.

<div align="center">Protection of Human Subjects</div>

To protect the human subjects, the researchers will provide informed consent documentation that will clearly state the purpose, description, participation, confidentiality, duration, risks, benefits, contact information, and where to find the results once the project is concluded. The researchers will then inform the participants of the procedures taken to ensure confidentiality before the interview is conducted. The researchers will conduct the Zoom meeting in a location where there is privacy. The recorded information will then be saved onto the two primary researchers' personal computers which are password protected. Moreover, the researchers will utilize their university's account which is also password protected to store collected data. The researchers will use pseudonyms and/or numbers to identify the participants thus ensuring no response to questions can be linked to participants. If the researchers need to transfer the recordings the researchers will transfer only the transcribed

interviews via email through the university email and there will be no identifying

information. The researchers will ensure that data is safely stored at all times.

The data will be destroyed after three years.

<div align="center">Data Analysis</div>

Once the interviews are transcribed the researchers will collaborate and

analyze the transcriptions to interpret the themes regarding mental health

outcomes, the outcomes of using telehealth, and available resources during the

pandemic. This will allow the researchers to group them according to the themes

that were identified to represent the data logically and analytically.

To process and refine the coding of the data, open coding, and focused

coding will be utilized to identify the themes from the transcripts. The validity of

the data shown represents content validity where the research measures the

appropriate content. The constructs likely to emerge are the resources that social

service providers may need in case another disaster like a pandemic occurs, the

kinds of support needed to serve such a vulnerable population, other personal

needs to do to their job, other needs that they noticed the homeless population

could have benefited from during this pandemic, and overall issues they saw

arise that could be prevented in the future for the social service providers to

assist the homeless population. Variables that could be used for descriptive

analysis are whether they saw clients in person vs telehealth, services decreased

or increased during the pandemic, personal support increased or decreased

during the pandemic, resources increased or decreased during the pandemic, and clientele increased or decreased during the pandemic.

Summary

This study will examine the impacts COVID-19 has had on social service providers and their experiences in providing services to people experiencing homelessness to help identify possible ways to reduce barriers to services should future crises occur. Individual interviews with open-ended questions will help gather the experiences of the social service providers as well as gather their distinctive perspective as to how to further support could be provided to aid in the delivery of services to such a vulnerable population of people experiencing homelessness. Qualitative methods used in this study will enable a deeper understanding of this process

CHAPTER FOUR

RESULTS

Introduction

Through interviewing five social services providers who worked with the homeless population during COVID-19 there were several themes that arose. This study hoped to understand social service providers' experiences by asking questions that were aimed towards understanding their mental health, the available resources or lack thereof, the change of services through telehealth, and the experiences of the homeless population through their point of view. The respondents' answers were then categorized into concepts that are defined as people, places, things, and ideas by then placing the emerging themes and findings into these concepts.

Demographics

The sample was composed of 5 adults who were identified as social services providers who worked with the homeless population. Their ages ranged from 23 to 74 years old. The educational background varied from no education to bachelor's degrees and was not specific to social services in one respondent. The years of experience also varied across the respondents. Positions ranged from case managers to area directors.

Table 1. Participant Demographical

Interviewee #	Age	Identified Gender	Level of Education
Participant 1	74	Female	Associate degree
Participant 2	34	Female	Associates degree
Participant 3	23	Female	Some College
Participant 4	26	Female	Bachelor's degree
Participant 5	59	Female	Bachelor's degree

People

Through interviewing all respondents, the theme "people" emerged as it encompasses the experiences of people or a person and their mental health during the COVID-19 pandemic in working with the homeless population.

Table 2. Quotes on People

Participant #	Direct Quote
Participant 1	"I think with COVID, one of the things that I've experienced is distress. Most places were able to shut down or work remotely. A lot of places shut down for quite a bit of time. Being an emergency service provider, we are

	considered first line. So we stayed open throughout the entire pandemic. We have not shut at all. We've had a lot of changing or rotating in staff. So balancing workloads, balancing in person services, risk assessments, all of those things, and then that's just the Workfront. At home we all ended up COVID getting so bad. So that added more stress. So the biggest thing I think that personally I experienced was just the overwhelming stress".
Participant 2	"I think it's the isolation. It's funny because homeless are isolated and we have been isolated, so we have experienced a little bit in a very different way. I'm isolated in a comfortable apartment. They're isolated in a park or on a curb. But that isolation mental health impact of isolation is probably similar".
Participant 3	"I just felt like I wasn't helping them to my full potential just because so many things are being restricted and a lot of resources weren't available because now they had to wait a three-to-five-day period to get a Covid-19 test in order to enter another facility"
Participant 4	And when they're given the "We can't" because of X, Y and Z, and you really can't do much about it because either there's barriers that you need to do or the individual itself can't get it done for whatever reason, as a service providers it does kind of wear on you just because you're dealing with people behaviors, emotions, sometimes attitudes, people here from all types of background, all types of reasoning"
Participant 5	"Total burnout, no days off. Like I said, we didn't close, even when we were exposed and had to quarantine. We worked from home. We didn't stop. And it wasn't that work from home where people actually aren't working. We actually were on video conferencing. We were on with our clients. We were on the phone. Everything was set up for us to continue working. So we actually didn't stop working". "Our boss is unique. She's very hands on. She'll pull you aside and talk or check in with you. Or you can go literally, a lot of people say Open door policy, but it's not really open. Or you feel like, okay, if I disclose this, it's going to be used against me. In her case, it's not. So, if we have to, we can go in and talk, and then she's paying attention because she's

Participant	Quotes on Places
	done every job here. So, she may tell you, take your lunch. I got this."

Places

Through interviewing all respondents, the theme "places" emerged as it

pertains to the access of resources for the homeless population during the

COVID-19 pandemic.

Table 3. Quotes on Places

Participant	Quotes on Places
Participant 1	" During COVID and even still now post COVID, there a lot of different protocol. Changes of office access is still the biggest issue. There's a lot of places you can't walk into anymore still. And then shortage of staff. Most agencies, government agencies, especially nonprofits, have all experienced a lot of turnover and staff, especially when it came to the mandate. So caseloads are probably triple the size to one than what they were prior. So access to the direct person you need has reduced dramatically. It's so hard to get one person on the line and then most of them are working remotely. So being able to even see them in person definitely delay any kind of benefit enrollments. It's very difficult to do any kind of in person, so we've been trying to do online as much as possible. The issue is most homeless people do not still have phones, so to do the interview process and all that stuff, that's an in person task and that's been a barrier" "Some of the biggest things that we've seen mental health is if they were not in care prior to COVID they're not going to be able to enroll right now. Places like DPH, SACS, any kind of public health, they are not taking new clients"
Participant 2	"When the library closed, that was the place they went. The parks, the lease keep moving

	them on. I think it's been harder on them from the standpoint of finding places to go. Some of the day shelters closed where you could go in and get a shower and that some services outside of our control closed. Even though we didn't close anything, some of the services did shut down, and that's hard on the guys and the women and the children that are homeless"
Participant 3	"That was one thing that they can go in person to go get. Now we have to do it through the mail because the Social Security office is still closed. Now we have to do it through the mail"
Participant 4	"And with the VA, it's really tricky, because it's very black and white. Whether you did or you didn't do it, did you do these years? Did you not do these years? What years were they qualified those years do they require to be during a certain war time? And so you want to make sure that as much as your tackling the avenue of the resources because it takes a lot of documents to fill out time to spend"
Participant 5	"San Bernardino County has issues on its own, and it just stopped. Just everything stopped. And then even our Social Security administration just stopped. Once they couldn't see anybody in person, you couldn't get through the recordings were cutting you off. Clients weren't serviced. People were losing benefit. And then when they did come back working from home, I could hear somebody in the background with their kids screaming. And that affects people when they call haven't been able to get to you for three months"

Things

Through interviewing all respondents, the theme "things" emerged as it pertains to various items that may have changed during the COVID-19 pandemic or possible items needed as it pertains to the homeless population as well as the social service providers.

Table 4. Quotes on things

Participant #	Quote on things
Participant #1	"We really had to reduce everything. We went from a 70 bed shelter down to 25, and we've gone up where our Max capacity is 50 now" "The issue is most homeless people do not still have phones, so to do the interview process and all that stuff, that's an in person task and that's been a barrier"
Participant #2	We put some screens up. We did not come face to face. We take temperatures. Nobody can come in unless they're tempted. They have to wear masks on our property at all times from the minute they get in to the minute they leave, except when sleeping and eating. And when they're done eating has to go back on. When they get out of the showers, has to go back on. We socially distance our dinners. We socially distance our employees"
Participant #3	"But they couldn't get housing because there was no available units or people weren't renting, especially at the very beginning. One room for rent that used to be $500 is now $750, and some of the clients couldn't afford that, especially if they're on a limited income like Social Security. They're not able to afford to $750 a month and only have $120 as they're spending money. And they had bills on top of that"
Participant #4	"Especially when they come in and they need assistance in applying for CalFresh food stamps, any medical resources we assist them to where they could go, but primarily getting them assistance and any resources that they need to get back into society. It varies every one of them, but that's primarily the goal"
Participant #5	"Like it's still dire. We have these emergency vouchers that we're able to connect clients to and they have 160 days to locate a space. It has to be inspected. The landlord has to be willing, and a lot of them at this point don't even want these vouchers. They're like I'm done between the pandemic and sometimes how clients treat our properties when they're subsidized, they don't even want it. So housing is still scarce. Getting clients, like I said, you get 160 days that goes by real fast when you throw in inspections and bring things up to code and then trying to woo a

	landlord into say, hey, we'll give you $1,000 incentive if you take this voucher clients having to do a lot of leg work themselves and in the shelter"

Ideas

Through interviewing all respondents, the theme "ideas" emerged as the social service providers suggested ways in which organizations, the city, and the county can help support not only the homeless population but also the social services providers who work with the homeless if an unforeseen crisis were to arise.

Table 5. Quotes on Ideas

Participant #	Quotes on Ideas
Participant #1	"The other thing that we have to really work on is affordable housing. As a county, there's not a lot of areas where clients can actually afford housing, which maintains their inability to go further in self sufficiency. High cost of rent, high cost of living in California has really increased dramatically in the last five years, and it's going to continue in that rate"
Participant #2	"We've not had time to decompress. I think companies and agencies like ours need to have lots of time in the day for decompression. And, hey, how was your day? You struggled with a client. You feel okay, share that language and move on then from there. So I would think downtime to decompress is the best way I can say it"
Participant #3	"I think the top one would be like mental health resources or even like the hotline, like our agency did, just having those resources for their employees to reach out to, if need be. I know maybe I didn't need that resource, but I'm sure many others were able to use that as well as incentives"
Participant #4	"Off the bat, I would say on site counseling, many of us are not allowed because either it's during the daytime work hours, going to therapy or counseling a little bit. Once you ask

	for the time off, you have to make up the time or come in early day, make it up another late night. Having inside counseling sessions not every day, once a week or such will highly benefit employees and the stress levels and any worry it just has advantage of okay, if I can't make it to my own, maybe because it's in my job and counseling session, for example"
Participant #5	"I do believe you still need to lay eyes on your client. Their services shouldn't always be through telehealth, but it is beneficial as far as access. It did increase access once they got it up and going. Some people were able to see their doctors twice a month, the ones who were amendable to doing this. The only issue we had at that time that cropped up was clients under reporting certain needs or ailments. But like I said, I do think it's something that can be hybrid into how we provide services"

Summary

The experiences of social service providers were categorized into four concepts which include: people, place, things, and ideas. These four concepts were derived through thematic analysis of the transcribed and coded interviews then organized into tables separated by the emerging themes. Data collected from the perspective of social service providers who worked with the homeless population during the COVID-19 pandemic provided insight, themes, and perceptions. The data collected will provide necessary information to answer the question of this research which is how the pandemic impacted those social service providers who worked with the homeless population during the pandemic.

CHAPTER FIVE

DISCUSSION

Introduction

The principal objective of this study was to explore how the Covid-19 pandemic impacted social service providers who worked with the homeless population. The experiences and stories of social service providers who worked with the homeless population were gathered through structured interviews. Furthermore, the data collected was then separated into 4 concepts which include people, places, things, and ideas. This chapter will provide a comprehensive analysis of the 4 tables demonstrated in the previous chapter. The comprehensive analysis will be comprised of a discussion on the selected quotes from the tables in chapter 4. Lastly, in this chapter, the authors will discuss recommendations for research, policy, social work practice.

People

As we further analyzed the concept of "people" that emerged from the study, it was determined that people describe how both the social service providers as well as the homeless population were affected by the COVID-19 pandemic. This study seems to suggest that the needs of social service providers must include addressing and supporting the mental health of the workers in this field. Feelings such as isolation, helplessness, stress, and burnout were mentioned throughout the interviews as the participants expressed their feelings

and struggles in dealing with the pandemic while continuing to provide services for the homeless population. For example, participant 1 stated, "...So balancing workloads, balancing in-person services, risk assessments, all of those things, and then that's just the Workfront. At home, we all ended up COVID getting so bad. So that added more stress. So, the biggest thing I think that personally I experienced was just the overwhelming stress" (Structured interview, December 2021). The findings of this study support the available literature in that social service providers who worked during the COVID-19 crisis experienced various negative mental health outcomes (Munoz-Moreno et al., 2020; Yildirim et al., 2020; Uphoff, 2021; Johnson, 2020).

Feelings of helplessness were expressed by participant 4 by stating "We can't because of X, Y, and Z, and you really can't do much about it because either there are barriers that you need to do or the individual itself can't get it done for whatever reason" (Structured interview, December 2021). This might be a call to identify barriers that are hindering our homeless populations from being able to access resources and truly being able to once again become independent. Throughout the interviews, there was a sense of not only hopelessness but frustration as well due to the services already being difficult to access in that there is limited funding or there are certain qualifications that a client must meet. These are only to name a few among many barriers that can be seen when clients are trying to access any kind of assistance. The COVID-19 pandemic then exacerbated the access to these resources by completely

stopping or greatly slowing down the availability of places where social service

providers could refer their clients to. This hindered the progress that their clients

were accomplishing which created even more barriers that not only the homeless

individuals had to overcome but the social service providers who were working

throughout this pandemic to try to alleviate some of the burden that the clients

were experiencing.

Places

The concept of "places" and the impact of specific places on the homeless

population and the social services providers who work with them was evident

throughout the responses provided in the interviews. To limit the spread of Covid-

19, some places that provided necessary services for an individual who is

homeless were completely shut down or provided services through telephone or

online. The closing or the change of service delivery of these places might

suggest that such an event can have negative impacts on the homeless

population and the social service providers helping them. For example,

respondent 1 stated, "During COVID and even still now post COVID, there are a

lot of different protocols. Changes of office access is still the biggest issue. There

are a lot of places you can't walk into any more still" (Structured interview,

December 2021). The implication of this sentence is that places closing or

changing the way they provide services i.e., in-person vs remotely quite possibly

create barriers for social providers and the homeless individuals they assist. The

notion that the closure of resources and physical buildings confirms the

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importance of finding alternative and accessible methods for individuals who are homeless to still be able to access the resources and necessities required for them to be sheltered. The closing of physical buildings and inaccessibility to access services through other means might indicate homeless individuals spend more nights on the streets or in shelters not suitable for human habitation. As respondent 5 stated, "San Bernardino County has issues on its own, and it just stopped. Just everything stopped. And then even our Social Security administration just stopped. Once they couldn't see anybody in person, you couldn't get through the recordings that we're cutting you off. Clients weren't serviced. People were losing benefits" (Structured interview, December 2021). The study seemed to suggest that people who are experiencing homelessness ran the risk of losing benefits such as resources and access to the shelter because of factors that were out of their control such as the closure of state and federal government buildings. This sentence underscores the importance of establishing more accessible services for people who may need to access homeless assistance during unforeseen global calamities. The findings of this study support the available literature in that public health guidelines meant to combat the spread of Covid-19 impacted access to vital community resources and services (McCann et al., 2022).

Things

In further analyzing the concept of "things" that emerged from the study, it was determined that "things" help describe actual items that had been reduced,

taken away, or implemented due to the global pandemic of COVID-19. For example, participant 1 described, "We really had to reduce everything. We went from a 70-bed shelter down to 25, and we've gone up where our Max capacity is 50 now" (Structured interview, December 2021). This confirms the importance of continuing to analyze how organizations, businesses, and social service providers could have policies in place to alleviate issues that the homeless population face during an unexpected disaster instead of increasing these issues. Participant 1 explained, "The issue is most homeless people do not still have phones, so to do the interview process and all that stuff, that's an in-person task and that's been a barrier" (Structured interview, December 2021). This sentence further demonstrates how social service agencies, while trying to meet the homeless population where they are in terms of reducing some of the barriers they face in accessing resources, are still faced with barriers as issues arise. It may be a call to create safeguards to reduce the barriers that are otherwise exacerbated like accessing how clients can still receive services without having to be in person, how shelters are created in abandoned buildings in emergencies, how food could be delivered to individuals and their families if they cannot go access a shelter for hot meals, or any other necessary resources to meet their basic needs in times of crisis. This in turn may help reduce the pressure that social service providers experience as they try to assist their clients in accessing various resources. The findings of this study support the available literature in that a "crisis standard of care" is essential in minimizing the risk for

vulnerable populations such as the homeless population (Barocas & Earnest, 2021).

Ideas

The concept of ideas was introduced in this study by exploring the experiences and thoughts of respondents on ideas they had to better help their vulnerable clients or their thoughts and feelings on ideas for the delivery of services. A recurrent theme regarding ideas was the idea of providing services through telehealth. The Covid-19 pandemic created an environment where a multitude of agencies and organizations shifted the way they provide services. Telehealth, which means providing services through telephone or virtual means became the primary method to provide services to people. As respondent 5 put it, "I do believe you still need to lay eyes on your client. Their services shouldn't always be through telehealth, but it is beneficial as far as access. It did increase access once they got it up and going" (Structured interview, December 2021). This sentence might suggest that though there are some barriers to providing telehealth services to the homeless population, the idea of providing services through telehealth might prove beneficial. Providing services through telehealth could be perhaps more efficient and address some barriers to services such as transportation to appointments. Additionally, the utilization of telehealth to provide services could imply that the number of homeless individuals who receive services may increase due to the increase in accessibility of these services. The idea of telehealth being efficient and increasing access to homeless individuals

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may prompt further research into increasing funding to expand and continue the telehealth modality of providing services once the Covid-19 pandemic is a thing of the past. The minimal utilization of telehealth before the Covid-19 pandemic could imply a lack of understanding of the benefits of providing services to the homeless population through telehealth. The lack of understanding of the benefits of telehealth might be a call for social service providers and social service agencies to develop policies and procedures to ensure telehealth is available to individuals who may benefit from it and who are open to the idea of receiving services through virtual or remote means. Furthermore, the affordability of electronic devices and expansion of government programs to provide electronic devices to homeless individuals might indicate that providing service through telehealth is the new norm. The findings of this study were consistent in that telehealth proved feasible despite housing status (Brodey et al., 2021). The increase of accessibility and reliability of receiving service through telehealth underscores the importance of providing more resources and training to social service providers so that they may increase their knowledge and expertise in providing services through telehealth. Telehealth increases accessibility thus telehealth demonstrates the importance of having a variety of methods to provide service.

Recommendations for Future Research

Further research is recommended to assess the needs of social service providers who work with vulnerable populations as well as innovative ways to

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alleviate issues surrounding homelessness during a crisis as well as post-crisis. Recommendations for social work research include areas of supporting social service providers' mental health. Social service providers may deal with feelings of overwhelming stress, may be exposed to secondary trauma or other various negative mental health impacts. While all of these things can happen without the presence of a global pandemic, this study suggests it is possible for the negative impact on the mental health of social services providers to be exacerbated during a crisis. Thus, further research is recommended to understand the harmful impact of their mental health in order to determine best ways to further support them and their needs as it is essential to retain social service providers in this field.

Recommendation for Policy

Regarding policy, a recommendation would be for the Council on Social Work Education (CSWE) to incorporate telehealth information and knowledge into the curricula of Master of Social Work programs. Telehealth has demonstrated its benefits and useful application in working with the homeless population. Telehealth may very well be a principal method of providing services to clients, thus, Master of Social Work Students will benefit from a curriculum that teaches them the etiquette and the application of telehealth to provide services to their clients.

Another recommendation regarding policy is the evaluation of policies that further create barriers for the homeless population in not being able to access or

receive the needed resources that may help aid in becoming independent in society once more. They are barriers that can be seen through the funding that many non-profits receive through the support of city, county, and state grants. Through these grants, it is often determined who qualifies and how they qualify. Some grants provide strict guidelines as to how organizations who apply for this funding must utilize the money, this essentially can help aid in the success of one organization in serving their clientele but might hinder another as their population, services/programs, or capabilities differ from one another. There must be more broad guidelines where organizations can use the funding at their discretion as it serves their population and the needs of their clientele in that population.

Recommendation for Social Work Practice

The Covid-19 pandemic has impacted the way social services are provided. Social distancing guidelines implemented to stop the spread of the virus forced many sectors, including the social service sector, to adapt to providing their services through telehealth. The benefits of providing services through telehealth were many, including the increase in access to services. As such, our recommendation for social work practice is to continue providing services by telehealth as an option. Many, especially those in vulnerable populations such as homelessness may find it difficult to get to appointments due to financial instability, lack of transportation, and distance to services. Once the reality of the pandemic is behind us and more and more social workers and

social service providers return to the office, it is important to remember the benefits of providing services through telehealth as an option. Social workers may further support the successful integration of continued telehealth services by being informed on resources available to provide low-cost or free smartphones for their clients.

Additionally, the price increase of housing and the limited availability of affordable housing presents the practice of social work with an opportunity to advocate for more affordable housing on behalf of the homeless population. Oftentimes a person who is experiencing homelessness finds it difficult to find permanent housing not because they are doing something wrong, but simply because there is no available housing, and if there is housing the housing is too expensive. Thus, our recommendation for social work practice is advocating for more affordable housing.

<div align="center">Conclusion</div>

Based on the research and the interviews that were conducted with social services providers on the effects of COVID-19 and how it impacted not only the homeless population but the social services providers, it is evident that emergency protocols should be put in place to support both. It is essential for further research to be conducted to determine that the appropriate policies, support, practices, and resources are allocated to one of our most vulnerable populations as well as the social service providers who work with them. Based on the results, it is necessary for further discussions to continue to include social

services providers as well as the homeless population as their experiences are

essential in learning more about what is needed and what could be done better

not only in future crises or future pandemics but also for current standards to be

reevaluated as we continue to see a rise in homelessness. This would greatly

benefit Social Work practice as we look to enhance the well-being of our

communities as well as ensure our most vulnerable populations are able to attain

their most basic needs.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the impact of COVID-19 among social service providers who work with the homeless population in San Bernardino County. The study if being conducted by Franco Padilla and Cynthia Jimenez, graduate students, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to explore the impact of COVID-19 among social service providers who work with the homeless population in San Bernardino County

DESCRIPTION: Participants of this study will be asked questions on how COVID-19 has impacted their mental health well-being, experience providing services through telehealth, and their experience acquiring resources throughout the pandemic.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or withdraw your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only. All data collected throughout this study will be password protected and the data will be destroyed after 3 years.

DURATION: Participants can expect to spend 45 minutes to 1 hour completing the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or withdraw your participation. To mitigate COVID-19 transmission, interviews will be completed virtually.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at tomdavis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____   _____

                .

APPENDIX B

INTERVIEW GUIDE

DEVELOPED BY FRANCO PADILLA AND CYNTHIA JIMENEZ

Demographic Information:

Age:
Gender:
Ethnicity:
Highest level of education completed:
Occupation:
Time at present organization:

Questions for social service providers who work with the homeless population

1. What is your role in assisting the homeless population before and during the COVID-19 pandemic?
   Follow up: How has your role changed during the pandemic?
2. Tell me more about your general experience of working during the COVID-19 pandemic?

Mental Health Outcomes

1. Tell me about some mental health challenges you experienced during this pandemic?
   Follow up: what are some coping skills you found worked for you?
2. Do you feel like your mental health changed during the pandemic?
   Follow up: If so, in what ways?
3. How did you cope with emotional and mental distress as it pertains to your work?
   Follow up: Did that change during the pandemic? If so, in what ways?
4. How did the agency support you and your mental health during the pandemic?
5. In what ways would you suggest that agencies who work with the homeless population do in the future to support their employee's well-being during a time of crisis?

Providing services through Telehealth

1. How did you provide services during the pandemic?
   Follow up: Tell me more about your agencies policy of working from home?
2. Tell me about your experience of providing services via telehealth
   Follow up: What were some of the challenges?
   Follow up: How did you navigate the challenges of working with a population who may have had difficulty assessing technological means of communication?
   Follow up: What were the benefits of utilizing telehealth? If any.

3. How has your perception of utilizing telehealth evolved during the pandemic?
4. What is your opinion of continuing to utilize telehealth post-COVID?
5. What do you suppose your agency and the County of San Bernardino can do to facilitate providing services to homeless individual via telehealth in the event such services must be provided in the future?

Access to homeless resources during the pandemic
1. What kinds of services do you or your agency provide to the homeless population?
2. Tell me more about your experience with accessing community resources for your clients?
3. Regarding availability, how would you describe the resources available for the homeless during the pandemic?
4. In what ways would you suggest that agencies who work with the homeless population do in the future to better support their clients with accessing resources?
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APPENDIX C

IRB APPROVAL

cayuse
Human Ethics

4   👤 Franco Padilla

Dashboard   Studies   Submissions   Tasks

Studies / Study Details

+ New Submission

Study Details	Submissions

Approved

IRB-FY2022-33   The impact of COVID-19 on social service providers who work with the homeless population

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Approval Date:
11-09-2021

Expiration Date:
N/A

Organization:
CSBS - Social
Work

**Active
Submissions:**
N/A

**Admin Check-In
Date:**
N/A

Closed Date:
N/A

Current Policy
Post-2018 Rule

Sponsors:
N/A

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DIVISION OF RESPONSIBILITIES

The researchers divided the responsibilities of this research project evenly amongst each other. Both researchers carried out the task of writing, proofreading, and improving the proposal and other writings necessary to complete this research project. Regarding data collection, the researchers divided the total number of participants to be interviewed between the two researchers. Each researcher was responsible for interviewing participants and transcribing the recorded audio. The researchers collaborated to analyze the transcripts, code the interviews with the themes that emerged. The researchers communicated effectively and collaborate with one another to strengthen the quality of this project and to positively contribute to this research process. Lastly, both researchers were required to meet with their assigned faculty research supervisor and other CSUSB support staff as required.