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THE IMPACT OF THE COVID-19 PANDEMIC ON SOCIAL WORKERS' ABILITY TO PROVIDE SERVICES

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THE IMPACT OF THE COVID-19 PANDEMIC ON
SOCIAL WORKERS' ABILITY TO PROVIDE SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Victoria Fuller
May 2022

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Approved by:

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ABSTRACT

As the COVID-19 pandemic has widely impacted society, it significantly limited social workers in performing their work. This qualitative study examined how the COVID-19 pandemic impacted social workers' ability to provide services to their clients, to learn how they overcame obstacles, and what advice they would offer for future crises. The study provides future social workers and policymakers with the benefit of firsthand knowledge of barriers and adaptations discovered, in efforts to support vulnerable client populations. The data was collected through interviews of social workers who worked at human service agencies near the northern region of Los Angeles County, California.

Analysis of the interviews found that similar to what previous literature had stated, there were mental and emotional stressors for social workers due to multiple transitions and added responsibilities. Social workers were creative, compassionate, and courageous in overcoming obstacles for the good of their clients. The analysis also revealed many gaps in communication and support for social workers and their clients during the crisis. For future crises, the social workers suggest that agencies support them as they support others, provide the needed resources to them as well as the clients, and properly oversee the distribution of funds to this region. For an optimal outcome, it is also advised to respect social workers' expertise in each level of service: micro, mezzo, and macro, but particularly in asset mapping and community organizing, by including them in the strategizing process.

DEDICATION

Many thanks to my family members, friends, classmates, and professors who have guided and supported me in this educational experience. Specifically, to my professors who assisted me in this project, Laurie Smith, Ph.D., M.S.W. Research Supervisor, and Armando Barragán, Ph.D., M.S.W. Research Coordinator, I appreciate you both.

I also wish to thank the social workers who participated in this research project and express my deep respect for your strength and dedication to your clients.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The ongoing COVID-19 pandemic has been devastating for individuals and societies around the world. It is a crisis such as this that escalates the already tragic circumstances of the most vulnerable and marginalized populations. These circumstances are what social workers are trained for: to support individuals, families, and communities through instability toward resources that enhance their wellbeing. Throughout this pandemic, however, it has been unusually challenging for social workers to do their job for many reasons. There has been an unprecedented rise in demand for services at the same time as services are being reduced within agencies (Barr, 2020; Beaton, 2020; Hege et al., 2021; Karpman et al., 2020; Kim & Mason, 2020; Maher et al., 2020; Shi et al., 2020). Social workers are forced to limit social support to emergencies, and thus witness many clients falling through safety net gaps (Shi et al., 2020). The restrictions in their ability to aid clients are causing personal conflict and taking an emotional toll on many social workers (Banks et al., 2020).

Researchers have explained that due to the government's stay-at-home orders which are meant to stop the spread of COVID-19, there are multiple ramifications. For 25% of the working population in the United States, it means layoffs and filing for unemployment insurance (Walker, 2020). This rapid unemployment initiated the largest need for food support in modern history (Hege

et al., 2021). There were 37 million people in the U.S. with food insecurity before the pandemic, but that number has since risen to nearly 54 million (Hege et al., 2021). This dramatic need for food assistance is illustrated through a service program in North Carolina that saw the number of meals served rise by nearly tenfold to 23,000 meals a week (Hege et al., 2021). Additionally, there has been a reduction in homeless shelters by nearly 50% capacity, a significant increase of families waiting for assistance, as well as multiple other deficits (Shi et al., 2020).

For social workers continually trying to work out solutions to address the sometimes-hourly changes to safety protocols, it has been daunting and ethically challenging as many have disagreed with the parameters (Banks et al., 2020; Shi et al., 2020). Social distancing has compounded social workers' ability to properly communicate with clients as their faces are hidden behind masks, obscuring non-verbal cues (Banks et al., 2020). Many clients lack access to technology altogether but of those able to communicate electronically, they are not necessarily having thorough assessments of their living situations with the lack of in-person observation and privacy (Banks et al., 2020).

Overall, the pandemic is revealing many issues, on both the macro and micro levels which need serious attention. Many social workers found that at each level of government there were confusing and insufficient guidelines that did not translate to practical assistance for those in need (Banks et al., 2020). Social workers who are trained to do community organizing and asset mapping could be vital to the successful implementation of services; their voices should be

heard and supported (Banks et al., 2020; Wu & Karabanow, 2020). This macro solution could have future implications for more successful coordination in services which not only expedites processes but protects individuals on a micro-level by shoring up gaps, here before unseen. As one elderly gentleman who was sheltering in place stated when provided fresh foods, “someone wants me to live”, which is positively enhancing his wellbeing (Honan, 2020, p.2).

Purpose of the Study

The purpose of this study was to gain an understanding of the various challenges social workers faced as they worked during the onset of the COVID-19 pandemic and throughout. This research also hoped to learn what strategies and solutions the social workers found to overcome the obstacles in providing services to their clients as safety protocols hindered access to contact. This information will be beneficial to the general knowledge of the field of social work and may assist future social workers in their ability to better provide services under extreme circumstances. Having new and effective policies can not only help clients but will aid in the prevention of frustration and burnout for social workers.

This was an exploratory study into this new phenomenon of providing services to vulnerable populations, during a global pandemic. This was a qualitative study based on interviews with social workers who served during the COVID-19 pandemic. These social workers worked on the front lines of an

unprecedented crisis where methods of assisting clients changed suddenly. The modes of communication and the ability to implement services during the pandemic were thwarted due to significant changes in how social workers were able to contact their clients (Kim & Mason, 2020; Shi et al., 2020; Wu & Karabanow, 2020). Many agencies were forced to reduce services, by working remotely with social distancing mandates and not all clients have access to a telephone or the internet creating numerous new challenges for social workers to remain in communication with their clients (Barr, 2020; Beaton, 2020; Cox, 2020; Hege et al., 2021; Karpman et al., 2020; Kim & Mason, 2020; Koma et al., 2020; Maher et al., ; Shi et al., 2020). In having access to the firsthand accounts of these social workers, the researcher analyzed and determined possible measures to ensure quality care should there be a new crisis.

Significance of the Project for Social Work Practice

This study was needed to fill gaps in the knowledge of social workers' practice, specifically, as to how social workers can provide services to their clients during a crisis such as the COVID-19 pandemic. The pandemic was, and currently is, an unprecedented event, and nearly everywhere in society, there were sudden changes implemented in response. Due to the constant adjustments to safety protocols, the communication has been vague and confusing at each juncture: government to the agency, agency to the social worker, and social worker to the client (Banks et al., 2020; Redondo-Sama et al.,

2020; Shahid et al., 2020; Shi et al., 2020). The need for necessities skyrocketed as agencies were forced to reduce hours to comply with regulations, and clients were left particularly vulnerable (Barr, 2020; Beaton, 2020; Deitrick et al., 2020; Hege et al., 2021; Honan, 2020; Karpman et al., 2020; Kim & Mason, 2020; Maher et al., 2020; Santabárbara et al., 2020; Shi et al., 2020; Walker, 2020; Wu & Karabanow, 2020). The strain on the social safety net has been immense and the challenges numerous, including logistically, financially, and socially. This crisis impacted the well-being of clients on multiple levels and exposed weaknesses in the social safety net system (Lichtenstein, 2020; Redondo-Sama et al., 2020; Santabárbara et al., 2020).

This research adds to the field of social work knowledge and practice by providing an analysis of the dynamics social workers encountered during the COVID-19 pandemic. This study discusses issues the social workers faced and is beneficial to the field of social work in general through the learning of the resolutions the social workers discovered while providing support to their clients as well as how they dealt with their own challenges of working during the crisis. The result from this study directly assists social workers to have more tools for this current and any future crisis. Social workers have gained indispensable knowledge which could be extremely beneficial in expanding the general knowledge in this field and will provide input to this research. Through this study of social workers who weathered this pandemic, future social workers can

hopefully bypass pitfalls and use new competencies developed to aid both the helper and those needing help (Akingbola, 2020).

The insights offered by social workers who worked during the pandemic can ease future hardships as this pandemic is continuing as well as should another crisis arise. To that end, this study will conduct interviews with social workers near the northern region of Los Angeles County asking, “How has the COVID-19 pandemic impacted social workers’ ability to provide services at their organizations?”

CHAPTER TWO

LITERATURE REVIEW

Introduction

By March of 2022, the impact of the global pandemic is counted by over 452 million people contracting COVID-19 with over 6 million succumbing to the virus (World Health Organization, 2022). The varying degrees of shutdowns and quarantine measures have had unintended negative ramifications, particularly for many vulnerable populations (Wu & Karabanow, 2020). It is clear in reviewing previous literature, that this crisis overwhelmed support systems and exacerbated personal struggles on many fronts.

Impact of Covid-19

Stay-at-Home Orders

The impact of the stay-at-home orders is staggering. These widespread orders which are supported by all levels of government, initially implemented on March 19, 2020, are meant to act as stop gaps against the spread of COVID-19 (Karpman et al., 2020). The order to shutdown schools, large public gatherings, as well as what are deemed non-essential businesses to lower the transmission of the virus, negatively impacted people through social isolation, inability to get basic resources, and with extreme loss of employment (Karpman et al., 2020; Santabárbara et al., 2020).

Social distancing policies immediately forced agencies that would normally be supportive during a crisis, to close or reduce services (Barr, 2020; Deitrick et al., 2020). Agencies also lost funding sources, and due to the philosophy to appear frugal, there was not a prudent reserve set aside, which prompted some directors to cover costs from their personal accounts (Barr, 2020; Beaton, 2020; Deitrick et al., 2020; Kim & Mason, 2020; Maher, 2020). Many organizations had layoffs, others stopped providing services altogether as they could not adapt to online services (Akingbola, 2020; Deitrick et al., 2020). Those able to adapt to this emergency using personal protective equipment (PPE) fared well, but the struggle to obtain these supplies was difficult (Banks et al., 2020; Redondo-Sama et al., 2020; Shi et al., 2020).

Workers with jobs considered nonessential by the government were laid off or lost their jobs unless there were online platforms available (Karpman et al., 2020). Unemployment rose to over 16 million and not all had access to unemployment benefits (Maher et al., 2020; Shi et al., 2020; Walker, 2020).

Food Insecurity

The U.S. already served 46.5 million individuals annually through emergency food systems in pre-pandemic times (Hege et al., 2021). In March 2020, the demand for food escalated immediately due to the sudden and massive number of jobs lost, the addition of at-risk individuals sheltering at home, unable to shop, as well as school closures which usually provide meals for children (Banks et al., 2020; Beaton, 2020; Hege et al., 2021; Honan, 2020; Shi

et al., 2020). Nearly one-third of families were unable to pay their rent or utilities, so finding food resources was a critical help (Karpman et al., 2020). Food pantries and soup kitchens lost volunteers with stay-at-home protocols which had a significant chain reaction in all aspects of the food supply, from delivery to dispersal (Deitrick et al., 2020; Hege et al., 2021; Shi et al., 2020).

Homelessness

Covid-19 has been particularly hard for the homeless population with shelters required to close or reduce the capacity for six-foot distancing, as well as closed public buildings where they took refuge during the daytime, and overfilled emergency rooms which hindered their normal access to medical help (Shi et al., 2020, Wu & Karabanow, 2020). Without these resources, homeless individuals had limited ability to maintain the proper hygiene recommended as a public safety measure and were also unable to receive government stimulus checks without an address or bank account (Shi et al., 2020; Wu & Karabanow, 2020).

Mental Health

The impact of the pandemic with social isolation, disruptions to routine, and financial pressures have negatively impacted mental health seen by anxiety disorders reaching 25% of the U.S. population (Santabárbara et al., 2020). 53% of adults in the U.S. who are 18 years and up, and 46% of those 65 years and older report, that worry, and stress have negatively impacted their mental health to some degree (Koma et al., 2020). There are considerable sources of worry, such as not knowing how long the public health emergency will continue,

concerns about getting sick or losing a loved one and not being permitted to have a funeral, as well as low confidence in public information, etc. (Miller & Lee, 2020; Santabárbara et al., 2020). Anxiety can escalate into obsession and panic which has led some to stigmatize groups such as blaming Asian Americans and Pacific Islanders for the virus and seeing older adults as the reason for the lockdown (Lichtenstein, 2020; Miller & Lee, 2020; Santabárbara et al., 2020).

Senior Population

While the senior population has seen the highest case fatality rate from COVID-19, ranging from 3% to 20% for those 80 years and older, it was tied closely to their comorbidities, medications, and lack of care in nursing homes, not merely their age (Shahid et al., 2020). Up to 86% of older adults infected with COVID-19 have comorbidities and many require the use of ace inhibitors which makes susceptibility extremely high for this virus (Shahid et al., 2020). Due in part to understaffing, and in part due to a disregard for older adults, infected people were placed in nursing homes without being isolated (Cox, 2020). Sadly, with the scarcity of resources and climbing numbers of infections, they have not received a proper share of COVID-19 tests or PPE and approximately 26,000 have died in nursing facilities in the U.S. (Cox, 2020).

For the approximately 2.7 million seniors who care for their school-aged grandchildren, there have been additional stressors with school closures (Cox, 2020). Though two-thirds of seniors use the internet, not all have access which is a barrier to remote learning (Cox, 2020; Koma et al., 2020). These older adults

are not usually appointed as legal guardians, so they do not qualify for certain financial programs and are most likely to have job insecurity during economic downturns which adds to their stress (Cox, 2020; Li & Mutchler, 2020).

Impact of Covid-19 on Social Workers

Protocols

There have been many unknown factors about the COVID-19 virus, which has led to conflicting and confusing safety protocols that changed as often as hourly (Banks et al., 2020; Redondo-Sama et al., 2020; Shahid et al., 2020; Shi et al., 2020). It was difficult to be aware of and comply with the most current guidelines for social distancing measures and implementation of safe work standards (Shi et al., 2020). For social workers trying to abide by safety measures as they also were trying to reassure clients, their difficulty was heightened by the lack of support from their managers (Banks et al., 2020).

Social workers have changed their case management clients into a response on emergency priority only (Redondo-Sama et al., 2020; Shi et al., 2020). For social workers and clients with access to telehealth modalities, the barrier is not too great. For many clients without access to telephones, data plans, or internet service, even telehealth is a challenge (Shi et al., 2020). The safety protocols also hinder social workers from properly assessing their clients, either with limited facial exposure due to masks or limited viewing of the home environment with telephone or video conferencing (Banks et al., 2020). The

safety of the client cannot always be assured as in the cases of family violence when possibly the client is not alone while speaking and is not able to fully disclose (Banks et al., 2020).

Personal Challenges

Social workers hold themselves to an ethical code that conflicted at times with the safety protocols (Banks et al., 2020). For instance, to uphold the values of the importance of human relationships and service, some social workers chose not to wear masks and to hold hands while transporting young foster children to make them feel more comfortable (Banks et al., 2020). Although it is against regulations, but due to the dire situation, sometimes social workers used their own vehicles to transport clients or bring them food and visited those who were in isolation out of concern for their client's wellbeing (Banks et al., 2020). Social workers commonly advocate for their clients but were called on to be extraordinarily vigilant in protecting clients' rights to dignity and protection from an overtaxed system that could neglect vulnerable people (Redondo-Sama et al., 2020). There were reports of overwhelmed hospitals failing to resuscitate older adults and one report of an older patient with a fever being offered morphine instead of antibiotics, to which a social worker intervened and saved her life (Lichtenstein, 2020; Redondo-Sama, et al., 2020).

These types of constant stressors are taxing to the physical and psychological health of social workers as they experience fatigue, anxiety, as well as guilt for not doing more to meet the enormous need (Banks et al., 2020).

Social workers face distress over being at risk for COVID-19 exposure in the course of their jobs without sufficient PPE and sadness with not knowing how their clients are coping, as many clients change their telephone numbers and have been unreachable (Banks et al., 2020).

Theories Guiding Conceptualization

Previous researchers suggest a model based on the ecosystem of organizations to analyze a crisis such as the COVID-19 pandemic (Barr, 2020). This is valid as the Ecosystems Theory speaks to the reciprocal interactions between a person, and the systems in their environment (Hepworth et al., 2017). As ecologists study the dynamics of an ecosystem, they see a hierarchy of primary internal systems, intra-systems, and interrelated systems with relationships that impact the health of the entity (Mars & Bronstein, 2017). The Ecosystems Theory outlines steps to improve unhealthy entities by 1) assessing the strengths and challenges between the systems; 2) targeting the area which requires change; 3) cooperating with resources; 4) engaging in formal cooperation to achieve desired changes (Hepworth et al., 2017). This theory can be adapted to conceptualize a phenomenon such as a public health crisis.

The boundaries between social systems vary in degrees of permeable open systems and rigid closed systems (Hepworth et al., 2017). Using the open system as a basis, and in response to the pandemic, other researchers proposed a R.I.S.E. model which is meant to guide an organization through a crisis. The R.I.S.E. model has four stages: 1) resilience stage is adjusting to a crisis with the

financial flexibility to maintain operations; 2) intention stage acts immediately to avoid layoffs; 3) sustain stage finds short term solutions such as the use of online communication to gain stability; 4) endurance stage is when leaders rethink to strengthen for the future such as collaborating with other agencies to reduce costs (Maher et al., 2020). This model seeks to build a better future through better operational strategies. In this way, services will not be hindered in times of unexpected crisis. Using the R.I.S.E. model which assesses and adapts to a crisis as well as the Ecosystem Theory which focuses on relationships from one system to another, will be effective frameworks for this research project.

Conclusion

The COVID-19 pandemic significantly impacted social workers' ability to assist their clients. Agencies were ill-prepared and fluctuating governmental policies were confusing and impeded social workers' ability to do their job. There were ethical dilemmas social workers encountered over upholding their values and complying with official directives. Had social workers been given a voice early on during the pandemic, it may have averted some issues and resolved others faster.

To better prepare for any future crisis, this research aims to learn from social workers who worked during the pandemic. By compiling firsthand accounts of their experiences during the pandemic, future social workers and agencies will

be able to consider incorporating this information into their organizational planning.

CHAPTER THREE

METHODS

Introduction

This study examined the impact the COVID-19 pandemic had on social workers' ability to provide services to their clients, as well as ways they adapted to overcome unforeseen barriers. This chapter details the process of this study. The following sections discuss study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to identify any impact the COVID-19 pandemic had on social workers' ability to provide services to their clients at various human service-related agencies near the northern region of Los Angeles County, California, and learn of any adaptations they found to overcome unforeseen barriers. This is an exploratory research project which is appropriate due to the fact there is limited research on this new phenomenon, specifically from a social worker's point of view. This was a qualitative study, using the tool of interviews with mainly open-ended questions so that the social workers could freely share their insights into their experience, having a liberal opportunity to speak about what they deem most pertinent. It is beneficial to have the

perspectives of social workers who have worked during the pandemic as they have been front-line workers throughout the public health emergency.

One benefit of using individual interviews as the method for collecting data is that it provided the opportunity to learn about areas of the issue which were unidentified by the researcher. By providing the platform for the subject to elaborate on areas they felt were important, through open-ended questions, the information provided a rich narrative. Additionally, the researcher asked probing questions and clarifying questions to gain a deeper understanding of the topic.

Limitations in this research method were time and the number of interviews possible. Each interview took an average of 33-minutes with additional time to transcribe the conversation. This factor limited the number of interviews possible in the time allotted. A second limitation of this method of data collecting through interviews is that it could have become personal or emotional as the subject recalls sensitive memories which can seem intrusive. A third limitation was the possibility of the subject withholding information which they thought might show them in an unfavorable light. Lastly, with virtual interviewing due to COVID-19 safety guidelines, there were limits to observations as well as the potential for technical problems.

This study asked 3 main questions: 1) How has the pandemic impacted your ability to provide services? 2) In what ways did you overcome barriers during the pandemic? 3) What would you recommend to other social workers to reduce barriers in any future crisis?

Sampling

This study used non-random and purposive samples of social workers near the northern region of Los Angeles County, California who worked at various community-based, human service-related agencies during the COVID-19 pandemic. Each social worker gave personal consent but there was no requirement for agency approval as these interviews were done when the social workers were off duty and are confidential. There were 12 individual interviews obtained to gather this information which provided the best access to firsthand data on the phenomenon to be studied.

Data Collection and Instruments

All data from the interviews were collected via interviews using the Zoom audio feature of the platform in January 2022. At the beginning of each interview, the researcher collected from each subject their demographic information including age, gender identification, ethnic identification, number of years at the current agency, and whether the subject remained at one agency during the pandemic or has changed jobs once or more.

The researcher developed an interview guide (Appendix A) containing 10 questions and potential follow-up questions, designed to learn how the pandemic impacted social workers and how they adapted to the crisis. This interview guide was accessed for face validity by discussing the contents with the research advisor and colleagues. The researcher has developed the interview guide with

consideration to all aspects of the research goal in mind for content validity. In addition to the questions listed, subjects were asked probing and clarifying questions for comprehensive understanding.

Procedures

Subjects for this research are residents in the area near the northern region of Los Angeles County, California working in the field of social work during the pandemic. Each subject was asked if they were willing to be interviewed for this research project and told that it would be anonymous and take place in January 2022. Each subject was aware of the COVID-19 safety measures still in place in California and agreed to be interviewed virtually. Each subject provided the time most convenient to them, when they had privacy, so the researcher could adhere to the subjects' schedules. The researcher asked the demographic questions and followed with those from the interview guide. The researcher also asked probing and clarifying questions as needed. Each subject agreed to an approximately 45-minute or less time frame for this interview.

The researcher concluded the interviews with thanks and information regarding access to support in case any subject was upset through the process of remembering and recounting events that may have triggered them.

Protection of Human Subjects

To protect the identity of the subjects, the recordings are not labeled with names, but with pseudonyms. These recordings were transferred from the researcher's personal computer, which is password protected, immediately after the interview and stored on a USB drive in a locked safe. At that time, the interviews were deleted from the personal computer. Interviews were copied from the recorded transcript onto a word document for coding. All documents with any information, including only pseudonyms, were stored on the USB drive and stored in a locked, fireproof safe. Three years after the completion of the study, the information will be deleted from the USB drive and the USB will be reformatted. Each subject was emailed an informed consent (Appendix B) before being interviewed and recorded, which states their participation indicates consent. Subjects provided verbal consent at the beginning of the interview, as well.

Data Analysis

This qualitative study was analyzed by the researcher through open coding, axial coding, and selective coding. The researcher initially organized the raw data through open coding. Secondly, the researcher used axial coding to connect categories of codes. Thirdly the researcher used selective coding to connect the categories logically. The researcher coded non-quantifiable elements, such as thoughts and behaviors.

Specifically, the researcher transferred recorded transcripts from the Zoom platform to Microsoft Word documents and corrected any errors by listening to the interviews and comparing them with the typed transcript. The researcher printed transcripts and color-coded themes with highlighters and then compiled like themes in separate word documents for further analysis. The researcher additionally consulted with the research advisor to ensure credible observations.

Summary

This study is a cross-sectional, qualitative study conducted through interviews with social workers that worked at various human service-related agencies during the COVID-19 pandemic. Through these interviews, the researcher learned what the impact was on the social workers' ability to serve their clients, how the social workers overcame barriers never previously encountered, and what recommendations they can offer other social workers for future crises. This interviewing method is most appropriate to acquire data regarding this new phenomenon.

CHAPTER FOUR

RESULTS

Introduction

This qualitative study was designed to learn from social workers' firsthand experiences how the COVID-19 Pandemic impacted their ability to provide services to their clients, how they overcame obstacles, and what advice would they give to others should they face an unexpected crisis such as a pandemic. With these questions in mind, the researcher conducted 12 interviews with subjects who were practicing in the field of social work during the COVID-19 pandemic. The data in this chapter details the impact of the pandemic on the clients, the social workers, and the agencies they worked at. Additionally, this chapter presents a few ethical dilemmas the social workers encountered and some especially difficult aspects of their work during the pandemic, as well as how safety measures were impacted over time. Finally, the social workers will give their recommendations to anyone who could benefit at the micro, mezzo, and macro levels should a future crisis ensue. The interview subjects will further offer their advice to help prepare and support any social worker faced with a crisis of this scale and offer a few concluding thoughts as well.

These interviews were conducted in January 2022 during the Omicron Variant of the COVID-19 surge. Eleven of the interview subjects had completed a Master of Social Work degree by the time they were interviewed, and one was

still finishing the last semester toward this degree. Four of the interview subjects had been in both field placements and paid positions at some point during the pandemic. The interviews averaged 33 minutes with the shortest being only 16 minutes and the longest taking 68 minutes.

Agencies

There were sixteen agencies reflected upon by the twelve participants. Twelve of the agencies were places of employment and four were agencies where social work students interned simultaneously during the pandemic. Of the agencies represented, five were governmental, eight were non-profit organizations, and three were for-profit agencies. The agencies ranged from serving populations of domestic violence survivors, homeless adults, those with both mild and severe mental health conditions, a crisis unit, an employment program, an adult day care center, schools, and youth centers.

Interview Subject Demographics

The demographic details of the interview subjects were four Caucasian females, four Hispanic/Latina/Mexican American females, two African American females, and two Latino/Mexican America/Hispanic males. The age range for the interview subjects was 32 years to 78 years of age, with 46 as their mean age. Over 75 years of combined experiences are represented by these interviews. The length of time these interview subjects have worked in the field of social work ranges from three years to nearly 20 with the average length of time being 6.3 years.

Presentation of the Findings

Agency Policies and Risk Concerns

From the data collected in the interviews, nearly all agencies supported their employees in providing communication and personal protective gear. Those agencies which did not communicate well had issues such as being “Unprepared for a catastrophe of this nature” and “They have their own agenda that they don’t really let you know what it is” according to one interview subject. The interview subjects working with the homeless thought that their supervisors appeared worried to be around the homeless due to the perceived higher risk of exposure and became increasingly concerned to have the social workers return to the office for supplies or to use the restroom.

Most of the agencies were quick to go online, but one-fourth stayed fully open in-person, while a couple of agencies closed for over a year, and a single agency made a case-by-case decision if they would meet clients in person or online. Most interview subjects reported they were not working in the field during the pandemic, while one-third reported continuing to work outside of the office and in the field, and one single interview subject worked both at home and in the field, on a case-by-case determination.

At most of the agencies at the onset of the pandemic, the interview subjects reported they felt personally at risk of contracting COVID due to their ineffective safety policies. Examples of this are the inability to have the space to

social distance or when working with patients with a high level of mental illness, it was not possible to ensure the patients would even put on their masks. For those working with the homeless population, there was never assurance the clients were practicing safety measures, especially without having any means to stay clean. The public places where they used the washing facilities were closed due to COVID protocols and these individuals were not provided alternative washing stations. The risk declined for many social workers as they were sent home to work, and some reported they never felt at risk of contracting COVID at their agency.

Social workers reported varying levels of risk they felt their clients were experiencing. The interview subjects reported that they believed their clients were at risk in two-thirds of the agencies, and at less than one-third of the agencies, subjects reported their clients were not at risk, while a few stated that they did not know for certain if their clients were at risk.

Impact on Clients

Results of reported negative impact upon clients were mainly in mental health and emotional stress as evidenced by a high level of increased anxiety, depression, fear, paranoia, which was exacerbated by disrespectful treatment if they tested positive for COVID. With the increase in mental health struggles, demand for therapy increased which made the wait times for behavioral health appointments longer than pre-pandemic. Additionally, there were various stressors from lack of social support such as cognitive decline, as one social

worker noted not only a decline in cognition but an increase in cognition upon reopening their services at an agency for elderly adults. This social worker explained that though she could not prove it, she believed the unprecedented death rate was due to social isolation. This assumption is based on her observation that there were 18 deaths in one year, and only four were from COVID, but that they normally lose an average of two to three members in a year to death. Clients also had a negative impact with lack of support in multiple ways, such as having only limited services available with so many closures, financial adjustments with loss of work, and lack of having a telephone. For some individuals with severe mental health issues, they did not know how to operate a telephone which created an additional barrier to communicating with their social worker. Many clients had no transportation, were exposed to cold weather elements, and experienced a lack of available support groups for substance abuse, initially.

A few positive impacts on clients were reported as increased independence as seen by clients learning to fill out forms for food assistance and traveling alone on public transportation or grocery shopping while experiencing anxiety, supported via telephone by their social worker. Some clients received laptops to help in their job search, as well as telephones when needed. There was also a better means of facilitation of medications with monthly shots instead of daily pills at one mental health agency, as well as an additional \$700 a week for benefits of unemployment. The unemployment increase had a mixed impact,

however. While the extra money provided more income to the individuals than when they held jobs, it also increased the temptation to be dishonest with the employment office and decreased the motivation to work at all, even when their case manager offered safe options which paid a normal rate and were more secure than the temporary increase in unemployment benefits.

Impact on Social Workers

The reported negative impact on social workers was a significant increase in mental and emotional stress as seen in increased anxiety, worry about patients and coworkers, worry about bringing COVID home to their families as a few subjects had very vulnerable family members. Interview subjects reported having conflicted feelings of concern for their health and their family's health but not wanting to treat the clients "as lepers" from whom they could contract COVID. Additionally, social workers experienced burnout because they were constantly inundated with COVID. One reported experience was, "There was no way around it. Every time I had to take time it was all, COVID was involved and that messes up your psyche, you know." This social worker continued to say he took time off from work when his mother died of COVID, and later when his wife and daughter both had COVID, then when he got COVID himself, followed by three days off work when he got sick after receiving the booster shot.

Another social worker expressed her feelings of information overload due to constant updates about protocols to the point she had to ignore it at times because "It's too much." The overall strain from the pandemic was significant,

and specifically due to poor leadership support, one social worker was given doctor's orders to take a leave from work due to her near nervous breakdown.

There are so often two sides to every story, as seen with the fact that two interview subjects said they did not experience burnout at all. They reported that they were stressed and tired from working many extra hours, but they found the work interesting and satisfying.

The social workers interviewed reported having many job pressures as well, such as having a higher workload. In one agency, half of the workers were told to drive over an hour one way or quit. For those left behind, their workload doubled. Others reported having to work longer hours. Many said using the telephone took a lot more energy than a quick, in-person conversation. One social worker stated, "Doing all these telephone calls, I would be more worn out at the end of the day, more than when I had 60 people here."

Additional issues were having multiple duties, technological problems, and a high level of inconvenience due to working from home. Working from home meant all office supplies were not readily available and the social workers had to plan carefully to make sure everything they needed was with them at home. Other social workers reported a lack of privacy at home, with school-aged children at home who could potentially hear their parent discussing a sensitive topic with a client on the telephone. One social worker had additional expenses of buying a printer, ink, and paper as well as a second Wi-Fi plan because the strain of her children's schoolwork and her work was too great for her single

bandwidth to support. Social workers with children at home also stated there were constant demands and they felt being, “Pulled in different directions” with little time for their self-care.

For social workers in the field, there were logistical issues of nowhere to use a bathroom when needed since most places closed during the pandemic. These field workers were in a league of their own in that they lacked the most support from their supervisors and felt very underappreciated. These social workers were to the point of feeling cynical and resentful that their supervisors were quick to have them in the field with only limited safety education, masks, and hand sanitizer, which was used so often it caused eczema. This agency gave COVID cash bonuses to everyone and it felt unfair to one social worker who candidly said no one was as at risk as those in his department and it seemed disrespectful to be lumped in with people working from home. He also discussed the disappointment with no hazard pay especially since he did contract COVID from a client. These social workers were stretched thin and fatigued but also added they cared for their clients and felt strongly that their clients needed support and that was what motivated them to risk so much.

Impact on Agencies

Much of the impact on the agencies was reported as significant financial strain, with one agency reportedly losing \$50,000 a month, to which the owners chose to cover those costs to keep the agency open. One barrier for this agency was that because it was closed for nearly a year, many patients simultaneously

needed a physical examination to comply with insurance policies for reinstatement. Due to the widespread lockdown and heightened safety measures, there were delays as physicians were not inclined or able to perform nonurgent examinations. The financial impact was significant because the insurance companies never reimbursed the agency for the months of seeing clients. Many other agencies were, “in the red” and had to cut their allowances for client expenses which meant a lack of temporary housing for example.

There was added strain to the financial status of agencies with nearly zero interagency referrals, due to closures, preventing the addition of new clients. There were grants made for mental health and homelessness, but they did not appear to arrive at any of the agencies where the social workers who were interviewed for this research, worked. A few interview subjects said that this service area is the last to ever receive funds because most of them go to the greater Los Angeles areas.

The social workers who were interviewed reported widespread staff shortages due to sickness and employees unwilling or unable to adjust to working during the pandemic. This shortage meant that those who could work often worked overtime and were unable to get time off easily. The multiple concerns that agency leaders had to deal with left some too distracted or unable to help their employees navigate the pandemic.

Ethical Dilemmas

A few of the subjects interviewed reported having ethical dilemmas such as not wanting to go back to work before feeling safe but knowing that the clients need her, so she complied. There were concerns expressed over reports of family members leaving elderly loved ones alone, so the caregiver did not have to quit their job, which was a case-by-case call for the social worker who empathized with what was best for the family.

Social workers had difficulty with privacy as they had sensitive telephone discussions with clients from their homes with children nearby which was a common tension. One agency was compelled to leave members on their registry to save their spot even though the clients were unable to comply with the agency requirements. Lastly, a social worker reported stress over being required to promote vaccinations when his clientele was already suspicious of the government and these conversations increased their paranoia.

Most Difficult Aspect for Social Workers

Research subjects reported the most difficult aspects of the pandemic as social workers were based on having to work remotely. The subjects reported that the lack of face-to-face meetings limited full assessments which are particularly important for any suicide risk, domestic violence, or child abuse screening and it weakens the client-therapist bond. One social worker reported that though many clients received new telephones, they were lost often, and it was difficult to locate the client to assess their wellbeing without the ability to coordinate with other agencies working from home. Working remotely also meant

a lack of privacy for conversations with clients at homes with children attending their schools online and provided no separation for themselves.

Other issues social workers reported as most difficult were harder job duties during the pandemic, delays in services and linkages for clients, loss of members which could threaten the program, worry a client was sick and did not tell you, which did happen, lack of support from leadership, pushback from employees, lack of technological support, and lack of computers for clients.

Safety Measures Over Time

As the pandemic continued through the fall of 2021, multiple subjects reported caution fatigue which led to lightened adherence to safety protocols, specifically not always wearing masks. Many reported they would remove their mask at times when they felt safe, while social distancing, for instance. Most reported they remained vigilant when not socially distanced and especially with the homeless population who were engaged with predominantly in person throughout the pandemic. Safety measures were redoubled again after the Omicron COVID-19 variant started in December 2021.

Micro-Level Recommendations for Future Crisis

Social workers who have served during the pandemic gave recommendations for any future crisis at the micro-level in two main areas: technology and safety. Those interviewed recommended to have increased training in technology for social workers and clients, as well as advising patients that their sessions could become virtual at some time. They further suggested

meeting people where they are by allowing those patients who wish to only use a telephone to be given that option and provide help for online platforms for dementia patients. To better assess patients and clients, another recommendation was to provide more technology to visually engage with patients instead of only speaking on telephones.

The social workers also made the recommendation to provide more safety education and ensure safety protocols are implemented. Social workers need to be supported as they support others which is difficult to do if they are worried about agency support and becoming sick themselves.

Mezzo Level Recommendations for Future Crisis

Recommendations from social workers for mezzo level preparations were overwhelmingly to provide support to social workers. One example which the interview subjects suggested was to have support groups for staff members to share their struggles and successes as well as emotionally support each other. These social workers also emphasized the need for proper training to understand how to work from home, with both technological issues and stressors such as time management and family-work balance. To help avoid burnout, the interview subjects thought it would be best to provide “snippets of information about safety protocols” instead of overwhelming amounts of repetitive data. Overall, the consensus was that at the mezzo level, agencies need to be sensitive to social workers too, not only the clients and the budget. Because some social workers felt isolated from their supervisors and somewhat abandoned, they felt it would

be beneficial for the policy makers to go into the field themselves to better understand the reality of the crisis.

Social workers further recommend that agencies start earlier to collaborate with other agencies to assist each other in providing better services overall. Other forms of support are to make technology available and easier to use, provide comfortable headsets, and be flexible to patient needs. They believe one size does not fit all.

Macro-Level Recommendations for Future Crisis

At the macro level, social workers recommend authorities hold a professional attitude that treats people who tested positive for COVID with dignity. There were reports of patients being turned away from medical facilities instead of being treated due to short staffing. The interview subjects also recommend dignity be extended to social workers who work the frontlines which would be evidenced by providing them positive feedback, frontline worker pay increase, and overtime pay.

Macro-level recommendations also include resources being provided and monies monitored to be sure they arrive at this region. For example, resources being used to provide some variety in food for the homeless. Research subjects confirmed the only food for a year was an identical supply of turkey sandwiches, an apple, a snack like graham crackers, and water. Though they were grateful for the food, it seems insufficient based on the amount of money supposedly designated for the homeless. Social workers requested consideration for funds to

assist families caring for elderly loved ones as well. As a social worker who has 20 years of experience in the field stated, the costs have increased tremendously over the last 8 - 10 years.

Additional resources that the interview subjects spoke of were to provide more advanced technology for agencies, possibly through specific grants, and make rapid tests and home tests more readily available, provide more financial resources in general for individuals, such as allowing workers the right to use their sick pay for days off, or maybe offer financial incentives so that workers will not avoid their jobs and leave such a heavy load on others. At the macro level, there was one subject who reported no recommendations but said that the government handled the crisis as well as they could have.

Advice for Future Social Workers

Much of the results collected from the social workers interviewed, regarding advice to give future social workers facing a crisis such as this pandemic, were related to taking care of themselves. Specific thoughts were to stay physically healthy by taking vitamins and not overexerting oneself, be safe and wear protective gear. The social workers endorsed practicing self-care as well through giving yourself grace, do not expect yourself to know it all, do not take home your work, having a good work-life balance, and get support as needed.

Some additional advice offered to future social workers was to also remember who they are, and to be always professional, adhering to standards of integrity and honesty. The subjects recommended being transparent with clients

about the fact everyone is in the pandemic together and it is not easy, to normalize you are not an expert, get training, and continue to advocate for your clients.

Negative Outcomes

Additional thoughts that the interview subjects offered included negative points of being overworked and underappreciated as they were simultaneously the first responder called often to a crisis. Interview subjects reported the pressures of having such a tremendous amount of transition, all while the focus was on clients and not enough consideration of social workers' well-being which caused burnout and caution fatigue.

The interview subjects also pointed out that the impact on clients was an increase in domestic violence and child abuse and neglect, which was unclear until months later when survivors could be interviewed safely away from their abuser. The social workers reported an increase in drug and alcohol abuse due to the generalized societal fear and uncertainty and difficulty in attending support groups. The support groups eventually went online, but this made a barrier to some seeking help without the proper technology to attend meetings.

Positive Outcomes

Some positive outcomes reported were that these social workers learned to use tools that are very useful including the ability to access more online resources and knowing how to navigate remote communication, the capacity to mentally compartmentalize, and how to let go of what they cannot do. The

interview subjects expressed gratitude for the opportunity to know caregivers much better and that for some clients, the medication was better administered which significantly improved their wellbeing. Overall, a prevailing thought was that regardless of the obstacles, the social workers were dedicated to the clients and showed up to do their jobs and provided support. The clients were so thankful for the support these social workers gave, that they wanted to write letters of thanks, reported one subject. Another social worker reported that the families were so grateful when the clients could return in person that it “reinforced that what we do makes a difference”. One interview subject reported that as a social worker who worked through the pandemic, they were glad to be acknowledged as a frontline worker. Two other subjects reported it was cathartic to be interviewed and express their thoughts.

Summary

The first of the three main questions asked in this study was how the pandemic impacted social workers’ ability to provide services. The answer the subjects of this research project provided was that there were significant interruptions to being able to meet with the client in person, a significant lack of available services with many agencies going online, and additional demand on social workers to put in more hours and quickly learn a new way to work as well as address the increase of emotional and mental health problems that their clients experienced.

The second question this research sought to answer was how the social workers adapted to overcome obstacles. The results show that social workers used creativity and determination to support their clients. With drive-through lines to provide food and activity packets for elderly patients unable to attend their groups in person, making additional efforts to reach clients via telephone to maintain engagement and check on their wellbeing, and connecting clients with food and other necessities, these social workers worked to significantly help their clients. These social workers reported going the extra mile in the use of extra personal time to talk with clients experiencing high anxiety, assisting their clients to navigate online, and often risking their health. Some interview subjects reported they had to work harder to collaborate with other agencies to locate clients out of contact due to widespread closures and had to find ways to provide them with telephones and computers which they were usually able to do. These social workers did all they could to support their clients. For many clients with mental illness symptoms of paranoia and mania, the social workers acted as crisis workers and therapists to prevent problems from escalating. As one social worker put it, “We prevented a lot of craziness.”

The third question asked in this research project is what advice these subjects would make to future social workers, and all involved, at micro, mezzo, and macro levels. Those interviewed offered a resounding main suggestion of remembering to support social workers as they support others. Social workers are not superhuman and many felt overworked and underappreciated. Many felt

the agencies were more interested in the clients and the budget than the social worker's safety. The interview subjects said they also needed the support of having proper technology, training, and equipment to aid their work as social workers. There were several reports of lack of financial oversight and lack of funding making it to where it mattered, with the clients, therefore, the recommendation for financial oversight is important.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the implications of the results of the study and how they align or do not align with the findings of the studies cited in the literature review. Additionally, this chapter will identify any of the limitations of the study, make suggestions for future research, as well as provide conclusions and implications for social work practice.

Discussion

The pandemic arrived suddenly and necessitated sweeping changes to how society could interact and specifically, how social workers were able to support their clients. The results of this study showed that the pandemic impacted social workers themselves, their clients, and agencies significantly, and not all were able to adapt which left gaps in services and often overexerted social workers. The most significant finding was that many social workers were not supported during the pandemic but were called upon with demands from multiple domains which left many feeling unsupported and fatigued. This aligned with results from studies included in the literature review which also found social workers were often left unsupported by their agencies and exhausted. Agencies were ill-prepared and often too concerned with finances to notice the social workers were not being supported themselves. There was a lack of collaboration

and coordination due to the sometimes-frenzied number of changing regulations and protocols. It was a lot of transition, especially the impact of working remotely.

Clients faced significant mental and emotional stress which increased the demand for social workers to support their clients in a therapeutic way which required additional hours which concurs with the studies referenced in the literature review. Social workers were continually concerned with the well-being of their clients as they were at times, unable to properly access remotely, or unable to locate them in the field with a lack of agency collaboration. Much of this could have been avoided had there been better preparation and resources available.

Recommendations for Social Work Practice, Policy, and Research

The social workers interviewed for this study made recommendations for micro, mezzo, and macro-level improvements should there be a future crisis. This is reported in Chapter Four, but the most stated issue was to find ways to support social workers as they support others. The efforts during the pandemic seemed to focus on financial sustainability for agencies and on providing for clients, but little attention was given to the impact on social workers. The fact is that many social workers had to increase their caseload and most had to increase their workload by learning new methods of communicating and monitoring, they had to assist and support clients through additional stressors and navigate their personal care and that of their families.

Going forward, it would be helpful to all if there were proper support given to the social workers by means as simple as having enough social workers on staff so a reasonable workload can be coordinated. This is a financial issue which the government may need to supplement. Having the proper amount of social workers willing to go to work during a crisis and providing appropriate wages is worth the cost, however. Without this financial support, the burden becomes too great on social workers, and it increases the risk that they will get sick or become too burned out to remain on the job long term. The expertise of social workers is valuable and should be consulted with rather than treated as expendable. Since social workers are most familiar with their clients and what resources are available, it is advisable to include them in planning meetings so that strategies can be developed which are tailored to each specific population.

Along with the physical support of a sufficiently sized team and listening to the input from social workers, providing social workers with moral support would go a long way in equipping them to meet the demand of assisting their clients. To provide support to social workers, supervisors could simply reach out and encourage them, acknowledge their contribution and risk, as well as show appreciation for their work. If supervisors also sensor some of the information about changing protocols to provide only critical changes instead of burdening social workers with minutia that takes energy away from their jobs, it would be helpful.

Overall, there needs to be advocacy for a better plan to avoid being caught off guard by a crisis. At every level, there must be financial, technological, and educational provisions to keep people cared for physically, socially, and mentally. To begin, each agency needs to strategize how to best navigate any sudden crisis which must include the safety of their staff. Therefore, it is important to provide all staff with the same safety education and training as well as protective equipment. If social workers are to be sent out into the field before there is a certainty of safety, they need additional training, hazard pay, and ability to access the office for supplies and a restroom without disdain.

Providing social workers with proper training is also necessary regarding how to provide remote services, how to best provide support to their clients under dire circumstances, and how to best balance work and home life would be helpful. Specifically, by developing support groups for staff to process changes and share helpful ideas for solving problems, it would be beneficial for protecting the staff from emotional strain. With the increased demand for services, it would help those using telephones for hours each day to have comfortable and preferably wireless headsets or earbuds. Anytime a physical adaptation can be implemented, it helps the social worker ward off fatigue a bit better.

With remote work, there are a few issues that could be improved upon. For the clients to be better assessed for affect and in cases of abuse or suicidal ideation, offering video-equipped tablets to clients is recommended. Likewise, for clients who are not at high risk, offering them the flexibility to only use a

telephone if that is how they prefer to communicate so they do not have the barrier of a forced video call discouraging them from communicating with their social worker, is suggested. A novel idea is to make a client portal on something like an iPad so patients could see their social worker, view resource pages, sign any papers virtually, and feel less disconnected. Additionally, the costs associated with working from home such as office supplies and the additional Wi-Fi should be reimbursed to social workers. Along with this, there must be better financial oversight overall, since very little of the promised resources arrived in this area, which is commonplace but unacceptable.

Theories to Consider

To better facilitate efficient collaboration, applying the Ecosystems of Organizations model may provide a viable framework. This model is used to specifically connect people, agencies, and organizations with resources. This model is based on assessing the dynamics between each system, such as communication, so that the required changes can be targeted, for an outcome of successful cooperation which will become formally based. Having a current assessment of agencies and resources before a crisis impacts a community would be a sensible preparation. Maintaining a dialogue between entities and having an emergency plan will lessen the dramatic impact of a crisis should it arise. Additionally, and contrary to normal non-profit values, there must be a prudent reserve of funds as well as access to preauthorized loans to buffer the

impact on the agency, the employees, and the flow of services to clients. Using this model could decrease the delay of services for clients.

Another way to approach a crisis is with the R.I.S.E. model which stands for resilience, intention, sustain, and endurance and are the four stages used to guide agencies through an unexpected crisis as effectively as possible. With the financial impact felt by nearly everyone during the lengthy public health emergency, using resilience to adjust with flexibility can decrease the need to completely close an agency, as the intention stage also includes attempting to avoid layoffs. The sustaining stage advises agencies to find short-term solutions, such as working remotely to stabilize during the crisis. Another idea is having a community resource website that shares information between agencies as well as the public. In a crisis when communication is limited, it may be prudent to post actual signs or flyers with resources that make anyone without access to technology able to participate. The last stage is used for leaders to rethink strategies to reduce costs for the future, such as collaborating with other agencies or possibly combining the agencies into one to best allocate resources. The combination of these models could work effectively to strengthen agencies against such catastrophic events as a pandemic.

Limitations

The limitations of this study can offer future researchers an opportunity to further examine the impact of crises such as the COVID-19 pandemic on social workers and their ability to provide services to their clients. Firstly, this was a

small sample of only 12 subjects, which gives limited generalizability. Additionally, this study represents a specific location and also may not be generalized, though it did align closely with the literature studied. Lastly, this research was conducted on individuals known to the researcher and it may provide different perspectives if the interviews were given to a researcher unknown to them. Overall, this research has revealed how integrally social workers are involved with crises and that there is still much more to learn.

Conclusions

This study answered the questions of how social workers were impacted in their ability to provide services to their clients during the COVID-19 pandemic, how they overcame obstacles, and what advice they would offer to future social workers. The pandemic has challenged the safety net of society and in many cases, it was the social workers who had to bridge the gap with creative, compassionate, and courageous measures. Had there been preparation, it may not have been as difficult, but in lieu of that, it would have been less chaotic had social workers been consulted for their expertise. After all, social workers are the ones who understand their clients and are trained in asset mapping and community organizing and may have been able to facilitate better services. For future crises, it would be wise to include social workers in the planning and to support them as they support others.

APPENDIX A
INTERVIEW GUIDE

Interview Guide for Social Workers

Preface: I want to thank you for taking your time for this interview. I am hoping to get a clear, detailed account of what it was like for you working through the pandemic as a social worker. So, please take your time to recall details and we will talk at whatever pace is comfortable for you. Did you read over the consent form I emailed? Do, I have your approval to interview you? Thank you.

Age: ____ Gender Identification: _____ Ethnic identification: _____

1. What type of agency were you working with during the pandemic?
 - a. What population did you serve?
 - b. What services did you normally provide in your department?
 - c. How long were you there?
(Repeat for multiple agencies if needed)
2. Once the pandemic started, how did things change regarding providing services?
(Follow-up if needed: safety protocols, ability to contact client, work hours reduced)
3. How was the communication between you, your client, and your agency?
(Follow-up if needed: Were protocols clear? Were you updated often?)
4. To what degree did you feel at risk to contracting COVID-19 yourself?
(Follow-up if needed: Were you able to get personal protective equipment PPE? Did the agency enact appropriate safety protocols eq. sanitizing, screening? Were you still seeing patients in person?)
5. To what degree did you feel your clients were at risk?
(Follow-up if needed: For COVID? Lack of services and/or provisions?)
6. Are there any specific examples that stand out of how the pandemic impacted?
 - a. Your clients?

(Follow-up if needed: hardships, sickness, lack of communication, emotionally)

b. Yourself?

(Follow-up if needed: stressors, ethical dilemmas, emotionally)

c. Your agency?

(Follow-up if needed: positive and negative advocacy for you and clients)

7. How did you adapt your approach as a social worker to overcome pandemic-related obstacles?
8. What were the most difficult aspects of serving clients in the pandemic?
9. As the pandemic has continued, in what ways has serving clients changed?
(Follow-up if needed: was there a shift in safety measures? Vigilance? Peak?)
10. What recommendations would you give to improve social work should there be a future crisis?
 - a. At the micro level, with individuals?
 - b. At the mezzo level, with families?
 - c. At the macro level, with human service agencies?

That is all my questions. Is there anything you would like to add about your experience?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study you are asked to participate in is designed to explore the impact of the COVID-19 pandemic on social worker's ability to provide services to their clients in the northern Los Angeles County, California. The study is being conducted by Victoria Fuller, a graduate student, under the supervision of Dr. Laurie Smith, 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 the study is to explore how the pandemic impacted social workers.

DESCRIPTION: Participants will be asked about the type of client population they worked with, ways the pandemic impacted their clients, agency, and themselves, and suggestions for ways to improve services in any future crisis, and some demographics.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to answer any question or withdraw from the interview at any time without any consequences.

CONFIDENTIALITY: Your name or any identifiable information will not be used in the report of findings.

DURATION: It will take approximately 45 minutes to conduct 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 end the interview.

BENEFITS: There will be no direct benefits to the participant. However, the findings from this 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. Smith at (909) 537-3837

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

.....

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document, agree to participate, and have the interview audio recorded. My continued participation in this interview indicates consent to participate in the study.

APPENDIX C
IRB APPROVAL LETTERS

November 9, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-35

Laurie Smith Victoria Fuller
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Laurie Smith Victoria Fuller:

Your application to use human subjects, titled "Impact of Covid-19 Pandemic on Social Worker's Ability to Provide Services" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have

completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-35 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

January 18, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Protocol Change/Modification

IRB-FY2022-35

Status: Exempt

Laurie Smith Victoria Fuller
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Laurie Smith Victoria Fuller:

The protocol change/modification to your application to use human subjects, titled "Impact of Covid-19 Pandemic on Social Worker's Ability to Provide Services" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

- 1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.**
- 2. If any unanticipated adverse events are experienced by subjects during your research study or project.**

- 3. If your study has not been completed submit a renewal to the IRB.**
- 4. If you are no longer conducting the study or project submit a study closure.**

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-35 in all correspondence.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D, IRB Chair
CSUSB Institutional Review Board

ND/MG

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