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## Feeling Connected: Examining the Importance of Human Connection on the Personal Outlook of Social Service Providers Working with the Homeless During the COVID-19 Pandemic

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### Cover Page Footnote

The authors would like to thank Deirdre Caputo-Levine for helpful feedback on an earlier version of the manuscript.

### **Abstract**

This research study explores the lived experiences of social workers and social service providers (collectively referred to as ‘providers’) working with the homeless and homeless-adjacent populations in the early phases of the COVID-19 pandemic. We examine how the pandemic changed the work providers do, and how providers coped with and adapted to these changes. This research utilizes traditional qualitative interviews with a total of twenty providers located in the North-Western United States (NW-US). Key findings from this research indicate providers' outcomes were influenced by the extent of their social connections to community, clients, and coworkers throughout the pandemic. This study confirms earlier research on the importance of social capital in minimizing negative mental health outcomes for providers working through situations that reflect large-scale social crises. This research has potential policy implications for provider networks in the event of similar crises in the future.

*Keywords: social service providers, Covid-19 pandemic, homelessness, qualitative research*

### **Feeling Connected: Examining the Importance of Human Connection**

When COVID-19 arrived in the United States, social support systems were ill-prepared to navigate the initial wave of public shut-downs and the shifting of many public spaces into the virtual world. The transition to remote work for many was quickly problematized as society grappled with the need for essential workers to remain in the public sphere. Some social service providers were able to continue their work remotely while others took on significant risk of COVID-19 exposure as they continued their essential work in-person (Ross et al., 2022). Throughout the pandemic many vulnerable populations were presumed to be living at higher risk of both contracting the virus and experiencing severe complications from it (Baggett et al., 2020). People who are homeless were identified as a population of significant concern due to their high risk for pre-existing medical conditions, lack of access to hygienic living conditions, and disassociation from the healthcare system (Baggett et al., 2020; Lima et al., 2020; Perri et al., 2020). Social workers and other social service providers (hereafter collectively referred to as providers), working with vulnerable populations saw an increase in the amount of people needing assistance. At the same time state-wide shut-downs and mask mandates also created a need for providers to modify or change their service delivery models (Shi et. al, 2020). These working conditions created high risk for providers to experience negative mental and emotional well-being outcomes in their professional and personal lives as they were also experiencing the negative effects of the pandemic at home (Holmes et al., 2021; Powell et al., 2019a; Shi et al., 2020). Emerging research on the psychological impacts of providers working through COVID-19 are beginning to document the extent of the problem (Ho et al., 2022; Ross et al., 2022). Ho et al. (2022) have specifically indicated their findings support the need for further research to identify the resilience factors necessary for providers to cope with working through a pandemic.

This research study was designed to better understand the lived experiences of providers working with homeless and homeless-adjacent populations during the first year of the COVID-19 pandemic. We examined how the pandemic changed the work providers do, and how providers coped with and adapted to these changes. We asked providers to reflect on these questions at both the individual and organizational levels, with a focus on how these changes affected their individual mental health and well-being and their outlook on the future. This paper will provide a brief contextual overview of prior research on how providers' mental health is impacted by large scale public crises (including epidemics and natural disasters). We will utilize this research as a foundation for understanding the implications of the COVID-19 pandemic for providers. Additionally, we will give a brief overview of our research methodology and underlying theoretical framework, an extensive discussion of our results and key findings, and implications for future provider practices. Key results discussed will include the importance of social connections for providers and the relationship between social connection and provider well-being.

### **Literature Review**

When this paper was being prepared, the COVID-19 virus had been present in the United States for two years. The wide-spread use of mask mandates, school shut-downs, and shelter-in-place orders were not only unique in their implementation, but also in the scope of people affected. Much of the existing research on providers working in social crisis scenarios utilize localized events, such as hurricanes or small-scale viral outbreaks. In these case studies the sample population is limited to a small geographic area. COVID-19 is unique in that the event has impacted global populations. While this makes it difficult to draw direct comparisons between provider outcomes in relationship to earlier endemics or natural disasters, we can use this

knowledge for contextualizing the mental health risks for providers working during the COVID-19 pandemic.

Existing research has examined well-being outcomes for providers impacted by Hurricanes Harvey and Maria. Powell et al. (2019b) found that providers working in post-hurricane conditions are uniquely vulnerable to experiencing a traumatic stress response. This is due to the dual risk factors of being both a resident and provider (Powell et al., 2019b). Key findings in this work highlight the ways in which providers may experience personal forms of trauma in surviving and rebuilding after a hurricane. Providers may also experience vicarious or secondary trauma as a result of being exposed to the primary trauma of clients (Powell et al., 2019b). Providers may also experience caregiver burnout due to the competing demands on their time as they attempt to provide for clients and rebuild what has been lost in their personal lives (Powell et al., 2019a). Another study examined front-line responders in the aftermath of severe flooding. Carrol et al. (2010) found increased levels of negative mental health symptoms and physical ailments as a result of changes in the living and working conditions of providers. This connection to physical ailments is particularly pertinent to providers working during the COVID-19 pandemic, many of whom risked exposure to the virus if they maintained a physical presence in their work environment.

Other research has identified people who are homeless as particularly marginalized during a natural disaster due to a combination of factors. These include the lack of effective emergency notification systems that can reach people who are homeless, disaster response protocols that assume all people are housed, and a history of negative relationships between police officers and the homeless community (Foge, 2017). These factors combine to increase the probability of negative mental health outcomes for the homeless. This in turn increases the likelihood of secondary or vicarious trauma and other negative mental health outcomes among the providers

working with them. Jung et al., (2020) had similar findings when they utilized an outbreak of the Middle East Respiratory Syndrome (MERS) to assess mental health outcomes in providers working with those infected by MERS. This research found that providers were subject to high levels of Post-Traumatic Stress Disorder (PTSD) (Jung et al., 2020).

It has been established that providers working with marginalized populations may experience vicarious or secondary trauma, traumatic stress responses, burnout, compassion fatigue, PTSD, and other negative mental health outcomes (Powell, et al., 2019a; Powell et al., 2019b; Prati & Pietrantonio, 2010). Emerging research is already showing a similar outcome for providers working during the COVID-19 pandemic (Davies & Cheung, 2022; Holmes et al., 2021; Urnes Johnson et al., 2020). The COVID-19 Pandemic and Emotional Well-Being Study indicates that social workers were five times more likely to report symptoms of PTSD than the national prevalence. An alarming 7.6% of respondents reported levels of PTSD higher than those of active duty and Reserve/National Guard personnel with a history of combat deployments (Holmes et al., 2021). Michal et al., (2022) found high levels of stress, insomnia, and depression, in health-care professionals working through the COVID-19 pandemic. Emerging research also suggests that negative mental health outcomes can be mitigated through positive supervisor support (Jung et al., 2020), high social support systems (Prati & Pietrantonio, 2010; Powell et al., 2019b; Sowmya et al., 2020), and “perceived cohesion” or sense of belonging to a group (Smirnova et al., 2022). This research paper presents a key finding that supports prior research on the mitigation of negative mental health outcomes on individual providers working through a large-scale social event. Among our research participants we documented that a perception of strong social support systems has a positive correlation with providers' overall mental and emotional health and well-being. This perception also impacts their outlook on the future for their career and provider agency. This

research contributes to our expanding understanding of the importance of social support as a protective factor for providers working with vulnerable populations during a large-scale social crisis. These relationships can be interpreted through the framework of social capital theory.

### **Theoretical Framework: Social Capital Theory**

Social capital is used to describe connections, social cohesion, social support, and trust existing in a society (Putnam, 1993). Primarily associated with the work of Putnam (1993; 2000) and Coleman (1988), the theoretical assumption is that social capital fosters a sense of trust and of working together. In addition to creating trust and cohesion, social capital can help a person acquire new and valuable information and support (Kawachi et al., 1997; Morrow, 1999; Nakhaie & Arnold, 2010; Rodela et al., 2020).

Distinguishing between various forms of social capital, Dudwick et al., (2006) discuss six aspects: (1) “groups and networks,” (2) “trust and solidarity,” (3) “collective action and cooperation,” (4) “information and communication,” (5) “social cohesion and inclusion,” and (6) “empowerment and political action” (p. 1). In this paper, we focus primarily on the first aspect of social capital, that of “groups and networks,” though we recognize there is some overlap between various forms of social capital. The first aspect in Dudwick et al.’s (2006) model consists of “informal networks” and “associations.” While informal networks are “spontaneous, informal, and unregulated exchanges of information and resources within communities, as well as efforts at cooperation, coordination, and mutual assistance that help maximize the utilization of available resources” (Dudwick et al., 2006, p. 12), associations are characterized by assigned roles.

Social capital can be seen as a complicated and hard-to-grasp idea (Morrow, 1999) due to the wide range of its applicability at the community, family, and individual level. At the same time, due to its breadth and complexity, this concept is able to shed light on a wide variety of processes,



ranging from personal, familial, and community processes, physical and mental health effects, community organizing, and even civic and political processes (Drukker et al., 2003; Folland, 2007; Kawachi et al., 1997; Kawachi & Berkman, 2001; Morrow, 1999; Nakhaie et al., 2007; Nakhaie & Arnold, 2010; Rodela et al., 2020; Wood & Warren, 2002).

Social support and a sense of social cohesion, both aspects of social capital, are protective when people are faced with or work with people impacted by disasters of various kinds (Prati & Pietrantonio, 2010; Noel et al., 2018; Powell et al., 2019a; Powell et al., 2019b; Smirnova et al., 2022). Additional research directly connects the role of trust and social cohesion to the ways people recover from disasters (Jovita et al., 2019). The theory of social capital has also been applied to the discussion of the COVID-19 pandemic and its impact (Rodela et al., 2020; Yoshioka-Maxwell, 2021). Here, research first points to the impact that loss of social support and social connections due to COVID-19 can have on a related decrease in mental health. Quarantine, or social isolation, is associated with depression and anxiety. It can also lead to sleep problems like insomnia, anger, fatigue, and even post-traumatic stress disorder (for reviews, see Dubey et al., 2020; Yoshioka-Maxwell, 2021; Ziarko, 2022). At the same time, when confronted with disasters or pandemics, people also need higher levels of support. In these instances, when an individual cannot access social connections and support, they will feel less connected to others. This in turn could have negative consequences on their well-being (Yoshioko-Maxwell, 2021). This is true for people affected by homelessness (Yoshioko-Maxwell, 2021) and, as we have seen above, can also apply to providers and first responders working in the aftermath of natural disasters. In this study, we found that social capital theory applies to providers working with those affected by homelessness and poverty during the COVID-19 pandemic.

## Method

This study utilizes a qualitative approach to explore how the COVID-19 pandemic changed the work providers do, and how providers coped with and adapted to these changes. We asked providers to reflect on these questions at both the organizational and individual level with a focus on how these changes affected their individual mental health and well-being. Research that directly addresses how providers struggled with and adapted to the COVID-19 pandemic is emerging in the literature (e.g., Benzies et al., 2022; McCoyd et al., 2023). This research utilized a traditional qualitative method of interviews, with the goal of eliciting storied responses about the lived experiences of our participants as providers working with vulnerable populations during the pandemic. These stories provided an opportunity for the research team to make meaning of actions, experiences, interactions, and events as described by participants. We evaluate how participants attribute meaning to an event or problem (Creswell, 2007). All participants were over the age of 18, had the ability to consent to an interview, lived in the North-Western region of the United States (NW-US), and were actively working with either the homeless or homeless-adjacent communities during the early stages of the COVID-19 pandemic defined as March 2020 - April 2021. We interviewed twenty individuals, 16 women and 4 men, ranging in age from their late 20s to 65+ years, representing three states and eleven cities. We had representation from urban, rural, and tribal communities; faith-based and secular organizations; homeless shelters, soup kitchens, day-outreach facilities, food banks, and work or skills-based rehabilitation programs. In order to recruit participants, the research team compiled a list of towns and cities in our designated regions, and used the internet to locate organizations that met our inclusion criteria. Researchers then contacted potential participants by email or phone to request an interview. Once a participant completed our interview process, we implemented a snowball technique and asked for referrals to

other members of their provider communities. All research was approved through an Institutional Review Board at the institution of the primary investigator.

Interviews were loosely structured using an interview guide, and were conducted over Zoom or by telephone depending on the preference of the participant. Interviews were recorded with permission and transcribed for analysis afterwards. Interviews ranged between thirty and ninety minutes. The first round of coding utilized an open coding process to determine emergent themes. A targeted coding protocol was constructed after reviews of open codes, and was used in the second round to refine the thematic content. All transcripts were coded by three researchers independently, after which we discussed our insights together. A key theme that was identified through this process and discussed in this paper is the role of social support through community and intra-agency connections on the overall mental and emotional well-being of the research participants. We identified a clear relationship between a person's perceived level of social support, or the lack thereof, and the overall mental and emotional well-being and individual outlook of the research participants about their experiences working during the pandemic. This is discussed at length in the remainder of this paper. We draw heavily from the storied responses of our participants in order to fully and accurately represent their thoughts, feelings, and experiences working with vulnerable populations throughout the pandemic.

## **Results**

In this section we will explore how the extent and quality of social connection, or the degree of participation in various networks and different groups, (Dudwick et al., 2006) that providers experienced affected their overall mental and emotional well-being and outlook during the COVID-19 pandemic. Among our research participants, those who had higher levels of social capital had better outcomes coping with pandemic related stress. Those who had higher levels of

social capital were more able to cope more effectively and had a better outlook on the long term prospects of their career and the agency where they were employed. We also found that perceived levels of social connection and capital impacted the way providers talked about how their agency responded to and functioned throughout the pandemic. We focus mainly on the first dimension of social capital outlined earlier (Dudwick et al, 2006), that of participation in networks and groups.

A key finding of this research is that whether or not staff had sufficient positive social connections impacted both their outlook and wellbeing. For example, if a service provider had contact with fellow staff but the experience was stressful (due to Covid restrictions or other problems), the outlook of a person was negatively impacted. Overall, the more positive social connections the providers had, the more they felt a sense of agency (e.g. Archer, 2007), and the better their outlook. We did not detect any gender-related differences regarding this finding, as the relationship between social connections and outlook applied to service providers regardless of gender identity, though it should be noted there were more women than men in our sample. Other factors, such as having a COVID-19 outbreak at the provider's organization, providers' pre-existing mental health issues, problems at home and at work due to COVID-19 restrictions, general exhaustion, and having to make some hard decisions in a short amount of time also played a role in the sense of agency and outlook of some of the providers, but the theme of connection and support was a dominant finding, visible in the majority of the interviews. This is visible in Table 1.

In addition, while our sample was largely composed of white participants, two of our interviewees were tribal members living on designated tribal lands at the time of the interview. As with the others, the degree of social connection to clients and other community organizations was important in determining their outlook. In addition, both indigenous participants talked about the

impact of the pandemic on their community as a whole, about how one's connection to neighbors suffered immensely during the pandemic lockdown. For example, one participant talked at length about how her tribal community could not mourn their dead in culturally meaningful ways during the pandemic shut-downs due to restrictions on public gatherings, which made the grieving process much harder. As a result, the grief process was two-fold, as this participant experienced both grief over the loss of a loved one and grief over the loss of cultural connection experienced through cultural burial practices.

In the following section, we pull case studies from our sample population that highlight specific types of social connections and illustrate their importance on individuals' well-being and outlook, as well as their ability to cope while working during the early stages of the pandemic. We start with connections to the community and community support, followed by service providers' connection to clients, and end by highlighting connections to co-workers. While we highlight the main type of social connection in a case study, other types of connection also contribute to a providers' sense of agency and outlook, but are secondary in the specific case studies reported here.

### **The Role of a Connection to Community, Clients and Co-workers**

This research found that a positive and supportive connection to community, community support, and clients and co-workers influenced how social service providers talked about coping with pandemic-related changes. These conversations reflected how COVID-19 affected participants' outlook. Those who had contact with other providers or agencies with whom they could share resources and information, and those who reported connections to clients and coworkers, fared better than those who described feeling isolated from these support networks.

### **Community Connections, Support, and Positive Outlook**

Daniela<sup>1</sup> reports that her agency received a large amount of support from the community and other social service agencies. She was able to maintain close contact with other agencies throughout the pandemic. This helped her maintain a positive outlook throughout the crisis. Daniela was the executive director of a homeless shelter in a mid-size city in the NW-US during the early stages of the pandemic. She was overseeing a shelter for the homeless, a permanent supportive housing program that helps those in danger of becoming evicted, and a rapid rehousing program. Her responsibilities range from overseeing operations and staffing to fundraising and grant-writing.

When the pandemic started Daniela reported making immediate connections in the community that would ultimately assist her throughout the pandemic. One key connection included a local health clinic for advice on interpreting CDC mandates and other government guidance, and connections with various foundations in her state that would eventually provide COVID-19 related grant funding. Although her shelter remained open and operational in the earliest days of the Pandemic, they eventually had to reduce numbers, and ultimately close the shelter entirely due to social distancing guidelines. Residents were moved into local hotels where they could be housed in compliance with new capacity and social distancing guidelines. Daniela relied on these early community connections to guide her in decision-making, and to access funding for hotel rooms. She developed positive relationships with local motel owners, which made the shift from the shelter to motels easier. Once the residents had moved to the motels, case managers from the shelter brought them meals, medical supplies, and also provided case management.

What stands out from Daniela's interview is the positive outlook she had towards her agency, her staff, and her community in general. This outlook impacted the way she spoke about the changes her agency experienced during the pandemic. During our conversation about the new protocols her nonprofit implemented, and about her experience with the pandemic in general, Daniela emphasized positive aspects over negative ones. We noted her positive outlook even as she acknowledged that leading her agency throughout the pandemic was not easy. She says that she is "grateful about the ways things turned out" and credits the community support she received during the course of the pandemic as the root of her outlook (Daniela, April 9, 2021). Strong community support enabled her to play an active role in shaping the situation during the pandemic, providing her with a strong sense of agency. This positive outlook on her work, her own agency, and the surrounding community is visible in many parts of the interview. For example, about the role of her nonprofit organization in the community, she says:

We are a great partner in the community, just saying. We partner with a lot of agencies. Okay. And I don't know if this is in your questions, but that's one of the things about our area I appreciate the most is how well our partners work together. And how we collaborate and communicate. It's just, it's really wonderful to be part of, and we're pretty well known throughout the state as being the strong coalition and the strong region. (Daniela, April 9, 2021)

However, this does not mean that she and her staff did not suffer. When asked how the pandemic impacted her ability to meet her clients' needs, she said "when you have a crisis, you have to deal with those issues, first and foremost. So any of my other work had to take the back burner" (Daniela, April 9, 2021). She also stated that she had a "little PTSD going on", but was able to work through it (Daniela, April 9, 2021). In addition, she was in close contact with her staff during

the time of the pandemic, and worked in her office with a colleague rather than transitioning to work-from-home. This connection influenced her ability to cope with the negative mental health outcomes she identified. She said:

So besides the stress of the unknown, which was really strong, I mean, there were times we were fortunate. I was fortunate. I am not a person that likes to work at home. And I didn't have to. So I got to keep my routine. And that helps stabilize me that at least I had my office, even though it was closed to the community or the public, I still did my regular work. And that helps sustain me through that period of, of the unknown. (Daniela, April 9, 2021)

The overall positive outlook we see in her interview has a direct relationship to the social connections she developed because of the pandemic, as well as her positive relationship with at least one other staff person and her ability to work in her office, through the mechanism of agency.

### **Lack of Community Connection and Support and a Less Positive Outlook**

Jeremy reported a reduced level of community support for his organization when the pandemic arrived in his community. This reduction in community support, and ensuing inability to maintain pre-existing programs, had a negative impact on his sense of agency and his outlook throughout the pandemic. Jeremy works in a director-level position for a high-barrier, religiously affiliated, homeless services program in the NW-US. He identifies as a devout Christian, and emphasized throughout his interview the importance of Christianity to both the organization that he works for, and his personal connection to the work and the agency. His story is that of someone in an executive position at an agency that struggled throughout the pandemic, and who also personally did not have a positive outlook.



Jeremy's experience as a program director during the pandemic was filled with uncertainty and stress. He described intense feelings of being overwhelmed with the amount of programmatic changes his organization was required to implement. He felt frustration with the abruptness of the timeline in which changes occurred, and a deep sense of uncertainty in the early weeks and months of the pandemic regarding how long the situation would continue. In sum, he felt that he lacked a sense of agency and control over the shelter's circumstances. Because this organization is faith-based, they have a long tradition of private-funding that creates the opportunity to provide services without external interference in their operations. When the COVID-19 pandemic began, the agency was suddenly subject to a plethora of new government regulations. These altered capacities in their shelters, eliminated communal meals from their programs, and ordered shelter-wide mask mandates. Jeremy states

These new restrictions which we've never really operated under, was very difficult for a lot of our staff. And so there was a lot of staff education, I guess, is how you can put it, we're talking about hey, these restrictions are not to limit services, they [restrictions] are to keep everybody safe (March 24, 2021).

The shelter programs adapted by limiting the number of residents sleeping in their buildings, eliminating community meals and offering a brown-bag service instead, and ending outreach in homeless camps and public schools. Jeremy reports their medical clinics were among their most heavily impacted programs.

Prior to COVID-19, the organization was running medical clinics for people who are either homeless or low-income staffed almost entirely by volunteers. Prior to the pandemic they had a total of 80 reliable volunteers, most medical doctors and nurses. During the pandemic their number of volunteers dropped to 18, which effectively shut down their clinics. They also lost all of their

volunteer case managers in the men's shelter program, which significantly inflated the number of clients managed by the paid employee who had previously managed the volunteers. This eventually resulted in a sizable reduction of case management capacity. Jeremy said:

I would say we did a poor job of adapting, and really went into more of just a survival mode. And so every day and every week was, what's the fire that we need to address? I think towards the end of fall, beginning of winter, we began to see, hey, we can't just continue to react to everything. This is going to be a long term issue. And so now we need to begin to adapt (Jeremy, March 24, 2021).

Jeremy quite clearly articulated the mental health implications for both employees and clients in this environment. He identifies that there was a significant increase in the number of clients accessing services with acute mental health problems. This increase in need and acuity coincided with a decrease of available services community-wide as providers had less time to do volunteer work with the homeless. This precipitated a crisis in which “now it's left to the service providers to be working with those clients in the meantime, trying to do what we can with our limited expertise in treating mental health, trying to do what we can to stabilize a client and get them to stay within a shelter system” (Jeremy, March 24, 2021). In this quote, we can clearly see Jeremy's sense of lack of control over the situation.

As the mental health needs of clients increased, so did the mental health needs of employees within the shelter system. Jeremy discussed at length the mental toll that was taken on employees who were working additional hours under stressful circumstances, while also dealing with the fallout of COVID-19 in their personal lives. Jeremy states, when asked how his average work day changed as a result of COVID-19:

The impact is when you're living and operating that level of stress for so long. It starts to wear on you. And so you've seen that with myself and other staff members as well. Just that decreasing ability to respond in a healthy way to another stressor, whatever that is. It could be a family thing. It could be, you know, outside work-inside work, but whatever it is, there's a breaking point for everybody (March 24, 2021).

Jeremy also states that “in general, our normal relational connections and ties were greatly impacted, whether it be church or just friendships . . . And so I think there's a significant impact when any of your coping mechanisms are taken away” (March 24, 2021). Here, Jeremy's interview supports earlier findings on both the dual-vulnerability of providers during a community-wide crisis, and the likelihood of providers working with vulnerable populations in a crisis to experience a traumatic stress response (Powell et al., 2019a).

What stands out from our interview with Jeremy was his ability to articulate that disruption to his social supports and systems, including his faith community, impacted his ability to have a positive outlook throughout the COVID-19 pandemic. Jeremy was very aware of this relationship. When asked if his organization learned anything from the COVID-19 pandemic they would implement or change in the future, he stated they had learned a great deal about the importance of the overall wellness of their shelter employees. He reported that his organization is discussing a way to create opportunities for additional time-off for employees that would allow people to take intentional breaks from high-stress work environments. Through their experiences with COVID-19, they learned that if they are not taking care of the mental well-being of their staff, then they really cannot take good care of their clients.

### **Keeping up Relationships and Connections to Clients and a Positive Outlook**

Eric maintained an excellent relationship with his clients during the pandemic, and this helped him maintain a sense of agency and of purpose, and ultimately a positive outlook about the situation. Eric is a shelter supervisor and program director at a faith-based, high barrier homeless shelter in a city in the NW-US. He first became involved with the organization after experiencing homelessness himself. He participated in a six-month rehabilitation program at the shelter where he is now employed. After graduating from the program, he was later contacted by the shelter and asked to redesign the program he had previously participated in. He had been at the agency for a little over a year when we met him. Beyond running a rehabilitation program, Eric works as a supervisor in the men's shelter where he assists in day to day operations.

At one point during the shutdown, to mitigate the risk of spreading COVID-19, Eric moved into the men's shelter and implemented a shelter-wide lockdown. The experience brought him into more direct contact with his clients, an experience he described positively, highlighting the human connections and impact he was able to make as a result of living with his clients. Eric told us:

we put the gentlemen that we put into isolation, you know, I was cooking for and, and serving, and it made a huge impact on his life, he never, he was never diagnosed with COVID. But it was just a, you know, a, a unique time. The guys that, you know, the other guys that were in the program, it gave us an opportunity to delve deeper into, you know, our studies and, and make some lifelong connections. Some of those guys have since graduated from the program... I wouldn't have that connection, had it not been for that time.

(Eric, April 8, 2021)

Beyond living in the shelter during the lockdown, Eric also played a role in other adaptations the agency made, including changing the nightly meal service the shelter provided to meals on the go.

Many of the employees also took on new roles through the pandemic due to the loss of volunteers which he again described positively:

Yeah, but we've, you know, thankfully, you know, we've all we're really good about just, you know, helping each other out, and pitching in and some guys that, you know, that work in the, you know... men's shelter, have had to, you know, put on a different, you know, put on a hairnet and serve meals instead of, you know, not just working the desk, and so, but it's, it's worked out, we've come out stronger because of it. (Eric, April 8, 2021)

What stands out from Eric's interview is how he articulates maintaining a positive outlook throughout the pandemic. There are clear examples of how Eric's direct connection to the clients within the shelter shaped his outlook, he specifically identifies the time he spent living in the shelter and building important connections with people as integral to his overall mental health and outlook. In addition to this, he attributes his positive experience to his faith saying "I never really let myself become overwhelmed by it. And I think that's something, you know, my faith carried me through this" (Eric, April 8, 2021). Due to the social connections to his clients (and to a degree also fellow staff members). He maintained a sense of agency and purpose, which had a positive effect on his outlook.

### **Lack of Interaction with Clients and a Negative Outlook**

Debra volunteers in a food pantry in a small community in the NW-US. She has been with the pantry for 4 years and her day-to-day work involves stocking inventory and assisting clients with receiving food boxes. This includes making food boxes and capturing demographic information of clients. She described little changes regarding clientele throughout the pandemic, other than a slight uptick in people utilizing the food pantry in the early months of the pandemic followed by a drop off to pre-pandemic levels. She attributes this trend to enhanced benefits from

government sponsored food benefit programs like the Supplemental Nutrition Assistance Program (SNAP).

Despite minimal changes as a result of COVID-19, Debra expressed many frustrations in how the pandemic has affected her work and her community. Her biggest concern seemed to be the lack of contact with clients. When asked how the pandemic influenced her clients, she reported:

Now we make up the boxes and take them out to their car so that there's less contact with people. And how that's affected, whether it's good or bad. I don't like it. But it is what it is. When people came in and sat at the desk and signed up and talked a bit, you kind of got a better feel of how they were doing. I mean, you can still ask them at their car how they're doing, but you don't have the, you don't have the contact time that you had before. So, I think we've lost a lot of personal, I don't know if it has helped, but I, but sometimes, that's really what they need is just to talk to somebody and just tell people how bad it is right now. And that, that's kind of been lost. But that's been lost everywhere (Debra, April 12, 2021).

Debra's lack of connection to the clients contributed to a sense of helplessness in being able to support them. Debra's frustrations and negative outlook, although centered on lack of connection to clients, expanded to other areas as well. When explaining how government sponsored food trucks were distributing food in the community, she focused on the negative impact on local grocery stores, saying:

But we have stores that are hurt by this also. And so all of a sudden, hundreds of pounds of produce are coming in and your own little stores are throwing their produce out. And so it's, I understand if people need it, it's one thing. But when we're making it available to everybody, it also has some impact on the community (Debra, April 12, 2021).

Debra's interview illustrates how connection to clients has a far-reaching impact on overall outlook. A seemingly small change in operation (moving from in store to drive up pickup) potentially affected outlook in far broader areas. Her overall frustrations can be summed up with her general statement "Every day, every day is different. You can't, you can't count on anything anymore" (Debra, April 12, 2021).

### **Positive Connection to Coworkers and a Positive Outlook**

Gretta is a program director for an organization that offers programming for women, including a homeless shelter, work training program, food services, and a day program. She exemplifies how some of our research participants were able to maintain strong, positive connections with their coworkers while working through the COVID-19 pandemic. Although this organization was founded by a religious group, and maintains their general affiliation with Christianity, they currently have no requirements for people to participate in church services and caution their employees against evangelizing with clients. Gretta, who has many years of experience in the provider industry, reported that she has always valued communication but when the pandemic began it became apparent to her early on that she would need to increase communication with her employees. This was particularly important with more than forty employees working across five physical locations. In the early days of the government's shelter-in-place orders, she increased management meetings from once a month to once a week. This allowed the team to communicate more often, more effectively, and maintain a sense of group cohesion even as their work schedules and personal lives were experiencing disruption. Gretta states the meetings "allowed us to do a lot of engaging with each other, making sure that we're kind of supporting one another . . . ideas flowed really well through that. So from that came a whole lot of suggestions. And then those suggestions created other suggestions" (Gretta, April 6,

2021). From these group meetings, the organization was able to identify creative ways to adapt to the changes in their environment. In addition to weekly management meetings, Gretta also implemented an opportunity for all staff to have face time with her via zoom. She opened a once weekly zoom room, allowing staff to jump on with any questions, thoughts, or just to check in. These meetings were open to everybody, but were not required. Gretta also began facilitating weekly training opportunities for staff who needed to work remotely due to medical conditions. This served as a way to help people log paid working hours, but also provided additional time for faculty to interact with each other. Gretta told our research team “We have a really good team at all of our sites, I just didn’t want to lose people and break up those teams” (Gretta, April 6, 2021). Gretta conveyed that as the Executive Director, she felt a strong sense of responsibility to keep people employed, and to make sure people felt supported and engaged. Gretta reported that she felt these interventions were successful, and this was confirmed by another member of her team who also participated in our study.

This emphasis on connection and her sense of agency and purpose had a significant impact on Gretta’s wellbeing and outlook throughout the pandemic. She reports that by creating intentional opportunities for people to engage, they were able to feel more supported as a group. In addition, this created an environment ripe for creative thinking and planning in response to a new working environment. One example of this is the integration of a certified teacher into the services they were already providing through their homeless programming. The organization decided that in response to the state-wide school closures, and the move to distance schooling, they would create a space for children to participate in school from one of their program locations. They were able to hire a certified teacher and create a learning pod for the kids in their service programs. This teacher helped facilitate their online learning, and freed up the time and energy of parents to



work on other endeavors such as looking for employment and housing. Gretta also made the interesting decision to include children of staff in this learning pod, thus alleviating the stress of having kids learning from home full time and allowing staff in her employ to continue working.

Throughout her interview, Gretta expressed a very positive outlook on her agency, how they were able to continue meeting the needs of their clients throughout the pandemic, and the changes the agency had made as a result. Gretta expressed a high level of commitment to creating healthy communication and positive connections throughout her agency, even as many of them were quarantined or working entirely from home. This level of communication and connection had a positive impact on the sense of agency and outlook of not only Gretta, but her organization as a whole. Gretta was one of very few participants who reported almost no negative mental health outcomes as a result of the pandemic.

### **Lack of Positive Connections to Coworkers and a Negative Outlook**

Carl is a program director of a small supportive housing community, with a background in social work. The organization houses families in need and provides case management in a large city in the NW-US. The organization focuses on families who would not be able to get into public housing. The focus of the organization is on residents' learning life skills and establishing self-sufficiency. Carl's case is somewhat unique in that he began working for this organization during the pandemic, and his entry was not easy. He says he was often alone in the office, could not establish connections to his coworkers, and also could not meet his clients face-to-face. This created a sense of confusion and as a consequence, he felt he did not accomplish much in his work environment. This left him without a strong sense of agency. This was compounded by the fact that he did not have any pre-existing relationships with colleagues and other social service agencies in the area.

During the pandemic, he recalls some bad choices made by his agency. For example, he discussed at length how the agency decided to pay rent for their clients, which was a deviation from their normative operations. At the same time, he reports that due to the eviction moratoriums they were “not able to keep our rules by being able to evict anybody that wasn’t maintaining their standards” (Carl, May 6, 2021). This is interesting because one could expect he would be happy to cease evictions for people facing homelessness. Instead, he mentions that unemployment benefits and subsidies were keeping his clients from finding employment, not the pandemic itself. Carl indicated feeling angry and disapproving of these expanded social safety nets.

Carl also discussed how the parents he worked with had to cope with having their children at home full time during the pandemic due to school closures. This scenario created new client needs. He states that without school, “to have that year and a half where the kids are at home was mentally straining on a lot of the parents” (Carl, May 6, 2021). There was also an attempted child suicide at the nonprofit, which he attributes to the child’s high level of loneliness and isolation as a result of the school shut-downs. In order to address these issues both with the family primarily affected and more broadly with other families enrolled in his programs, he started teaching a new parenting class aimed at reducing parents’ stress levels. Although he did identify this outcome as positive, his overall outlook remained largely negative.

The biggest change that the pandemic brought to his own work experience was the loss of face-to-face communication with co-workers and clients. Carl states before the pandemic “case managers were going to the home to meet with the clients, doing different activities with the clients, and more engaged, it is a dramatic difference to take all that and just go right to zoom. So everything’s just over computer now” (Carl, May 6, 2021). Sometimes, he says, he does not even

recognize his clients when they come to pay their rent in person (with a mask on), since he has only seen them over zoom.

This lack of communication with fellow staff, clients, and people in the community, coupled with the increased levels of isolation in his personal life, has taken a toll on Carl. Just like his clients, he reported feeling increasingly anxious about working full-time while his two daughters were at home full time during the school shut-down. This created a sense that he could never take a break, which he identifies as creating negative mental health outcomes for himself and his family. He also revealed a lack of trust in the wider medical and scientific system, especially as it relates to advice about how to protect oneself from COVID-19. This lack of social connection to clients, co-workers, the local community, and even the wider society, affected his sense of agency and purpose and his outlook on his work, and on the changes the agency adapted to and implemented during the pandemic.

### **Discussion**

The stories above indicate the importance of social connections and support for providers during the pandemic. Each of these stories was selected from the full data set because they are indicative of the broader trends that emerged from the sample in its entirety. These storied responses highlight that connections in the community and community support, connections to clients, and connections to co-workers all influenced the mental health and wellbeing of providers, as well as their overall outlook, during a time of wide-spread social crisis. The mechanism through which this happened was that connections to others and support from them increased the sense of agency and purpose of social service providers. On the other hand, we discovered that when connections and related support systems were absent, general sense of agency and purpose, and thus provider outlook was negatively impacted. Our study did not ask about social support in the

home or with friends, but some of our interviewees mentioned this without prompting. For example, if a provider experienced a lot of stress at home due to the loss of child-care or public school resources during the pandemic, this could also have a negative impact on their outlook. Thus, we found a clear connection between the amount of social capital the providers had and their outlook, with a sense of agency and purpose being the mechanism connecting social capital to outlook. In this work, we use social capital specifically interpreted as social connections to co-workers, clients, and the broader community. Those who felt isolated or worked mostly on their own without much contact to either co-workers or clients, had a more negative outlook on their work and their agency than those who kept in regular touch with at least some of their co-workers or/and clients. In addition, providers at agencies who felt supported by the larger community were also more likely to have a positive outlook on their work. These findings correspond with the literature on the role of social support, and social connections among of social providers working in disaster areas as well as working under pandemic conditions discussed above (Noel et al., 2018; Prati & Pietrantonio, 2010; Powell et al., 2019a; Powell et al., 2019b; Smirnova et al., 2022).

Importantly, what providers actually did and achieved during the crisis was not directly related to their outlook. That is, an agency could have made positive adaptations to the pandemic (e.g. by opening another emergency shelter or offering parenting classes during the lockdown), but if social connections were insufficient, the social service provider still could display a negative view of what happened in their agency during the pandemic.

### **Implications**

Our research reinforces the important role of social capital (in the form of social connections and related support) in times of disaster. More specifically, we point out the importance of social capital when coping with the impact of the COVID-19 pandemic. In light of

the ongoing spread of the COVID-19 virus, the implications are clear: if social service providers can stay connected to the community, co-workers, and clients, this social capital will serve as a protective factor and their outlook and emotional well-being will benefit. This study also highlights some of the creative ways in which providers were able to cultivate social capital - some moved into their shelters and lived with clients, others modified their service delivery models, and others created new programs entirely. These examples highlight the resilience and ingenuity of providers as they were tasked with adapting to rapidly changing social conditions as they lived through a historic pandemic.

In qualitative research, small sample size often poses a limitation to the scope of the study. The findings of this study have limited generalizability due to sample size; however, findings were consistent across a range of 11 cities in 3 states in the W-US. Findings are also consistent with what is already known about the importance of human connection, especially in times of crisis (Noel et al., 2018, Yoshioko-Maxwell, 2021). Given these factors, the findings detailed in this paper can be utilized to influence policies and practices in social welfare organizations serving the homeless or homeless-adjacent populations during a time of significant social disruption. At the same time, the broad geographic regions over which this research was conducted should be noted. Our study spanned three states in the NW-US, and among these states existed significant variation in type of lockdowns implemented, degree of government involvement in mandating social distancing and masking requirements, and amount of COVID-19 relief funds made available to provider agencies. These variations did influence the ability of our research participants to experience social connectedness throughout the pandemic. For example, research participants in areas with stricter lock down requirements experienced higher levels of social isolation than those in areas with looser restrictions. Thus location did appear to have an impact on our research

participants' experience providing services throughout the pandemic. Findings related to variation in social capital based on geographic location will be detailed in future publications.

### **Conclusion**

The COVID-19 Pandemic impacted social service providers throughout the NW-US in a variety of ways. Throughout our interviews, we were continually amazed with the innovation providers had in adapting to these changes in order to continue to meet the needs of their clients. We heard wonderful stories from throughout the NW-US about repurposing existing services, creating entirely new lines of service provision, and creating ways of centering the dignity and worth of clients as these modifications were put into place. The stories we heard from our research participants gave us great appreciation for the work being done by providers working with the homeless. These stories also highlighted significant variation not only in providers' outlook, but also in how well individual providers were able to cope with and adapt to the changes agencies were making throughout the pandemic. When the research team began this study, we had envisioned the pandemic would be over by the time we started writing results and publishing our research; unfortunately, the virus has now evolved and it is difficult to predict an end point to the pandemic. As this paper now makes its way into publication, the United States is seeing another significant surge in COVID-19 cases. This makes the findings of our study important not only for future scenarios of public health crises or other significant social disruptions, but also to the providers currently in the trenches working through the ongoing pandemic. These providers are likely to see a continuation of disruption, change, and uncertainty as they strive to provide services to the homeless populations of the NW-US. This research highlights the importance of social connection and related social support, an aspect of social capital for those engaged in this difficult work, during these troubling times. It is our hope that social service providers will be able to utilize

this information in a way that helps them incorporate social connection as a priority within their organizations to ensure the mental health and well-being of service providers is supported and protected.

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**Table 1: Provider Outlook and Type of Social Capital**

<b>Outlook Type</b>	<b>Total Number</b>	<b>Gender</b>	<b>Type of Social Capital</b>
<b>Positive or Leaning Positive</b>	7	5 females, 2 males	<ol style="list-style-type: none"> <li>1. community supports/connections, volunteers</li> <li>2. connection to clients, connections to staff, faith</li> <li>3. strong community supports/connections, connection to co-worker</li> <li>4. community supports/connections, connections to staff</li> <li>5. community supports/donors, faith-based environment, some connection to clients</li> <li>6. Good community supports, volunteers, overcame initial lack of connection to clients</li> <li>7. connection to clients and staff</li> </ol>
<b>Both Positive and Negative or Neutral</b>	3	3 females	<ol style="list-style-type: none"> <li>1. lack of community connections, but continued interaction with clients</li> <li>2. some lack of connection to co-workers, but community supports, faith-based environment</li> <li>3. positive connection to coworker, community</li> </ol>
<b>Negative or Leaning Negative</b>	10	8 females, 2 males	<ol style="list-style-type: none"> <li>1. lacking connection to clients</li> <li>2. lacking connection to co-workers, due to quarantine, reorganization, but also additional mental health issues and lack of resources present</li> <li>3. lacking community connections/supports, lacking connection to staff, and to clients</li> <li>4. lacking community connection/supports and lacking connection to clients</li> <li>5. increased workload due to dispersed clients, some lack of connections to clients</li> <li>6. lacking connection within the community (designated tribal lands), lack of community support from outside the designated tribal lands, but connection to other agencies, some but limited connection to clients</li> <li>7. lacking connection within the community (designated tribal lands), lack of community support from outside the designated tribal lands, connection to other agencies, some but limited connection to clients</li> <li>8. lack of connections to staff and community members</li> <li>9. some lack of connection to clients, but also struggling with her children being at home</li> <li>10. some lack of connection to coworkers, and clients, some tensions with community partners</li> </ol>

The names of all research participants have been changed to ensure their anonymity.