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## Meeting the Challenge of COVID-19: Innovation and Adaptation in Services for Expectant and Parenting Youth in Baltimore

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### Cover Page Footnote

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### **Abstract**

To explore perspectives on COVID-19's impact on access to services for expectant and parenting youth (EPY), qualitative interviews were conducted with seven service providers and two parents. Open coding resulted in three overarching themes. 1. Creativity and adaptation: pride regarding ability to devise necessary modifications. 2. New and ongoing networks: inter-agency collaboration, provider-parent relationships, and parent networks offered material and social support. 3. Communication: varied strategies helped maintain and initiate EPY engagement. In under-resourced environments where providers and EPY must be creative due to scarcity, COVID-19 required that respondents draw on existing networks and strategies to cope with new challenges.

## **Meeting the Challenge of COVID-19: Innovation and Adaptation in Services for Expectant and Parenting Youth in Baltimore**

Adolescent parenting is a global phenomenon (Olszewski & Diaz, 2019; Sedgh et al., 2015), with the United States having one of the highest rates of adolescent pregnancy among developed countries. Adolescent parents and their children, in many countries are at increased risk of educational, housing, employment, and economic stability challenges, as well as negative child and parenting outcomes including poor parent-child interactions (Basch, 2011; Keown et al., 2001). However, evidence shows that with supportive programming, adolescent parents can be successful as individuals and as parents (Harding et al., 2020; Olszewski & Diaz, 2019; Purington et al., 2020). Numerous studies demonstrate positive educational and family planning outcomes through provision of parenting skills, case management, material resources, education supports, and health care services (Margolis et al., 2020).

Adolescent pregnancy and birth rates have declined in the United States, with adolescent (ages 15-17) birth rates at 17.4 births per 1000, down 58% since 2007 (41.5 per 1000 (Martin, 2019). Despite decreases, adolescent parenting remains a concern nationally and reflects significant racial, ethnic, and geographic disproportionality (Martin, 2019). Baltimore City's adolescent birth rate (29.8 births per 1,000 females aged 15–19) is more than double Maryland's (14.1 births per 1,000), representing 20% of all Maryland adolescent births (Vital Statistics Administration, 2019). The highest rates of Maryland adolescent births are among Latinx and African American youth, 71.6 and 37.1 respectively (Vital Statistics Administration, 2019), a trend reflected in national data with Black and Latinx teen birth rates of 26 and 25 per 1000 respectively compared to non-Hispanic White rates of birth at 11 per 1000 (Annie E. Casey Foundation, 2019).

## **Outcomes during the COVID-19 Pandemic**

Recent studies found that parents (Adams et al., 2021; Hart & Han, 2021; Patrick et al., 2020) and adolescents (Scott et al., 2021) experienced pandemic-related challenges including decreased mental health and food insecurity, compounded by decreases in supports such as childcare. Adolescents were impacted by economic adversity and school closures, with decreased access to mental and physical health services in schools exacerbating service limitations (Golberstein et al., 2020). In one national survey, 35.2% of responding youth reported difficulty accessing services and 69.8% reported negative coping strategies symptomatic of anxiety and depression (Waselewski et al., 2020). Parenting adolescents experienced the effects of COVID-19 at school and on their adolescent needs, while simultaneously experiencing increased parenting challenges. Sadeghi et al. (2021) found increases in adolescent parent stress during COVID-19 related to job loss, academic challenges, and decreased childcare. However, they also found that local program outreach facilitated successful access to telehealth medicine, suggesting that service adaptation was crucial to serving adolescent parents during this stressful time. The intersection of parenting and service provision to adolescents who are expectant and parenting during the pandemic has not been deeply examined. This study examined provider and parent perspectives on the impact of COVID-19 on service provision to expectant and parenting adolescents in Baltimore, Maryland and the implications service provisions have to expectant and parenting youth more broadly during times of societal crisis.

## **Program Details**

Map to Success: Supporting Young Parents (M2S) was designed for expectant or parenting youth (EPY) between the ages of 14 and 25 in Baltimore city neighborhoods, and are defined as vulnerable based on income and education levels (Center for Applied Research and Engagement Systems, 2018; Maryland Department of Health et al., 2021). This population was known for high infant mortality rates at that time (Vital Statistics Administration, 2019). M2S aimed to improve educational, health, and social outcomes for EPY by conducting outreach with schools and other community locations, building partnerships among existing organizations, increasing program capacity for parenting adolescents, and disseminating information on activities and lessons learned. Primary M2S goals were connecting young parents to a variety of services (e.g. housing, parenting support, and insurance) and helping them navigate complex systems. Project partners included a health department initiative, a non-profit health care coordination agency, a public high school with an in-building childcare program, and others. M2S identified EPY by conducting outreach with schools and other community locations, building partnerships among existing programs, increasing program capacity for parenting adolescents, and disseminating information on activities and lessons learned. Over a period of 30 months, M2S served 680 parents, most of whom were African American women in high school (see Table 1).

Routine Continuous Quality Improvement (CQI) partner interviews were conducted biannually as part of the ongoing program evaluation activities. The spring 2020 CQI interviews indicated that COVID-19 significantly impacted services with agencies closing for in person services and having reduced capacity. In addition, all city schools were virtual for one year and there were significant childcare closures.

Simultaneously, families experienced reduced access to physical and mental health services and material supports (e.g., food and diapers). Reduced M2S service enrollment corresponded with COVID-19 related closures beginning in early March 2020.

As a result of these findings, we sought to further examine the impact of COVID-19 on service access for EPY. We supplemented the existing quantitative program evaluation data with an exploratory qualitative study specifically examining the impact of COVID-19 for EPY receiving services through M2S. Thus, we employed a mixed methods approach, combining qualitative and quantitative data to examine the impact of the pandemic on services for EPY in this program. This mixed methods approach allows for triangulation of findings across time and methods.

### **Research Question**

Informed by our CQI findings, our research question was: What were provider and EPY experiences of service access and utilization for EPY during the pandemic?

### **Method**

This study was approved by the authors' Institutional Review Board (IRB). The study authors recruited service providers from five agencies who were partners in the M2S project. Service providers were informed of the project at regular project partner meetings, then specifically recruited for interviews via email and word of mouth when they were given times and links for virtual participation. There were 8 active providers at the time of recruitment who worked in the five participating agencies. The final sample includes seven providers, with representation from all five participating agencies (see Table 2). Thus, the final provider sample represents all but one of the M2S providers across all participating agencies.

We then asked service providers to distribute paper and virtual fliers and to verbally invite parents to participate during meetings in two waves over six weeks in September and October 2020. To avoid coercion, fliers included identified times to join groups and participants could join or contact the researchers directly. We also asked service providers to only share contact information of a parent with the research team if a parent specifically requested that they do so. In recruiting, providers also stressed that participation was voluntary, that service providers would not be informed of whether any parents ultimately participate, and that participation or non-participation would not impact their services. The authors then communicated with potential participants by text and attempted to arrange both focus groups and one-on-one interviews. Six parents expressed interest and agreed to attend, however, we were able to interview only two parents due to competing demands on the potential participants' time. All interviews took place between September 2020 and January 2021.

Given that we successfully recruited nearly all providers, and that the sample included providers from all participating agencies, despite its small size, the sample met criteria of sufficiency given the purpose and relevance of findings (Staller, 2021). A small sample is sufficient given the exploratory nature of the study and the immediate relevance of the findings to an unfolding situation during COVID-19. Rigor was enhanced by a sample that included respondents from all program partners and triangulation of data of different types and from different sources. The two parents' interviews and analysis of administrative data were used to supplement and triangulate findings from the service provider interviews. We also provided sufficient context for readers to ascertain the relevance of our findings to other programs or populations and, as



is common in qualitative research, we did not make claims beyond what our data suggested.

We conducted all interviews virtually in accordance with IRB requirements. Virtual data collection provided *in vivo* insights into respondents' personal and professional experiences during the pandemic, particularly their experiences with online, in-home education and service provision. It also allowed the participation of respondents with childcare limitations. Interviews lasted approximately 30 minutes and were conducted and recorded via a secure online platform. Each participant received a \$15 electronic gift card as compensation for time and effort. To protect confidentiality, we used respondent-chosen pseudonyms and removed all identifying information from the transcripts. All data presented here uses pseudonyms. The authors conducted interviews individually or in pairs using a semi-structured interview guide. Questions focused on:

- Experiences as providers/parents during the pandemic.
- New or changing needs and strengths that emerged during the pandemic.
- Recommendations for service delivery during/after the pandemic.

We utilized the constant comparative method (Bryan & Charmaz, 2019), in which analysis is carried out simultaneously with data collection, allowing the researchers to test their emerging analysis in regular meetings of the team and through ongoing interviews with new participants. After all data was collected, we followed a 5-step analysis process. First, the second and third authors independently coded one transcript that was selected for the richness of the data. Second, they reviewed and revised these codes using a consensus process with input from all authors (Maxwell, 2012). Third, all authors used the resulting consensus coding scheme to code all other transcripts. All

transcripts were coded by two authors to ensure consistency and resolve any differences through discussion and consensus. Fourth, the authors examined codes across all interviews to see whether and how they manifested and varied across provider experiences and understandings and to identify any potential relationships among codes. Finally, we sorted the codes into themes. Codes were emergent from the data and grounded in our personal and professional pandemic experiences. Study rigor at all stages of the research process was enhanced through triangulation of researcher and participant perspectives, peer debriefing, audit trails, and reflective memos (Padgett, 2008).

We supplement the qualitative findings reported here with quantitative findings from the original program evaluation of the overall M2S project that related to the themes that emerged from the qualitative interviews. In addition to the CQI interviews mentioned above, the program evaluation included tracking referrals and analyzing community partner networks.

Throughout the M2S project, we tracked referrals parents received across agencies. Each partner agency completed a referral tracking form following each visit with a M2S parent, noting the services to which they referred the parent. The services were in the following categories: healthcare (i.e., maternal and child health), education, childcare, case management, parenting, social assistance, and housing. We used this data to identify how frequently M2S parents were referred to each type of service both prior to and following the COVID-19 pandemic.

Additionally, network analysis was conducted. Each of the M2S partner organizations were asked to complete the Levels of Collaboration Scale at four time points during the study period between December 2018 and July 2020 (Frey et al., 2006).

The scale asks respondents to rate their relationship with each other partner on a scale of one (networking) to five (collaboration). Network analysis maps, a visual representation of the strength of a relationship, were created using RStudio software, version 1.3 (RStudio Team, 2020).

## **Results**

Below, we reported on findings from three themes that were present across all provider interviews: Creativity and Adaptation, Networks, and Communication.

Interviews with parents were most relevant to the theme *Networks*. We also reported findings of the referral and network analysis data that supplemented and corroborated qualitative findings. See Table 3 for a summary of themes and exemplary quotes for each theme.

### **Creativity and Adaptation**

All providers described changes due to COVID-19, most due to in-person meeting restrictions. These changes did not fundamentally alter providers' goals or their ability to meet them. According to Eva, "the theory behind the reason why we do things has not shifted...we've been able to stay true to our mission and vision, but just changed the way we've done almost everything." Respondents described logistical and programmatic changes, most involving technology. They were proud of their ability to adapt. Terrell was "just astounded at how innovative people have been and how committed [they are] to continue working with young parents." The Creativity and Adaptation theme had two sub-themes: Logistical and Programming Adaptations and Adaptations as Challenge and Opportunity.

#### ***Logistical and Programming Adaptations***

Adaptions involved altered service delivery including virtual platforms and porch drop-offs. Estrella described an evolving “process over the months, just getting people to look at services in a different way.” This included “trying to figure out how can people pick up [health care supplies]? Do we have a pharmacy nearby that can do delivery?” Providers arranged socially-distanced outdoor and virtual Zumba classes, online nutrition education, and hot meal delivery to “young families, just because we knew they had been kind of living off canned meals and [to] support local business.” Porch drop-offs of baby supplies also provided opportunities to engage with disconnected or isolated parents. Respondents underscored the need for social activities, such as a sip-and-paint organized by Jessie.

Respondents also had to rethink how to implement fundamental program concepts. Eva explained that M2S “is attachment based and very reliant on the relationships with people and those connections and very subtle moves clinically.” Jessie modelled behavior with her own children when they came to “visit” during virtual sessions, since modelling with the young parents’ children was no longer feasible. Jessie also described challenges of delivering complex or intimate content, such as “a prenatal class...with the moms and dads teaching them what are the changes with your body, what takes place during each month of childbirth, and educating them around breastfeeding and safe sleep.”

Providers held shorter meetings or met outside of school hours in consideration of screen fatigue. Diamond found “it’s been much harder to reach [parents], so I’ve had to be really resourceful,” communicating via text and phone. Eva concurred:

We've done a lot more of that, like, light-touch case management, rather than like, super, deep counseling...Especially if you're in a space that doesn't feel super therapeutic... text messag[ing] makes it so that you don't have to say things out loud if you're in an environment where you're not able to.

Their observations underscored the need to adapt communication and service content to changing circumstances, such as diminished privacy and lack of in-person opportunities.

### ***Adaptation as Challenge and Opportunity***

In addition to logistical challenges, participants focused on the opportunities created by the pandemic. They spoke of the pride they felt when they were able to creatively meet the challenges and when they saw success as a result of prior work and relationship building. Most respondents met struggles eagerly. They were proud of their individual, organizational, and community responses to a new and dynamic reality. Eva found it “exciting to be part of that work to make sure that...our families can continue getting the resources, but then we can also expand those resources to anybody who needs them.”

PC explained that changes were smoother because they occurred within preexisting working relationships characterized by good communication:

I didn't have a hard time switching things...because we already had the relationship with one another...Somebody has to be a constant when there's something chaotic going on...I think that's how we were able to still keep functioning and moving like we normally did.

According to PC, continuity of mission and working relationships meant that adaptations were often experienced as mere technical switches. Stable working relationships,

described in the Networks section below, also created the trust and infrastructure required to weather changes.

Providers and parents saw creativity and adaptability as valuable personal traits that enabled them to continue to meet program goals. When asked how she successfully reconfigured service delivery, Jessie credited her “creative brain,” explaining “COVID left us no choice but to think outside the box.” Jessie described an intersection of need and creativity that produced successful innovation, suggesting that eagerness to try new things and “creative brains” are important assets during times of crisis and resource inadequacy. It may not be surprising to find this among providers who work with young parents in under-resourced environments for whom COVID-19 exacerbated—rather than created—need in the face of scarcity.

## **Networks**

Respondents described the importance of new and existing networks during COVID-19. These include inter-agency networks across Baltimore, provider networks, and EPYs’ own community and school-based networks. Networks were comprised of three sub-themes: Inter-Agency Collaboration, Relationships between Providers and Parents, and Personal Networks among Parents.

### ***Inter-Agency Collaboration***

Providers described professional support networks formed or sustained throughout the pandemic. These pre-existing relationships among M2S partners helped respondents transition to the virtual world more easily. PC said that “previously established relationships” meant that “we were able to connect with each other prior to COVID. I mean, we had a level of comfort with one another because it just made the

transition a lot easier.” Terrell underscored the importance of having M2S collaboration set up before the pandemic began. “I think having the Map to Success coalition, the fact that it had already been established, has made ongoing collaboration and communication very positive and, you know, successful.” Providers suggested that building a successful coalition was easier when they were able to collaborate in person before the pandemic.

In addition to pre-existing relationships and a well-established collaborative framework, the pandemic brought together service providers from agencies who had not previously collaborated. Service providers described an influx of new resources coming into the community to respond to growing needs during the pandemic, and community agencies banded together to support their clients. Eva noted service providers collaborated more during the pandemic to expand resource provision “in a really unique and special way” during a time of increased need. Agencies formed partnerships to ensure clients had access to necessary supplies without duplicating efforts: “People know about the different distributions, because partners stayed so connected and communicating that I can give my participants the information about everything that’s going on in the area.” Through these collaborations, providers learned about what other resources were available in the community.

Agencies created a network of pick-up sites for food and other resources across South Baltimore. Jessie explained that spreading these out created “an abundance of stuff in place in the community. So now that’s more accessible to these teens.” In particular, food distribution became a more coordinated effort across agencies. Estrella hoped that these more responsive and efficient distribution efforts would continue after the pandemic.

I think we now know we need to be more systematic in sharing information about resources. It...became very evident early on that...it wasn't enough for our community outreach worker just to send out an email, "oh, this is happening." It's like, yes, send the email, but then you need to keep a centralized spreadsheet where we all see these organizations and who the contact person is and what is the phone. So, if we're on the phone with somebody, we can immediately look and do it.

Like Estrella, most interviewed providers and youth identified COVID-related adaptations that could serve as a model for future services to EPY clients.

Our network analysis findings, which we use for triangulation purposes when relevant, indeed corroborate increased collaboration (see Figure 1). The network analyses indicate relationships between M2S partners from the agencies interviewed strengthened over time (thicker lines indicate stronger relationships). Data was collected at four timepoints, ranging from Timepoint 1 (December 2018) to Timepoint 4 (July 2020). There is both an increase in the number of lines (from 6 at Timepoint 1 to 12 at Timepoint 4; reflecting number of partnerships) and the thickness of the lines (reflecting the strength of the partnerships). Figure 1 shows the statistical analyses over time demonstrating that the mean strength of relationships increased from 2 to 3.33 out of a range of one to five on the Levels of Collaboration Scale (Frey, et al., 2009), which is a self-assessed Likert scale rating. These robust increased provider networks and interagency collaborations, which were an explicit goal of the M2S project, seem to have played an important role in allowing providers to continue to provide services and reach



their clients throughout the pandemic. By Timepoint 4, every provider who responded to the survey indicated they had a relationship with every other respondent.

### ***Relationships between Providers and Parents***

In addition to professional networks and relationships, relationships between providers and parents were also emphasized. Providers also discussed offering support for M2S parents during the pandemic, especially where pre-existing relationships created trust. Young parents turned to providers for advice and material resources. Parents described specific needs that were met by the M2S providers. Both parents in the study mentioned “Pampers” and “wipes” as resources provided to them by the M2S team. One parent, Danya, learned about other agencies providing material resources and emotional support through a big sister-type program. She sent those resources along to the M2S provider with whom she was connected, indicating that relationships between partners and young parents were not unidirectional.

Pre-existing relationships were also important in maintaining connections and providing assistance when young parents were struggling. Providers reported that they often served as a resource to help with family, housing, or school situations that were unclear or problematic during the pandemic and thus served as a general helping resource outside of specific M2S services. During the pandemic, stable housing was highlighted as a particularly important need among young parents. Olivia and her colleagues have always brainstormed housing options with youth who live with their parents and may want to move out.

A lot of them...have been with us the whole two years that the program [existed] and they're still with us. So, they've gotten pretty comfortable and really close

enough to us where they feel comfortable sharing those things. And we do try our hardest to...problem-solve with them. Like, “okay, is there an aunt?” or is there—to try on something to where they can change their scenery and get them through even if it’s the next twenty-four hours because sometimes that’s all we can focus on.

Eva and Olivia noted available housing services were very limited during the pandemic, especially for people who are unstably housed but not currently living outside.

Quantitative referral data from partner agencies also showed an increase in referrals to services providing for material needs and no change or a decrease in referrals to services targeting higher level needs. Both prior to and during the pandemic, social assistance was the most common service to which providers referred their clients. Prior to the onset of the pandemic, 72.2% of clients were referred to social services. The proportion increased to 90.1% once the pandemic began. The largest increase in referrals during the pandemic was for case management, which increased from 42.2% to 67.8%. Healthcare was the other service with a notable increase in referrals during the pandemic, going from 8.7% to 14% of clients referred. Referrals to child care and education did not change as much (decreased by .9% and increased by 1.4%, respectively). Referrals to parenting services decreased by 4.2% after the onset of the pandemic, and referrals to counseling showed the largest decrease at 8.1%.

### ***Personal Networks among Parents***

In addition to the M2S project, personal and familial relationships among EPY also emerged as vital during the pandemic. EPY respondents created support networks with their families and with other EPY that helped sustain them during the pandemic.

Danya and Nicole both lived with their mothers and their siblings. Unlike the provider interviews, both parent interviews were interrupted to varying degrees by other family members. Danya was babysitting her infant nephew during the interview. Nicole's own daughter and a sibling distracted her throughout the interview. These interruptions and distractions illustrated difficulties M2S parents experienced living at home with their children and other family members. However, both Nicole and Danya stayed focused and engaged throughout the disruptions, providing a window on how they successfully managed virtual encounters from home despite these challenges. Parent respondents shared multiple benefits derived from their living arrangements, including reliance on their mothers for support and for parenting advice. Danya described her mother and sister as a source of companionship throughout the pandemic, as well. She and her family were experiencing financial strain, and she noted that her mother sought support from *her* mother (Danya's grandmother) who shared coupons with them.

Both parents identified other young parents as another source of support. Nicole stayed connected to other M2S parents as well as parents from her school who live in her neighborhood. Danya described a close network of four school friends who were also parents and shared the same teacher. They all sometimes missed their own classes to support their children's virtual schooling, and they kept each other updated so that no one fell behind in their work. The friends shared a group chat and texted each other when they missed class, "'So what happened in class today?'" and we're going back and forth there. 'Tell me what happened'...So we're caught up when we get back online.'" Respondents' family support systems met many of their material needs and provided advice, and they had other parents they relied on for school and parenting support.

## Communication

Communication methods that were varied and flexible were also identified as a theme. Virtual platforms replaced in-person meetings as providers' and parents' primary communication method. This meant that providers had fewer cues and were more dependent on clients' willingness to share information. Eva attributed the number of referrals she received, which remained steady during the pandemic, to good communication and trust.

[T]he first day of school is typically a very high referral day for me. That did not change in this virtual environment...which I think speaks to...the relationships I have with teachers, but also that teachers have with the students, that students don't have to disclose a pregnancy if you do over Zoom, you can't see a belly, but they trust their teachers enough. They trust the programming enough to be able to disclose [a pregnancy] when they don't have to so that they can get services.

As Eva noted, M2S providers must keep several channels of trust and communication intact, including the connection between students and their teachers and teachers with the providers.

Aside from identifying and engaging new EPY, M2S providers focused on preventing disconnections between enrolled youth and the program. A common challenge reported across respondents was young parents' lack of working phone numbers or internet access. Respondents found alternative ways to communicate with youth and to troubleshoot when they lost internet or phone access. Alternatives included texts, emails, video calls, and porch drop-offs for supplies. Olivia emphasized heavy social media usage.

[O]nce COVID started, we amped [social media] up entirely... So now we have a super-present social media presence, because it has helped us, especially with the young parents for Map to Success, when they don't have phones, they always find a way to get on Instagram...because [t]hey do not have the means, and we run out of phones, so we can't give them a phone either. So social media has really helped us remain engaged with clients and find new clients as well as stay engaged with our partners.

Although partners were able to find ways to meet many of EPYs' material needs, connecting youths to educational resources was more challenging, especially if they did not have stable pre-existing relationships with providers. New participants who did not have in-person experience with group activities were even more reluctant to join virtual services when they had already spent a large amount of screen time during school days. As described in the prior section, collaboration across partners was one way to increase pathways for youth to receive services and interact with providers.

## **Discussion**

This study was designed to examine the impact of COVID-19 on services for EPY in Baltimore City, Maryland. In virtual interviews, providers and parents shared their experiences of these changes and their impact on their work together within the framework of Map to Success, an HHS Pregnancy Assistance Fund project. Providers had to adapt service delivery models due to COVID-19 concerns and restrictions. Similarly, parenting youth were forced to alter many aspects of their life including school, employment, and child care. We identified three major themes regarding these service and parenting adaptations: being creative and adaptable, the importance of

professional and social networks for providers and parents, and the use of multiple and varied communication strategies in the absence of in-person service engagement.

Both providers and parents, despite describing multiple life stressors during the pandemic, were positive about their adaptive responses. Providers especially noted that the support of other providers allowed them to lean on and learn from one another in meeting the challenges of service provision during COVID-19. Growth in collaborative partnership, an intended and documented outcome of M2S (Maryland Department of Health et al., 2021), has also been a successful component of other EPY intervention projects (Purinton et al., 2020; Workman & Browder, 2020).

Respondents shared an overall picture in which both nothing and everything changed with COVID-19. In under-resourced environments where providers and EPY must always be creative in the face of scarcity due to the systemic structural oppression they face, COVID-19 required that respondents draw on their existing networks and strategies to successfully cope with new challenges. This speaks to an ongoing lack of resources in some communities where adaptation is the norm. COVID-19 essentially represented a pandemic within the existing pandemic of poverty and racism for a population in particular need. The ongoing racial and economic inequalities within Baltimore, and much of the country, were intensified and exacerbated. Many of the adaptations identified during this time may be useful for EPY and those who work with them beyond COVID-19.

Providers also pivoted to referring their clients to different kinds of services than prior to the pandemic. They reported a greater need for resources to meet basic needs, as evidenced by both the interviews and the quantitative referral data. In a time of crisis

EPY became increasingly focused on meeting basic survival needs for themselves and their children such as food, diapers, and clothing. In contrast, referrals to parenting and counseling services decreased. In some cases, needs such as child care may have increased for some clients due to the pandemic while decreasing for others. Together, these qualitative and quantitative results indicate that EPY faced tremendous stressors during this time and used their resourcefulness to meet the most basic needs, while other needs (e.g. mental health) were not formally addressed.

One of the primary challenges that the M2S parent project was designed to address was a lack of coordination among the wide range of services available for parents and families in Baltimore City (Maryland Department of Health et al., 2021). Prior to the start of the M2S project, a robust set of private and public agencies were available to serve the health, education, and social service needs of Baltimore City families. The concern was that the agencies were not well-connected to each other. Participants in this study noted that close relationships with other service providers, in some cases strengthened by the M2S project, helped them to meet their clients' needs during the COVID-19 pandemic. Throughout the pandemic, the providers also made new connections to other organizations and created new networks of providers. New and strengthened relationships helped to make sure services were not duplicative of one another and that EPY were able to meet their needs easily and efficiently. This served to strengthen the infrastructure of service delivery that was able to sustain connections during a global pandemic. Although the intention of M2S, which was funded from 2018-2020, was not to support EPY through a global pandemic, its focus on infrastructure and a strengthened network of providers was a crucial support during an unprecedented time.

This confirms that programming focusing on infrastructure can be effective, which has been demonstrated by other Pregnancy Assistance Fund projects focusing on EPY (Margolis et al., 2020; Purington et al., 2020; Workman & Browder, 2020).

### **Limitations**

The qualitative interview sample size was adequate and appropriate for the study, which was to explore provider adaptations as they were occurring during a time of crisis (Morse, 2015). All providers in the study worked with EPY enrolled in the M2S project, but they also provided services to families outside of M2S. Therefore, they also reflect the larger perspective of services in the city. However, we do acknowledge there are several limitations to the study.

Another limitation was the small number of parent participants and sampling bias. While our sample included providers from all M2S provider agencies, it only included two parents, both housed and connected to providers, and therefore unlikely to reflect the experiences of parents facing more dire circumstances. Both parents were also mothers in high school, and, therefore, we do not know the applicability of our findings to fathers and older youth.

Additionally, as noted, many youth became less accessible with intermittent access to phones and internet, which limited our ability to recruit parents. Furthermore, providers noted that many parents were not interested in online activities after a day of online school. This may explain why several parents agreed to participate but did not show up for set interview times. Thus, we do not have other groups of EPY to compare parental involvement, such as those who are not in school, older, had limited online access, or were facing more challenges. All who responded to recruitment efforts, and



certainly the two parents that attended the interviews, were connected to their M2S providers and engaged in services. We cannot compare to those EPY who may have been disconnected and in need of services.

Despite these limitations, our quantitative data confirmed the findings that emerged through the qualitative interviews. As we noted, sample size can be small when other factors are strong such as methodology, study purpose, and intentionality (Staller, 2021). In our case, we utilized sound methodology in our approach, including triangulation of qualitative and quantitative data. Due to the small number of parent interviews, we relied on parent interviews only for triangulation purposes.

### **Implications for Human Services Practice**

There are several clinical and policy implications for human services providers and programs. The adaptations described by participants in this study indicate the importance of intentionally building up infrastructure and cross-program connections among EPY and the providers who serve them even when not in a time of crisis. The M2S project was designed before the pandemic to create an interconnected multi-program infrastructure that would strengthen EPY services, where EPY could be connected to multiple services regardless of what initial service they sought out. This “no wrong door” systems-building approach proved crucial during a crisis that limited in person communication. One agency alone is unlikely to meet all the needs of EPY and their families. Therefore, providers serving EPY benefited from having numerous connections and partnerships with other resources in anticipation of possible crisis situations among their clients or in the community. These connections among providers allow for warm hand-offs when appropriate. They can also ensure EPY have “no wrong

door” for accessing the services they need. For example, if they go to a local clinic to access birth control, ideally that clinic can inform them about childcare resources and educational supports and directly help them to access those services. Additionally, many EPY face housing insecurity (Elliott et al., 2016). Providers who work with EPY on services like educational support or healthcare access must also help EPY access basic needs such as housing and food. During a time of crisis, cross sector capacity was even more vital. This approach serves as a model for program policies and structure for creating a sustained network of care. This “no wrong door” approach has been implemented with many populations with community mental health systems (Yeandle et al., 2022), substance use treatment populations (Reif et al., 2020), intimate partner violence (Kimball et al., 2018), and homeless youth (Abdel-Baki et al., 2019). Additionally, some states and cities have implemented single points of entry systems to improve access to services such as Miami, Florida (*No Wrong Door*, n.d.) and Washington, D.C (*No Wrong Door | Dds*, n.d.). In the absence of formal initiatives such as citywide points of entry or the Map to Success project, service providers can strengthen inter-agency partnerships through participation in local coalitions and working groups. Inter-agency collaboration is most successful when the organization’s leadership actively encourages collaboration and when an internal staff person champions the work (Williams et al., 2022). Identifying a specific contact person at partner organizations simplifies inter-agency networking and facilitates connecting clients to resources (Tung et al., 2019; Kane et al., 2020). This approach of providing seamless access to services regardless of where individuals initially seek assistance removes boundaries and increases successful service engagement.

Providers may also consider continuing to focus on programming that helps to build relationships among EPY. These relationships can play a protective role in helping EPY remain in school and learn about services available in their communities.

Participants in this study described relying on other EPY to keep them informed about school assignments. Other EPY can also serve as a source of emotional support.

Providers should consider ways to connect EPY with each other (Egan et al., 2020), using group approaches, or social communication networks, to create support networks.

### **Conclusion**

The ability to successfully engage expectant and parenting youth during the pandemic required creativity and adaptability, flexible communication strategies, use of professional and social networks, and acknowledgement of competing demands placed on parenting youth with limited engagement outside the home. This was demonstrated through our qualitative interviews and further confirmed by the quantitative data. Future work should more fully examine if youth who were difficult to reach had different experiences during the pandemic and if they required different strategies to best serve them.

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**Table 1**

*Number of expectant or parenting youth served by overall Map to Success project (n=680)*

<b>Factor</b>	<b>N</b>	<b>(%)</b>
<b>Age</b>		
<14	14	(2.06%)
15	48	(7.06%)
16	72	(10.59%)
17	122	(17.94%)
18	115	(16.91%)
19	63	(9.26%)
20-24	186	(27.35%)
25+	10	(1.47%)
Unknown	50	(7.35%)
<b>Ethnicity</b>		
Hispanic/Latino	135	(19.85%)
Non-Hispanic/Latino	444	(65.29%)
Ethnicity Unknown/Not-Reported	101	(14.85%)
<b>Race</b>		
White	84	(12.35%)
African American or Black	463	(68.09%)
<b>Parent Status</b>		
Mothers	623	(91.61%)
Fathers	57	(8.38%)
<b>Place EPY Served</b>		
Served in high schools	266	(39.12%)
Served in higher ed	64	(9.41%)
Served in community settings	100	(14.71%)
Served in other settings	250	(36.76%)

**Table 2***Interview Participants*

<b>Participant's affiliation</b>	<b>Participant's pseudonym</b>
Provider in an embedded program in high school	Eva
Provider in a community program in high school	Olivia
Provider in a community program in high school	Jesse
Provider in a community healthcare nonprofit	Estrella
Provider in a health department	PC
Provider in a health department	Terrell
Provider in a healthcare coordination service	Diamond
Parent participant	Danya
Parent participant	Nicole

**Table 3***Themes and Exemplary Quotes*

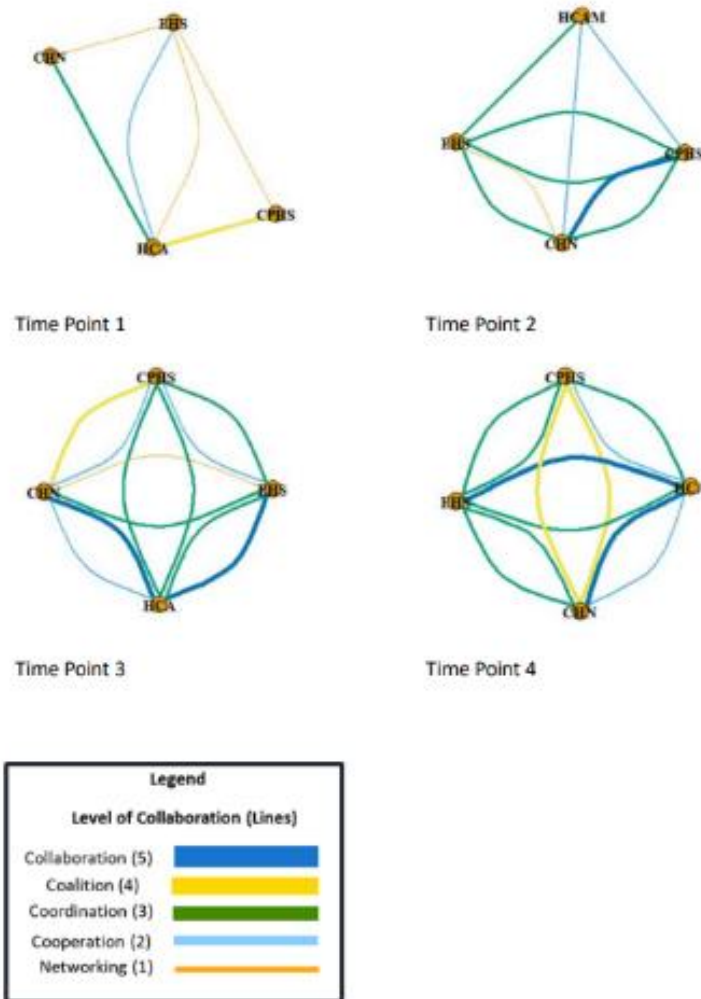
<b>Theme</b>	<b>Sub-theme</b>	<b>Exemplary quotes</b>
Creativity and adaptation	Logistical and programming	We've been able to stay true to our mission and vision, but just changed the way we've done almost everything. (Eva)
		I am just astounded at how innovative people have been and how committed [they are] to continue to wor[k] with young parents. (Terrell)
		It's been much harder to reach [parents], so I've had to be really resourceful. (Diamond)
		We've done a lot more...light-touch case management, rather than like, super, deep counseling during this time. (Eva)
Networks	Adaptation as challenge and opportunity	[B]ecause we already had the relationship with one another...Somebody has to be a constant when there's something chaotic going on...I think that's how we were able to still keep functioning and moving like we normally did. (PC)
		COVID left us no choice but to think outside the box... and just thinking of ways to keeping the moms engaged and still getting the information across. (Jessie)
	Inter-agency collaboration	[T]he fact that [the Map to Success coalition] had already been established, has made ongoing collaboration and communication very positive and, you know, successful. (Terrell)
		[Providers collaborated] in a really unique and special way... because partners stayed so connected and communicating that I can give my participants the information about everything that's going on in the area. (Eva)
	Relationships between providers and parents	I think we now know we need to be more systematic in sharing information about resources. It...became very evident early on that...it wasn't enough for our community outreach worker just to send out an email, "oh, this is happening." (Estrella)
		And we do we try our hardest to...problem-solve with them. Like, "okay, is there an aunt?" or is there— to try on something to where they can change their scenery and get them through even if it's the next twenty-four hours because sometimes that's all we can focus on. (Olivia)

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Personal networks among parents  Communication	<hr/> <p>[When we miss class, we text] “So what happened in class today?” and we’re going back and forth there. “Tell me what happened” ...So we’re caught up when we get back online. (Danya)</p> <p>... [O]ver Zoom, you can’t see a belly, but they trust their teachers enough, they trust the programming enough to be able to disclose [a pregnancy] when they don't have to so that they can get services. (Eva)</p> <hr/> <p>So now we have a super-present social media presence, because it has helped us, especially with the young parents for Map to Success, when they don’t have phones, they always find a way to get on Instagram...So social media has really helped us remain engaged with clients and find new clients as well as stay engaged with our partners. (Olivia)</p> <hr/>
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**Figure 1**

*Levels of collaboration scale network analysis maps across 4 time points*



Sample		Summary Statistics	
Time Point	Number of Agencies Responding	Number of Links	Mean Level of Collaboration
Time Point 1	2	6	2
Time Point 2	3	9	2.83
Time Point 3	4	12	3
Time Point 4	4	12	3.33