COVID-19 Whole Family Approach Impact Research
September 2020

Dr. Amy Castro Baker and team at the University of Pennsylvania are currently in the midst of an outcome and process evaluation of two social service collaboratives in the New York City metro area: Familia Adelante in the South Bronx, serving the Mott Haven, Concourse Village, and Melrose neighborhoods, and Families for Literacy in Jersey City, NJ, serving the Communipaw, McGinley Square, and Journal Square areas. Both of these collaboratives are instances of the Pascale Sykes Foundation's Whole Family Approach, a social service provision and funding model that posits that social and economic resilience among working poor families can be effectively cultivated when organizations collaborate to deliver social services to the entire household. These interventions seek to interrupt cycles of intergenerational poverty through support services that address financial stability and mobility, child and adult wellbeing, and healthy family relationships.

Since December 2017, the research team at the University of Pennsylvania has been gathering data about the impact of this approach using a mixed methods research design that combines quantitative outcome measurements (survey data; clinical data-mining) with qualitative data collection (clinical data mining; semi-structured interviews; participant observation). This design maximizes our ability to understand both what is happening inside the interventions as well as why these changes are occurring.

In early 2020, the emergence of Covid-19 drastically and fundamentally changed the organization of social and economic life in the United States. Many workplaces shuttered their doors, as white-collar workers shifted to home-based work, while many blue-collar workers, unable to earn their living remotely, faced job loss or reductions in pay. Schools went remote and families were faced with the challenges of facilitating their children's learning at home. It quickly became clear that the impacts of this public health and economic crisis would be disproportionately felt by communities already vulnerable due to high rates of underlying health conditions and risky employment and housing indicators.

When the pandemic hit, face-to-face operations in the Jersey City and South Bronx collaborative locations suddenly shifted to virtual means in adherence to public health mandates for social distancing, intended to slow the spread of the virus. In light of these developments, our team began to collaborate with colleagues at the Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden to develop a data collection plan focused on collaboratives' responses to the Covid-19 crisis. Between June 12 and July 3, 2020, two researchers on the UPenn team conducted semi-structured interviews with ten staff members across both collaboratives. Tooma Zaghloul conducted two interviews in Arabic, and Dr. Claire Fontaine conducted the remainder of the interviews in English. Interviews ranged in length from

20 to 80 minutes, were audio- and video-recorded, translated when necessary, transcribed, and thematically coded.

Our approach to qualitative analysis rests on the established empirical methodology of thematic analysis (Braun & Clarke, 2016). Thematic analysis was chosen because (1) it is considered a "gold-standard" within the field of mixed and qualitative methodology, (2) it is a flexible and adaptable approach that facilitates the identification, analysis, and reporting of patterns, or themes, within a data set. Thematic analysis lends itself to both induction and deduction; that is, meaning-making generated up from the data, as well as down from theory. In this instance, we drew theoretically on resilience theory as formulated within urban studies (Evans, 2011; Zaghloul, 2018) as well as on a social work ecosystems approach that views individuals and environments as constantly interacting with and adapting to one another (Ahmed et al., 2017). These theoretical lenses allow us to situate the specific challenges faced by the collaboratives and their responses to these challenges within the context of the collaborative funding model of the Whole Family Approach and within the urban landscape more broadly. Most importantly—the method provides us with a way to generate quantitative hypotheses that guide our approach to gaps in the survey and outcome data.

Findings

Both collaboratives are based in the New York City metro area, which emerged as an epicenter of the global coronavirus pandemic in March. The first case of coronavirus in New York State was confirmed on March 1. By March 9, there were 16 confirmed cases in New York City. From there the virus grew exponentially; by March 25 there were over 17,800 confirmed cases in New York City and199 deaths. As of April 7, of the total 395,926 Covid-19 cases in the United States, 19.4% (76,876) were in New York City, 15.6% (61,897) were in New York State exclusive of New York City, and 11.2% (44, 416) were in New Jersey (CDC). By April, the city had more confirmed coronavirus cases than China, the U.K., or Iran, and by May, New York City itself had more cases than any country other than the United States.

Staff across both sites spoke to **initial feelings of confusion and disequilibrium** as life in the New York City area dramatically and suddenly transformed from a highly interconnected, densely populated urban network to atomized, remote, and home-bound. In the space of a week, school shut down, employers sent workers home, and use of public transportation systems suddenly contracted. Staff in both locations quickly identified the need for food assistance and infrastructure to keep their families connected within the collaborative and with their case mangers so that they could meet basic needs and serve as a resource for families:

> *There was the initial, like, Wow, what the heck is going on here? and the crisis feeling of people losing their jobs. And it was just going from one day to the next, to everything being closed down. And then the kids being home, and trying to make all of those dramatic turns and adapt quickly. So those first couple of weeks in particular, you had that sense of crisis. This is hard. How are we gonna survive this?*

> *In the beginning of the pandemic, there was a lot of panic and tremendous anxiety and worry among our families. We just didn't know what to do and where to go with it. And*

so we just increased a lot of the case managing components in our efforts to be communicating with them on a weekly basis, or as often as possible.

Family life transformed in the immediate aftermath of the shutdown, as uncertainty about modes of transmission and the extent of existing infection pushed city dwellers inside. There was tremendous fear and anxiety as infection rates shot up, ambulance sirens became the new sonic backdrop of the city, and hospitals filled to capacity. Women and children in both communities became home bound, rarely if ever venturing outside their apartment, while men, often newly unemployed, went out as necessary to provision food for their families.

It's been very, very strict. They've not allowed their kids to go outside at all, and the moms have not been outside. That's why there was this increase of stress and anxiety and depression with the moms, because they were just constantly inside taking care of the kids basically 24/7.

Some of the men took this approach of being the warriors of the pandemic. So they will be the ones going outside, exposing themselves, picking up food from different food pantries. So even though they lost their jobs and couldn't provide monetary support to their families, they were the ones who said, 'No, I am going to be the one going outside.'

Collaboratives responded swiftly and decisively **to withstand and mitigate** the initial shock of the pandemic. They coordinated food access programs for families, connecting families with food banks, and in some cases providing access to meals and groceries at the centers themselves. In both case notes and interviews it was clear that if the case management structure had not been in place before the pandemic these families would have been left with little to no resources.

One thing that Mercy Center has been doing that was just totally out of our regular practice of activities is that we are doing food distribution most days of the week. Me personally, I'm going up to the office once, sometimes twice a week to help out with it, whether it's meals or groceries that are coming through.

Regarding food, most of our families had food stamps. But at the same time Women Rising offered food or clothing for whomever was in need. Also, if we found any resource on the computer saying that there is food drive in a certain location, we used to share it on the group chat and whoever was in need would go.

As the scope of the pandemic's effects became more apparent, collaboratives turned their attention to **responding to the emergent needs of families.** The top priority of both collaboratives was to remain in close contact with families and there is little question that their speed in response and commitment to case management provided crucial emotional, familial, and parenting support in the midst of an unprecedented crisis. Routine face-to-face operations were quickly ceased but service delivery continued through remote means. New structures and practices were quickly put into place to maintain the continuity of services. Daily Zoom meetings of staff were initiated to share information about the needs of families and to facilitate collaboration to address these needs. These meetings helped keep workers in the collaborating agencies connected to one another and provided a space for mutual support. Additional hours

were added to case management to meet the increased needs of families, with further supports provided through remote channels, including phone calls, individual and group Zoom meetings, and WhatsApp and Viber groups.

Both collaboratives devoted resources to addressing misinformation threats. This was a critical move, given the low levels of formal education, English language proficiency, and information and medical literacy in both communities. In Jersey City, a part-time employee who previously served as a translating intermediary between families, schools, and doctors, partly shifted the focus of her translation work to vetting announcements and information about the coronavirus response. In the South Bronx, one case managers tackled these issues head on, coaching participants to face their fears and addressing these feelings of anxiety:

> *They're terrified. I had people, you know, kind of say, "Oh, I can't get the mail. I can't go outside to go to the mailbox, because I'll get coronavirus."*
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> *Most of them were fearful to go outside. So I gave them exercises to do, to face their fears. I was very surprised that they started going to the park, they went out for walks, and they reported back how they felt. People felt weird, some felt disoriented, others felt anxiety. Even trying to open the door to go outside, one mother said, 'I was shaking and couldn't go outside.' From that I identified that anxiety and depression were two of the most prominent things that people were experiencing.*

These trends, reported by both collaboratives, are consistent with mental health indicators and the perception of health risks across the city at that time. According to a survey conducted the CUNY Graduate Center School of Public Health, by the end of March, 44% of New Yorkers reported feeling nervous, anxious, or on-edge more than half the time, while 34% reported feeling down depressed or hopeless. Over half of respondents (58%) estimated their risk of becoming infected with the coronavirus as high or very high (CUNY SPH Covid-19 Tracking Survey).

Job loss and housing insecurity quickly emerged as major threats to families' solvency, in addition to food insecurity. For context, 36% of New York households reported job loss as a result of the virus by the end of March, with even higher rates for women (42%), Latinos (45%), and low-income workers (CUNY SPH Covid-19 Tracking Survey).

> *Regarding work, no one was working. We helped a lot of people, directing them to accounting to apply for employment. Regarding apartments, some people knew that the circumstances are bad so we offered them a grant.*

The restaurant, food service, and food truck industries, which had employed many families, shut down immediately, leaving many families without a source of income. Workers in the construction industry fared somewhat better as construction was deemed an essential function and thus continued in all but the darkest early days of the pandemic. Case managers worked to address job loss by trying to place the newly unemployed into new positions, referring them to positions as cashiers in food markets, gas stations, and grocery stores and as painters and

handymen. Nevertheless, the effects of job loss were cascading and impacted many families' ability to continue paying rent.

Eviction moratoriums in both jurisdictions provided some protection, but many families still had anxieties about what they might face when the housing courts did reopen. Case workers addressed these threats by mediating conversations between families and landlords and helping families negotiate payment plans.

> *There was a feeling of plateau from mid April to end of May. And then people started feeling like, how long is this going to go on? And so the shift of energy of like, 'This isn't just for a little while," and the pressure of rent has been really hanging over people's heads. People start to feel like, 'We haven't paid rent for two months. We keep not paying rent.' Even though folks have heard there's an eviction moratorium, and that moratorium is clear and landlords are not supposed to harass people, folks have definitely been getting pressure.*

Case managers continued working one-on-one with families, but in some cases, they also initiated small online support groups.

> *I created a support group. One of the topics I managed is grief. So the phases of grief, because I think all of us lost something. Maybe you lost a loved one. Or maybe you lost your job, or maybe you lost your identity or your classes or opportunity to graduate, whatever it is that you lost.*

The Jersey City collaborative transitioned their English language learning classes to a remote model, focusing initially on the level one class. This decision allowed them to maximize the number of attendees, delivered the most services to the most people, and assess, on a program level, the feasibility of an online learning approach given program demographics.

Both collaboratives also worked to improve families' ability to support their children's online learning.

> *The biggest challenge for them was that they don't know English in general and don't know how to use the computer. So we helped the kids with the home works. Some families it was tutoring two hours every day, five days a week. five days a week. I follow-up with teachers who do Zoom, the emails they send, the home works, how to teach the mother how to sign in to the website, how to enter the link and do the home work. That was every day two hours.*

Case managers identified unexpected changes within some families. At the beginning, relationships within households were generally strained as family members were unaccustomed to spending so much time in one another's company.

> *In our culture, the woman is handling everything: the house, the kids, and the husband. When the husband is sitting at home without work, some issues arise like disputes*.

As the pandemic wore on, relationships in some households began to strengthen, with more communication and more collaborative relationships between husbands and wives.

> *I thank this Corona time because it let lots of people to have time to sit as a family together, father, mother and kids. To sit and eat together. For example during lunchtime we are all at home, we will all gather and eat. During another time, we will all watch TV, or we will pray. You feel that they connected together. There is a better communication between husband, mother and kids.*

As the situation began to stabilize with the beginning of the retreat of the virus in the New York City metro area, the need for a more sustained commitment to remote service delivery became clear. Collaboratives **responded strategically and thoughtfully**, and with an eye toward bridging the gap between families' existing digital skill sets and those they would need to develop, in addition to continuing to address the more obvious, basic needs. For example, the Jersey City site began developing a digital boot camp model, designed to support parents in developing the basic skills required to engage in a technologically-mediated society, in addition to facilitating remote service delivery:

> *This is like a life skill, because it touches on so many of the things. Parents can't email the teachers when they're getting these remote tasks. Parents have no idea how to set up Zoom on the computer. They're getting loaner laptops, but they can't connect to the internet. They can't figure out how to sign up with user accounts. They have a computer in the house, but they never turn it on. Mom and dad have cell phones. They don't check their messages. The kids set up the cell phone for them and they put a bunch of video games on there and then, you know.*

> *I [Arabic speaking case manager] am one of the people who didn't touch the computer until I came here. Lots of women are the same situation. We can find few cases who knew there was no problem. But it wasn't the majority. the majority didn't know how to use the computer and how to open any website.*

The South Bronx site seemed to face fewer difficulties with basic digital literacy, with one case manager remarking that "families have really surprised me with their tech skills." Nevertheless, both collaboratives committed themselves to building the infrastructure, both technical and interpersonal, for a sustained and effective approach to hybrid and remote service delivery, cultivating adaptability and flexibility to continue delivering services across different virus scenarios.

Stepping back, we see the **flexible and adaptable structure** of the Whole Family Approach as integrally linked to the adaptive success of both collaboratives thus providing families with a literal lifeline they would not have had without the Whole Family Approach. Funding collaboratives to work together and encouraging information sharing stretches resources further and minimizes the friction of working across organizations. This structure enables resources to be quickly mobilized and reallocated to meet the emerging demands of the situation. The relative success of each of these collaboratives in adapting to the upheavals caused by the coronavirus

pandemic are a testament to the integrity of the collaborative structure the preceded the emergence of the pandemic as well as the ingenuity of collaborative staff and social workers.

Both collaboratives have also benefited from a culture of care that extends not only to families served, but also to the employees themselves.

> *Each day [program director] checks on the cases and on us personally. He is always there for us. He says to us, whoever needs anything, anytime, please call me. Once I was really facing an overload, I just sent him a message saying, "If you have time please call me," and he called me directly.*

> *It is hard to deal with people who is anxious or sad or stressed with the situation. It happened that I'm stressed as well or I'm dealing with these quarantines, too. But at the same time I do have a job and some privilege. Sometimes we discuss these issues in our team meetings. We are in a professional space, but we also talk about the challenges we have been facing, what we ourselves have been dealing with. Like this stuff, man, it's tough. We need to do something. Calling other colleagues working in other nonprofits and they are like dealing with the same thing... At least you know that you are not alone in the ship.*

> *As a collaborative, I think what has sustained us is our great communication that we've already had. And that trust that we have, that we've continued to have. And we've been able to kind of listen into each other more and be more empathetic with each other and not be so hard on one another. The fact that we're all going through it together and we all are figuring out our respective organization's struggles, but still at the same time wanting to serve other participants we have.*

Difficult conditions remain, however, given resource constraints and conditions of protracted uncertainty, both of which constrain collaboratives' ability to meet service delivery needs. Staff and workers have adapted amazingly to the new conditions of work and they **need the continued support** of funders and fellow collaborative members to continue building their successful track record.

> *What's going to happen once we go back to normal? Are we going to still be fighting to get more money to families? Are our organizations going to continue donating tons of food? Families have asked me, 'When things go back to normal are we going to be forgotten?'*

Next Steps

When we are able to resume survey data collection we anticipate seeing lower mental health indicators than in pre-pandemic times. In other words, we anticipate seeing higher rates of anxiety and depression among families served. This expectation is based on two factors: the interviews we conducted with collaborative workers in June and July and reported on here; and survey work conducted by other organizations since the pandemic began, which indicate a persistent lack of hopefulness about the future, persistent and serious mental stress, social isolation, anxiety, and depression. Given the pre-existing and complex traumas many families were dealing with even before the pandemic, specifically around race-based, language-based, religion-based, and immigration-status-based discrimination, we expect these trends to be reflected even more profoundly in the families served by the Jersey City and South Bronx collaboratives than in the general population.

However, we expect any decreases in mental health indicators will be less profound than they would have been if the collaboratives were not in place. This is for two main reasons. First, collaboratives have offered families concrete services that address both their expressed and documented needs. Second, being part of a community of families served by the collaboratives has given families a real sense of community which provides essential support in helping families chart and execute a path forward.

We are adding instruments to our survey that are tailored to the crisis in order to measure individual resilience in the face of seemingly insurmountable obstacles. We will be piloting an online survey with a small group from each collaborative in Fall 2020. Our goal with the pilot is to set up a structure to meet the protracted nature of the pandemic, while giving a window into resiliency and maintenance during the pandemic.

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