



**Whole Family Approach
Pre-Pandemic Impact Data / Trend Report #3
November 2020**

SCOPE

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 low-income families can be effectively cultivated when organizations collaborate to deliver social services to the entire household. The Whole Family Approach is unique in that it places the entire family system at the center of goal-setting and reaches families that are not in crisis, but in need of supportive goal-driven services. These interventions seek to interrupt cycles of intergenerational poverty through support services that cultivate financial stability and mobility, child and adult wellbeing, and healthy family relationships.

Since December 2017, our team 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 collaboratives as well as why these changes are occurring. In keeping with established social science and public health rigor we utilize validated scales and instruments to capture how families are impacted by the Whole Family Approach. This approach maximizes the design because it allows us to compare our families to a broader body of social service, social science, and public health impact data.

Prior to the emergence of Covid-19 and the associated coronavirus pandemic in the United States in early March 2020, which has fundamentally changed not just the organization of social life, economic life, and family life but also the way research is done, our team had observed program participants across five waves of data collection, yielding two preliminary trend reports. More specifically, wave one data was collected in December 2017; wave two data in June 2018; wave three data in December 2018; wave four data in June 2019; and wave five data in December 2019. In Trend Report #1, submitted in February 2019, we reported on trends observed in the survey data over waves one and two. Trend Report #2, submitted in December 2019, featured data on trends observed in the survey data over waves three and four. In this document, Trend Report #3, we report on trends observed across the past five waves of survey data.

EXECUTIVE SUMMARY OF MAJOR FINDINGS

Seasonal Fluctuations

- After five waves a pattern of seasonal variability has emerged across most domains. Namely, that well-being indicators drop in the colder months and rise in the Spring. Understanding these fluctuations are key to implementing the Whole Family Approach in an urban setting because they should drive the timing of implementing the Approach and working preventatively on goal-setting with families as the seasons shifts. In dense urban settings there are two drivers impacting effectiveness: housing costs and seasonal labor market fluctuations. First, pre-Covid, the vast majority of families were employed in sectors of the economy where work hours, pay, and working conditions are seasonally dependent. Second, the cost of housing in the NYC metro area means families are limited in the amount of space they have at home during the coldest months of the year. Fewer outlets for children in combination with the changing labor market impact family well-being in ways that are outside of their control. After five waves of data, we believe this indicates that the timing of goal-setting and collaborative activities can mitigate some of these trends. In other words, while we can clearly see the Whole Family Approach working, it is likely that larger gains are possible if the timing of collaborative programming matches these ebbs and flows that are hallmarks of urban life. Future work over the next year will include a focus on these trends with an eye towards “best implementation practices” for replicating in other urban settings.

Adult Well-Being

- Indicated by PHQ-9 well-being scores and scores on the Everyday Stressors Index, parents’ psychological wellbeing improved following a pattern of seasonal fluctuation.

Child Well-Being

- As indicated by Positive Affect scores, which refer to positive emotions and expressions like cheerfulness, pride, enthusiasm, energy, and joy, youth psychological wellbeing improved from wave one to wave five. This improvement follows a pattern of seasonal fluctuation with better outcomes in the summers than in the preceding winters.
- In the most recent wave (December 2019), youth respondents achieved higher scores on Mattering and its sub-dimensions than in any previous wave. Mattering refers to the extent to which individuals sense that they matter as a human being with dignity, value, and worth to those around them. It is a key building block of healthy communication and relationships.
- Children’s sense of Hope increased from wave one to wave five. Hope refers to a combination of goal-directed energy and the concrete actions one takes to achieve one’s goals. Improvements in Hope do not reflect seasonal fluctuation but rather overall better

outcomes over five waves. This is key as it demonstrates the variability parents are experiencing do not seem to impact the goal-setting energy of their children.

Parent-Child Relationships

- Parent-child relationships improved in a pattern of seasonal fluctuation with better scores reported in summers than in the immediately past winters.

Financial Stability and Mobility

- Employment rates among the parent respondents improved, with the exception of a slight decrease in wave five (December 2019).
- Working intensities among employed parents have steadily increased, except for a sharp decrease in wave three (December 2018). In other words, since joining the interventions, parents are working more hours, more regularly.
- As indicated by scores on the Financial Capability Index, families are feeling more confident in their ability to effectively manage money. Parents are steadily achieving higher scores on the FCI in later waves than in earlier waves except for a sharp decrease in wave three (December 2018).

DATA ANALYSES

Adult Well-Being

The PHQ-9, a well-established and validated well-being scale, was used to gauge parents' psychological well-being. In addition, the Everyday Stressors Index (ESI) measures self-reported stress levels of parents. The ESI measures how worried, upset, or bothered parents are by common challenges of daily life for all parents, including balancing childrearing with working, housekeeping, financial matters, and one's other roles and relationships. Higher scores indicate more depression, more stress, and lower levels of functioning.

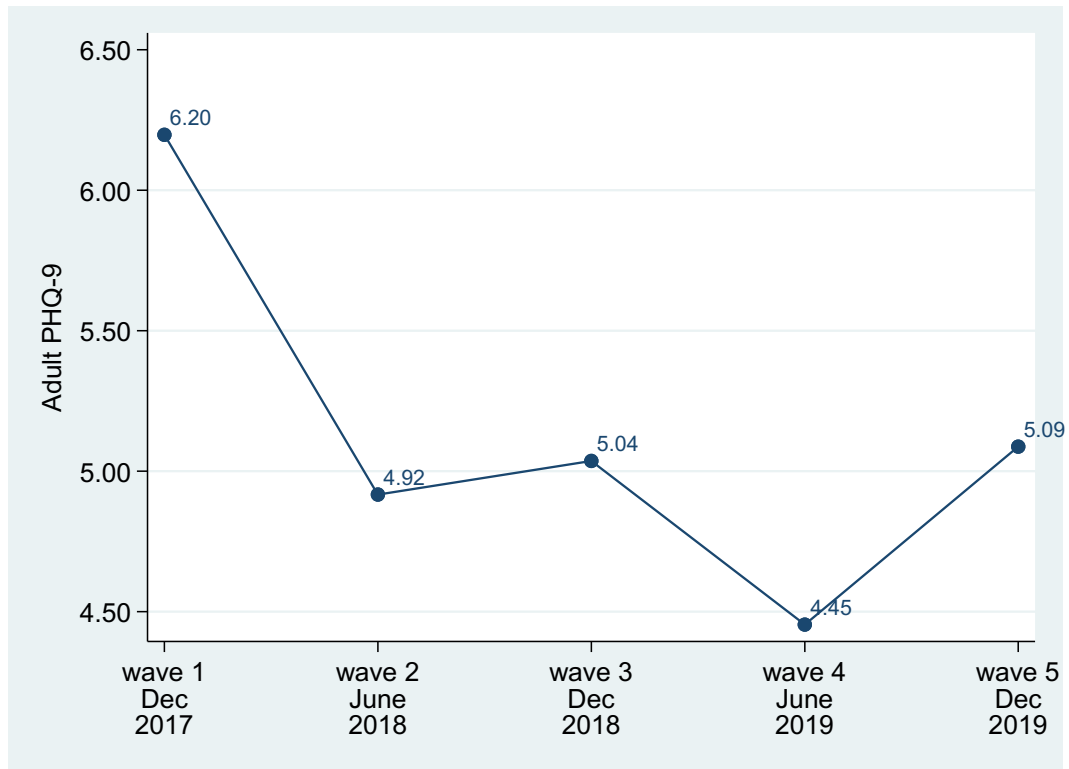


Figure 1. Adult PHQ-9

Figure 1 demonstrates a general downward trend in depression over the period of participation in the program. These findings demonstrate a seasonal pattern, with lower levels of depression in the summer than in the winter.

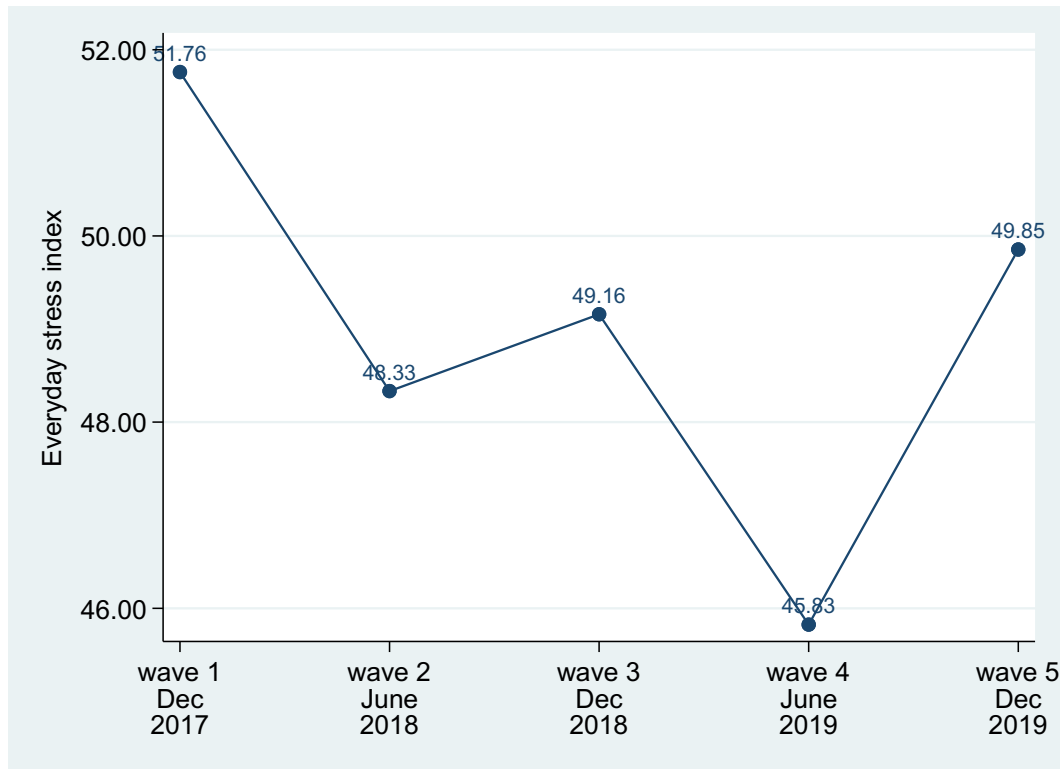


Figure 2: Everyday Stress Index (Mothers)

Figure 2 presents Everyday Stress Index (ESI) mean scores during the same time period. The stress self-report demonstrates a trend similar to depression, including the same seasonal fluctuations. Overall, since beginning program participation in December 2017, trends demonstrate improved well-being among adult program participants.

Child Well-Being

We used the Positive Affect subscale of the Positive and Negative Affect Scale (PANAS), the Mattering Scale, and the Children's Hope Scale to measure children's overall well-being and capacity to set and achieve goals. Positive affect measures children's experience of positive emotions and their positive interactions with others and in facing life challenges. Mattering refers to the extent to which individuals sense that they matter as a human being with dignity, value, and worth to those around them, and it drives the capacity for healthy relationships. Hope refers to the concrete actions one takes to achieve one's goals and their confidence in their ability to achieve them. In all three of these scales, higher scores indicate more of the desired effect and thus a positive outcome.

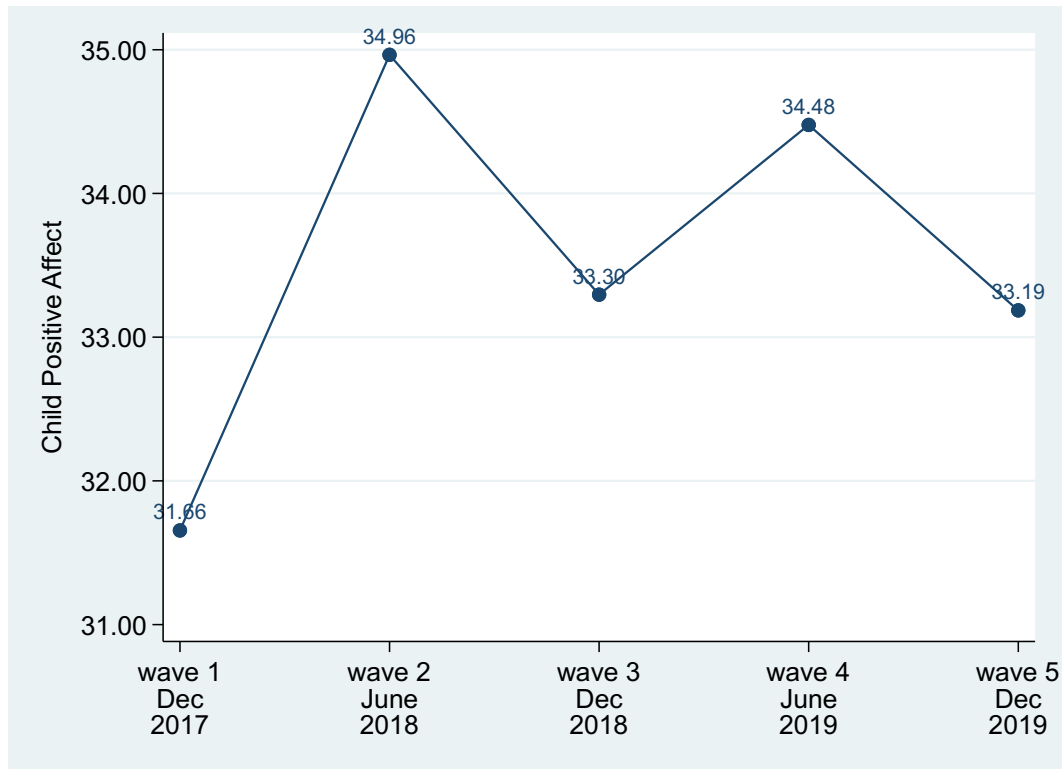


Figure 3. Child Positive Affect

Figure 3 demonstrates an overall upward trend in positive affect since entering the program in 2017. Similar to the adults, children experience the same seasonal fluctuation in scores, with summers indicating higher levels of positive affect overall than winters.

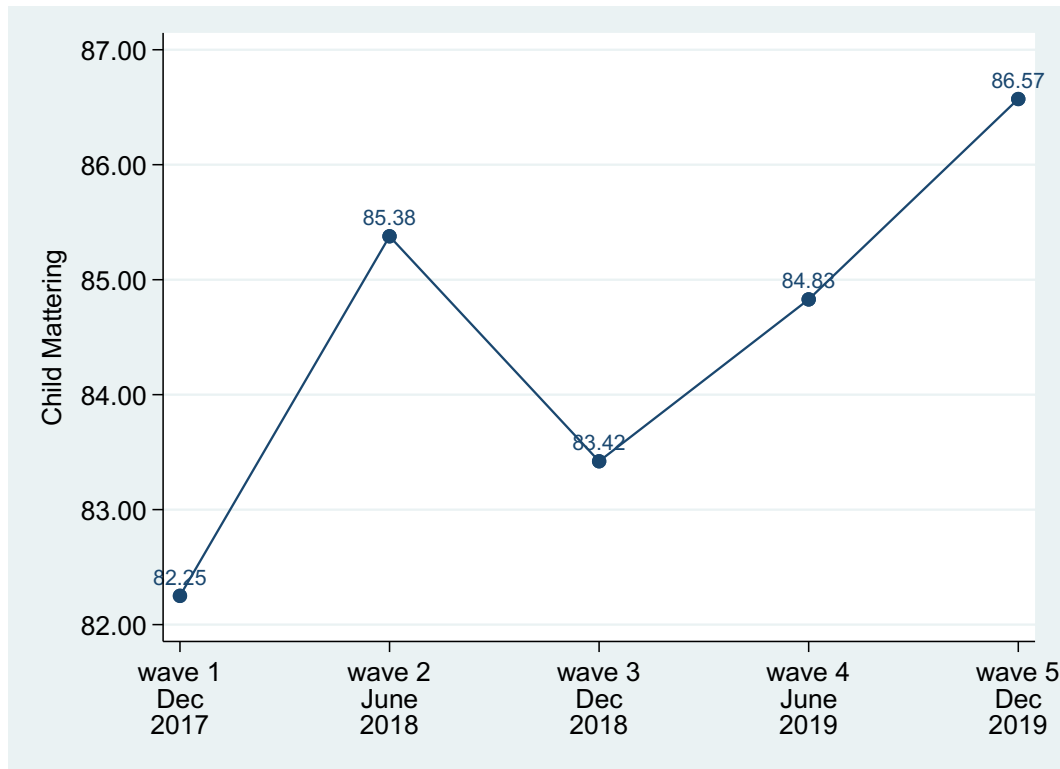


Figure 4. Child Mattering

Figure 4 demonstrates an upward trend in Mattering among the children in the program. We use mattering to assess children's well-being in their relationship with the adults in their lives. More specifically, it addresses how well they feel "seen" and "heard," which are key building blocks for healthy family communication and investing in children.

As opposed to the positive affect finding, children continue to report an increased sense of mattering without the seasonal fluctuation in December of 2019. This is a positive from a family dynamics perspective, indicating that even while families and parents in particular may experience stress, that stress is not manifesting itself in a way that diminishes their children's sense of dignity and worth. In other words, it captures the durability of healthy relationships regardless of external circumstances.

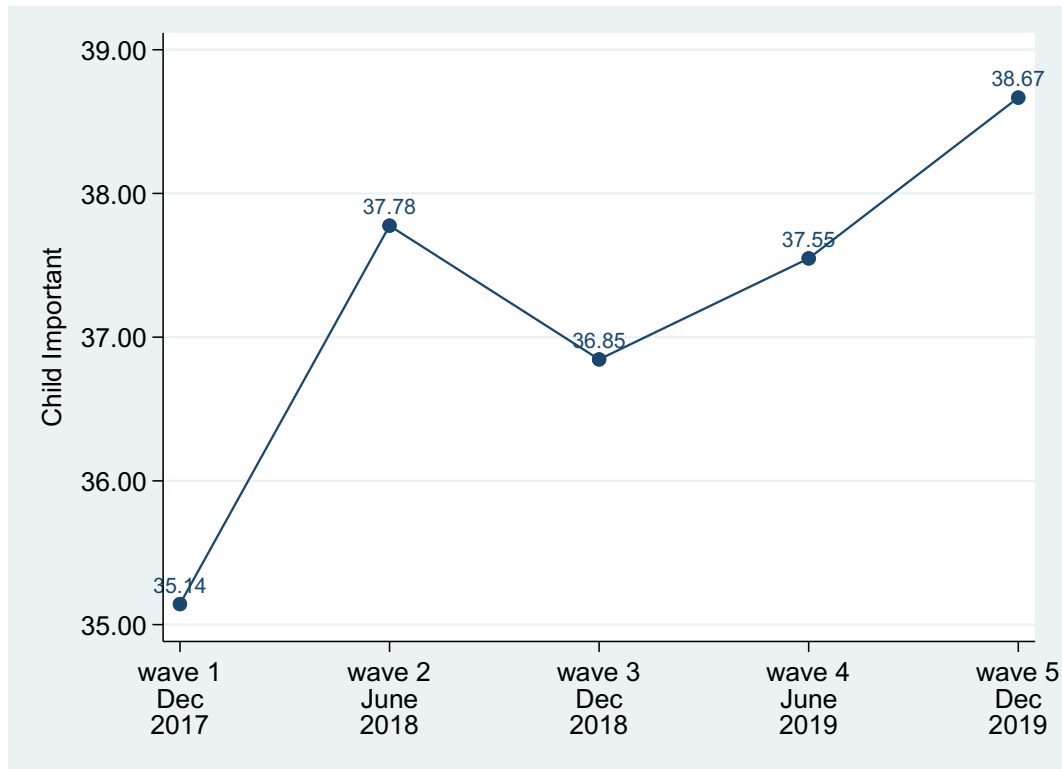


Figure 5: Child Mattering (Importance)

Figure 5 takes an up-close look at the subscale of Mattering marked as Importance, the sense you have that others believe you are important to them. The general human tendency under stress, even as parents, is to become more self-focused. However, as these findings indicate, in relationship to the adult findings presented earlier, children are continuing to identify themselves as important to others around them. Despite their parents' stress during December 2019, children demonstrate that they may be buffered or protected from that stress in a way that continues to reinforce their personal sense of well-being.

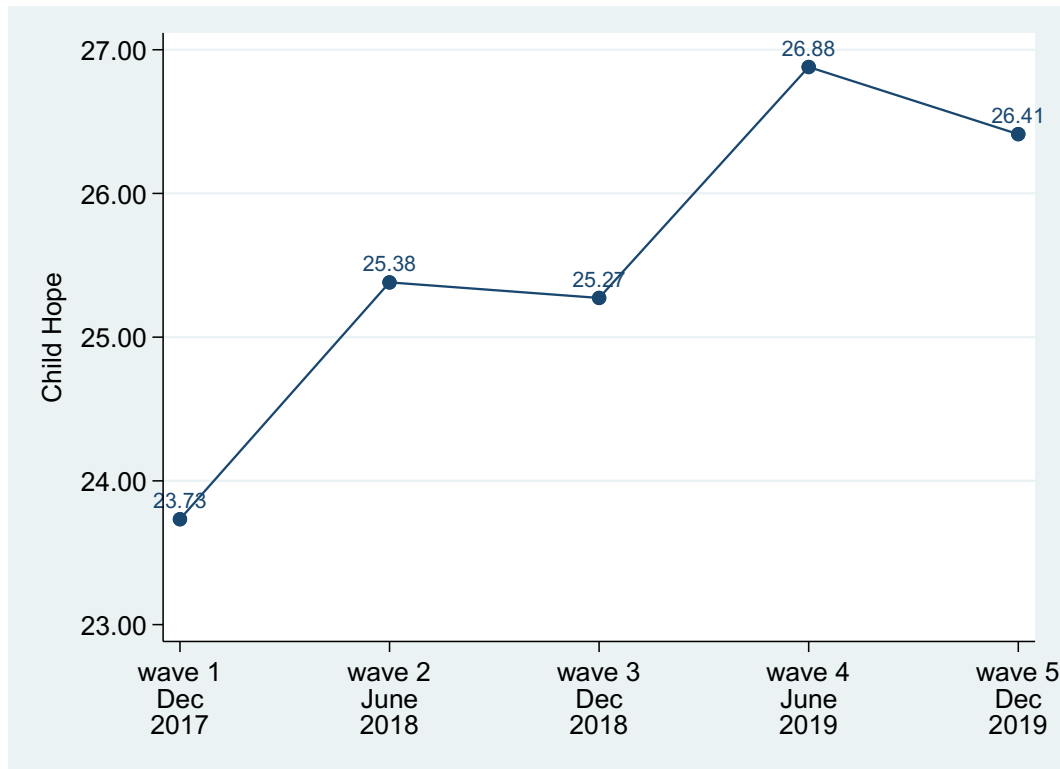


Figure 6. Child Hope

Finally, we examined children's levels of Hope (Snyder et al., 1997), the belief that one can set goals, achieve goals and has the means to achieve them. Figure 6 presents the dynamics of child hope scores during the intervention period.

Hope scores *significantly increased* from the beginning of the intervention to December 2019. While we did see minimal seasonal fluctuation, the decreases during the winter are far less pronounced for the Hope scale in comparison to other metrics of interest. Even if they are indirectly feeling parents' stress as a part of being in the same family unit, children are not experiencing that stress as a deterrent to their future-oriented goals.

Parent-Child Relationships

Also encouraging is the finding that parent-child relationships continue to be described as strong and positive across the five waves of data collection (Dec. 2017, June 2018, Dec. 2018, June 2019, Dec.2019), with approximately 80% of the parents reporting their relationships with their children as being “excellent” or “very good” in December 2019.



Figure 7: Parent-Child Relationships

While the pie charts in Figure 7 demonstrate some seasonal fluctuation between the excellent and very good categories, in general parents describe their relationships with their children as strong.

Financial Stability and Mobility

We assessed changes in financial stability and mobility through questions about employment status and number of hours worked in a week, and the Financial Capability scale, a validated and standardized instrument for measuring the condition of an individual's financial status (Collins & O'Rourke, 2013).

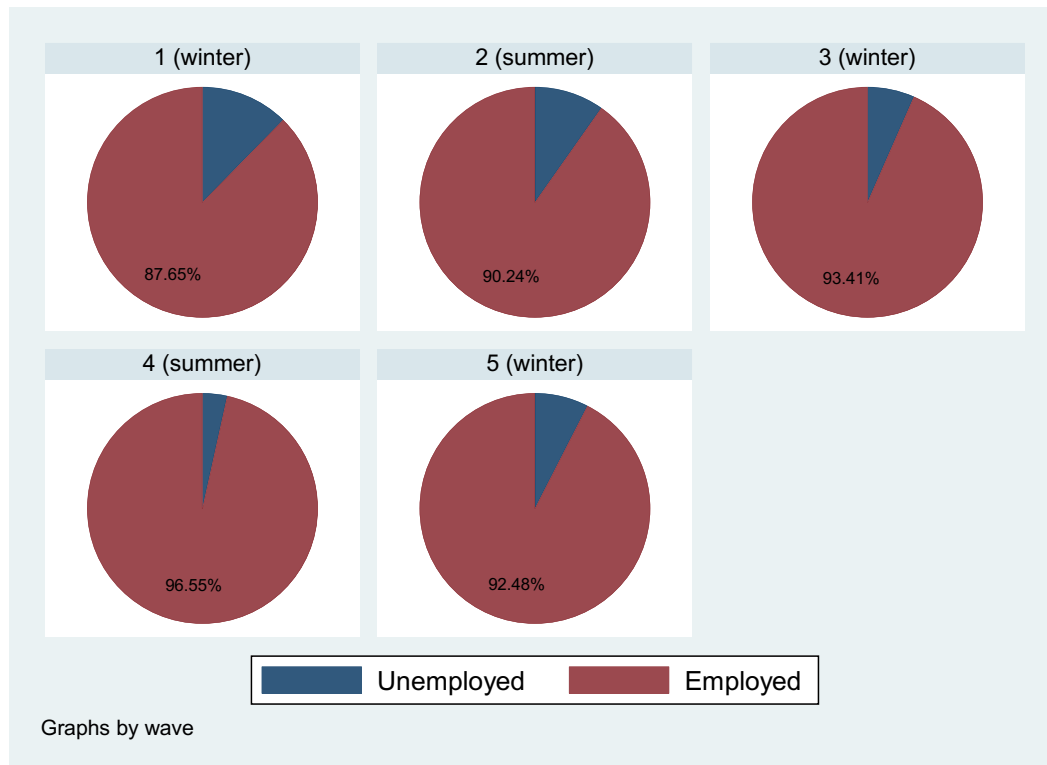


Figure 8: Employment Status

As reflected in Figure 8, employment rates among the parent respondents have improved, from 87.65% of adults in wave one to 92.48% of adults in wave five. Employment rates improved at each moment of observation with the exception of a slight decrease in wave five (December 2019).

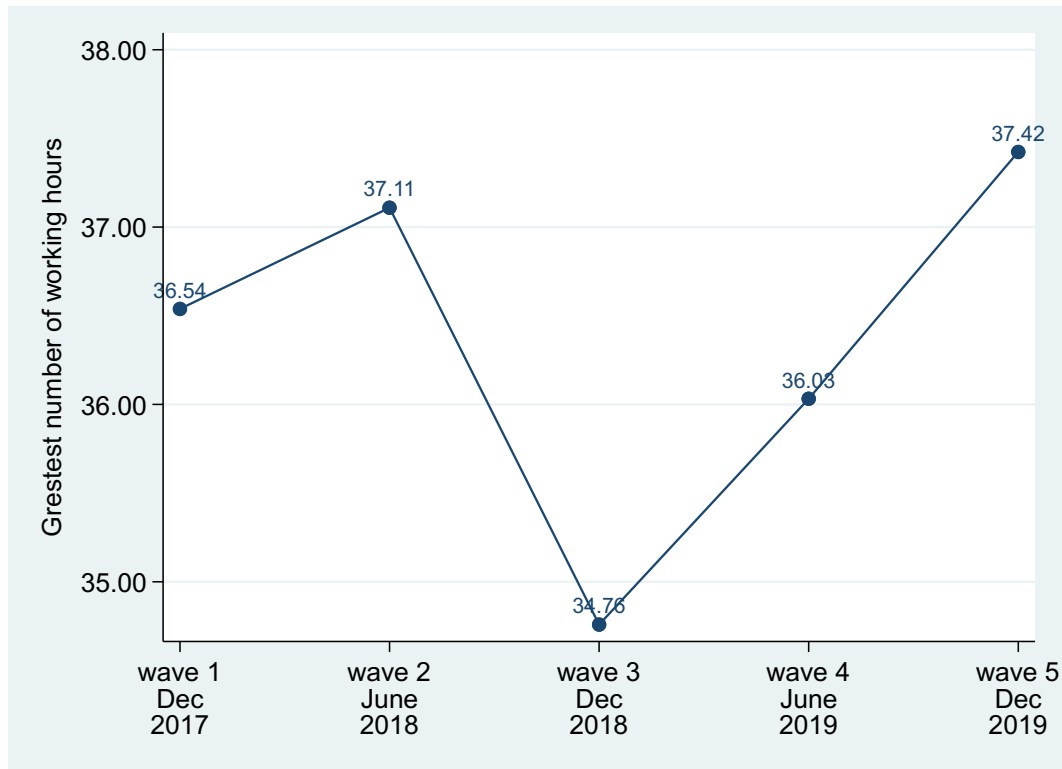


Figure 9: Greatest number of working hours

On the other hand, while the number of people employed has steadily increased, their regular working hours have fluctuated. Figure 9 presents the working hours a week at each data collection point. The number of working hours for employed parents increased from 36.54 hours a week at the beginning of the intervention to 37.42 hours a week in December 2019. A sharp decrease in work intensity was noted at the midpoint of the observation period, with hours declining from 37.11 hours/week in June 2018 to 34.76 hours/week in December 2018. Overall, however, through December 2019, parents were working more hours, more regularly.

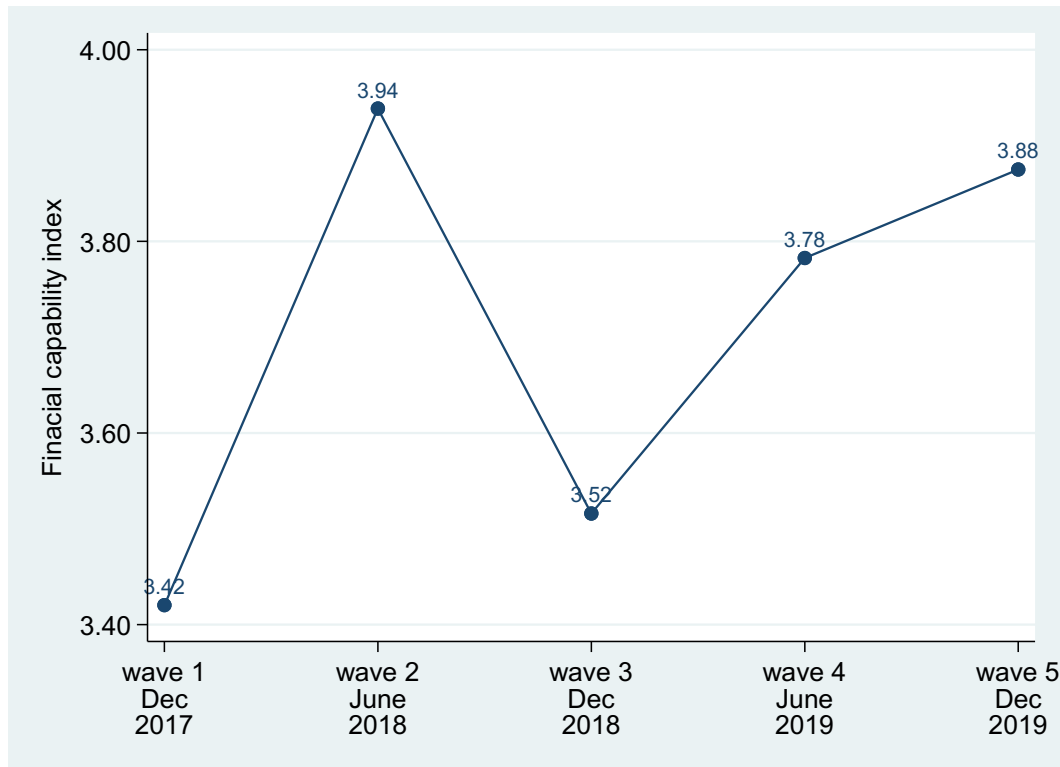


Figure 10: Financial Capability Index

Our final major finding in the domain of financial stability and mobility concerns changes in the mean scores on the Financial Capability Index (FCI). FCI measure the extent to which families feel confident in their ability to effectively manage money. The higher mean score on the FCI, the better overall financial well-being they experience.

As reflected in Figure 10, mean FCI increased from 3.42 in December 2017 to 3.88 in December 2019, with a fluctuation in December 2018 that may reflect the dip in available hours worked. In general, the increased FCI scores across the duration of the observation period indicate that parents are becoming more confident that they can effectively manage their financial resources in service of their self-identified goals.

DISCUSSION

Our analysis of self-report survey data collected over five waves of in-person surveys from December 2017 through December 2019 reveals improvements in all four domains of interest: adult well-being, child well-being, healthy parent-child relationships, and financial stability and mobility. Parents' psychological well-being improved from wave one to wave five, following a pattern of seasonal fluctuation. Youth psychological well-being also improved from wave one to wave five, and while positive emotional experiences demonstrated the same seasonal fluctuation, their overall experiences of mattering and hope by the end of the observation period appear to become more independent of environmental pressures than earlier on in the observation period. This may demonstrate an internalization of goal-setting hope and mattering as values that protect against stress.

Several measures of financial stability and mobility also trended upward over the course of the pre-pandemic observation period in a pattern of seasonal fluctuation, with increases in total adult employment rate, greatest number of weekly working hours, and financial capability.

These observed patterns of seasonal fluctuation are consistent with the literature in fields such as psychiatry, epidemiology, and public health, which show a seasonal link between the incidence and severity of depressive symptoms and the colder, darker months (Harmatz et al., 2000; Magnusson, 2000). As it relates to employment patterns and family relationships, this seasonal pattern also comports with our participant observation data, qualitative interview data, as well as data from clinical case notes. These data sources all point to patterns of fluctuating employment intensity given the informal or "gig" nature of many enrolled adult participants' work—particularly those working in food services or industries driven by tourism. As for family relationships, as previously reported, a majority of the Egyptian families at the Jersey City site travel back to Egypt in the summers in order to visit extended family, reinforce cultural identity, and give their children an opportunity for less structured and less supervised outdoor recreation. Anticipation of this yearly pilgrimage may contribute to more positive indications in the summer waves. These contextual factors notwithstanding, the positive trends across all four domains of interest detailed herein are indications of the collaboratives' effective way of working both within individual families, as well as across families.

NEXT STEPS

When we are able to resume survey data collection in Winter 2020 we anticipate seeing lower mental health and financial health indicators than in pre-pandemic times, and ample evidence of economic strain. This expectation is based on two factors: the interviews we conducted with collaborative workers in June and July and reported on in the August 2020 Covid Impact report; and survey work conducted by other organizations since the pandemic began, which indicate feelings of hopelessness about the future, persistent and serious mental stress, widespread job loss, and 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 well-being and financial health indicators will be less profound than they would have been if the collaboratives were not in place. This is for three 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. Finally, as noted in the Covid report, before the pandemic hit the collaboratives were already working together through the PSF approach towards collaborating across sectors and utilizing an integrated data system. The fact that the collaborative structure was in place prior to the pandemic meant the workers were ready and able to meet crisis needs that other non-profits typically cannot. For example, rather than having to forge new agency relationships during crisis, the collaborative structure was “ready made” to quickly shift and meet the unique needs COVID-19 created.

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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; Zaghoul, 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 and 199 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 managers 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."

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 that 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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