



Pascale Sykes Foundation South Jersey Strengthening Families Initiative

FINAL EVALUATION REPORT 2012-2022



RUTGERS

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Senator Walter Rand Institute
for Public Affairs



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2: PASCALE SYKES FOUNDATION & WALTER RAND INSTITUTE

In May 2012 the Pascale Sykes Foundation entered into an agreement with the Senator Walter Rand Institute for Public Affairs at Rutgers University-Camden (WRI) to conduct a robust, longitudinal study on the Whole Family Approach across nonprofit collaboratives in Southern New Jersey. Over the last 10 years, WRI collected data from thousands of families and nonprofit collaborative staff members to examine the impact of the Whole Family Approach on families and understand the ways in which nonprofit collaboratives implement the Whole Family Approach.

The Pascale Sykes Foundation's investment in an evaluation of the Whole Family Approach yielded rich data from which WRI conducted analyses to understand the Approach's impact on families, communities, and collaboratives. Results for families include strengthened family relationships, greater financial stability, and improved educational outcomes and aspirations for family members. Nonprofit collaboratives' data also indicate that collaboratives used the flexibility of the Whole Family Approach to implement supports for their communities in their communities' contexts, resulting in community-embedded, community-engaged, and community-focused supports.

On behalf of the Senator Walter Rand Institute for Public Affairs, we would like to thank the Board of Trustees of the Pascale Sykes Foundation for guiding the project and for their partnership in ensuring that this project was completed successfully. We would also like to thank Joni VanNest who provided expert administrative and communications support for the project. Richelle Todd-Yamoah and Jackie Edwards were tireless, driven, and collaborative partners who positioned the results of the evaluation to be heard in conferences, symposiums, and with legislators and policymakers.

Finally, and most importantly, we want to acknowledge the vision of Fran Sykes whose goals to improve the lives of families through broad investment in initiatives that strengthened families and enriched the lives of thousands of families across New Jersey. Ms. Sykes' investment in both direct supports for families and the measurement of that growth has garnered support for the Whole Family Approach and its initiatives in legislation, amongst policymakers, and within nonprofit collaboratives serving local communities. We are grateful to Fran Sykes for her visionary leadership to improve the lives of families across New Jersey, and are proud to present this final report to the Pascale Sykes Foundation.

“Hope is setting a goal and moving toward that goal, taking steps toward the future. That's what gets families and individuals through challenges of daily life and makes a difference in the community” —FRAN SYKES, PRESIDENT AND CEO, PASCALE SYKES FOUNDATION

3: EXECUTIVE SUMMARY

The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden produces and highlights research leading to sound public policy and practice, and with that as a foundation, aims to convene and engage stakeholders in making the connections across research, policy, and practice in support of Southern New Jersey residents. From 2012 to 2022, WRI has conducted a comprehensive evaluation of the implementation of the Pascale Sykes Foundation's Whole Family Approach initiative across 18 nonprofit collaboratives in Southern New Jersey. The Whole Family Approach is a preventative, family-led strategy that provides adults and children tools to set, plan for, and achieve goals together. Collaborating agencies work together with families with two adult caregivers to develop long- and short-term goals to thrive. WRI's evaluation of the Whole Family Approach includes:

- A longitudinal, quasi-experimental evaluation of families' changes in forming healthy relationships, child well-being, and financial stability,
- A process evaluation to understand how the Whole Family Approach was implemented across collaboratives, including observations, interviews, focus groups, and document review, and
- Multiple focused evaluations that examine the impact of the Whole Family Approach in areas of interest including student social, emotional, and behavioral growth, service delivery, family-community partner relationship development, and the cultural responsiveness of the Whole Family Approach.

There are multiple notable results that have been consistent throughout the evaluation. In the area of healthy relationships, the strengthening of the relationship and reciprocity in responsibilities between caregivers was the strongest, most consistent finding in our evaluation. In addition, our evaluation found that families increased their social supports externally, and increased bonds and communication between caregivers and children. In the area of financial stability, our findings indicate that families experienced challenges that included food and housing insecurity, employment challenges, and a lack of transportation. However, our findings also indicate a reduction in financial challenges over time, which was most pronounced in results for the second caregiver. Child well-being was also positively affected throughout the evaluation as caregivers' educational aspirations and optimism for their educational futures improved over time. In addition, several data points indicate significant improvements in children's math and language arts grades over time.

Evaluation of nonprofit collaboratives' processes also reveal several notable findings throughout the course of the evaluation. The strongest and most consistent finding indicates that collaboratives focused on consistent, open, and frequent communication between organizational partners about ways to meet families' needs. Partner agencies were also consistently cited as an asset by participants in meeting family needs. Extensive one-on-one support and goal setting with families was also consistent throughout the evaluation as families sought to explicitly build trust between collaborative staff and families. Community building and social connection were a central focus of collaboratives as they worked to create opportunities to make connections among families and build relationships with other community members. The Whole Family Approach's broad but clear requirements also enabled the approach to be implemented within organizations with varying missions, contexts, and partner groups.

Collaboratives also experienced challenges in their implementation of the Whole Family Approach. Collaboratives experienced challenges with recruitment as the Whole Family Approach requires two caregivers; identifying a second caregiver was occasionally a challenge in single-caregiver households. Collaboratives also discussed challenges with sustainability of their initiatives after the conclusion of the project, and actively discussed ways to acquire additional funding or to shift programming.

Accountability for collaborative partners was also a consistent challenge as collaboratives discussed ways to ensure partners were fulfilling their memorandums of understanding. Collaboratives also discussed staffing as a consistent challenge throughout the evaluation as they sought to hire family advocates and staff members from the communities they serve, and continued to seek to fill various volunteer, part-time, and full-time positions.

WRI conducted targeted focused studies to better understand family impacts and processes within specific contexts. *COVID Impacts, Supporting Collaboratives* explores the ways that collaboratives adjusted their supports to meet changing families' needs during the onset of the COVID-19 pandemic. Collaboratives provided material supports to address food, employment, and housing insecurity, and adapted their service delivery models to create stronger family and community connections. In the *Child Connection Center Evaluation* WRI evaluated outcomes for families' children in a school-based social-emotional learning program, finding significant improvements in math and language arts grades, reductions in total social-emotional challenges, and a positive impact on children's engagement in the classroom. The *Family Strengthening Network Evaluation* included a mixed-methods approach that revealed more stable family social supports and increased financial stability, and described the ways in which family advocates worked to build trust and support families to meet goals. The *Whole Family Culturally Responsive Approach Evaluation* was conducted with collaboratives serving Hispanic communities and the families they serve. This evaluation focused on building trust with families and addressing barriers including discrimination, immigration status, concerns over the quality of supports provided externally, information access, and food and financial insecurity.

WRI's evaluation of the Whole Family Approach does reveal consistent, positive changes in healthy relationships, financial stability, and child well-being over 10 years of implementation.

4: THE WHOLE FAMILY APPROACH

The Whole Family Approach is based on organizational collaboration among service providers to assist families in defining and achieving attainable goals while also fostering a dual-adult support model to enhance child well-being, family financial stability, and healthy family relationships.

The Pascale Sykes Foundation Whole Family Approach: focuses on working families trying to get ahead; the approach is prevention, not crisis oriented.

APPROACH BASICS

- Whole people within whole families
- At least two adults in charge, all family members involved
- Family and individual plans with all family members working together; informal supports
- Long range plans with behavior goals; SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) behavior objectives (outcomes, indicators); dig for roots
- Agencies working together; shared information
- All agencies involved in data collection, data evaluation and reformatting of a) individual family plans and b) entire effort

5: COLLABORATIVES INVOLVED IN THE EVALUATION

COLLABORATIVES INVOLVED IN THE PROCESS AND OUTCOMES EVALUATIONS:

- 1. Family Enrichment Network (FEN)**
Lead Agency: YMCA of Salem County
July 2011–June 2018
- 2. Family Strengthening Network (FSN)**
Lead Agency: CASA (Court Appointed Special Advocates) of Cumberland, Gloucester, and Salem counties
July 2013–June 2021
- 3. Child Connection Center (CCC)**
Lead Agency: Glassboro Education Foundation
July 2013–June 2020
- 4. Stronger Families (SF)**
Lead Agency: Temple Vision Corporation
July 2014–June 2022
- 5. Unidos Para La Familia (UPF)**
Lead Agency: Revive South Jersey
July 2014–June 2021
- 6. South Jersey First Star Collaborative (First Star)**
Lead Agency: First Star, Inc.
July 2014–June 2021
- 7. Connecting Families to Communities (CF2C)**
Lead Agency: Holly City Development Corporation
July 2015–June 2020
- 8. Families In Motion (FIM)**
Lead Agency: Hispanic Family Center of Southern New Jersey
July 2016–June 2021
- 9. Families to College (FTC)**
Lead Agency: Appel Farm Arts & Music Center
July 2017–June 2022
- 10. Heart of Gloucester County, renamed as Heart of South Jersey (HSJ)**
Lead Agency: People for People Foundation
July 2011–June 2018

COLLABORATIVES INVOLVED IN THE PROCESS EVALUATION:

- 1. Fathers' Care Network**
Lead Agency: Women's Center
July 2011 –June 2014
- 2. Western Atlantic Parent Family Support Center (Formerly "The Network")**
Lead Agency: Family Service Association
July 2011–September 2016
- 3. Supportive Family Care**
Lead Agency: Bethel Development Corporation
July 2011–June 2013
- 4. South Jersey Families Re-Connected Coalition**
Lead Agency: Center for Human Services (CHS) July 2011–June 2014
- 5. Building Connections – Strengthening Families, renamed Connected Mentoring Advocacy (CMA)**
Lead Agency: Paulsboro Community Development Center
July 2011–June 2013
- 6. Connected Families**
Lead Agency: CompleteCare Health Network
July 2014–November 2016

TRANSPORTATION COLLABORATIVES

- 1. Greater Bridgeton Area Transit**
Lead Agency: Gateway Community Action Plan (CAP)
- 2. English Creek-Tilton Road Community Shuttle**
Lead Agency: Cross County Connection Transportation Management Association

6: COUNTIES/REGIONAL CONTEXT

During the timeframe of 2012-2022, Atlantic, Cumberland, Gloucester, and Salem Counties experienced some changes, but many of the county indicators remained fairly consistent over this time. Data was gathered from the United States Census, the New Jersey Department of Labor, and the FBI's Uniform Crime Report. This data illustrates the environment where families that participated in the Whole Family Approach resided. This data highlights the external factors that occurred at the same time as this initiative was implemented. It is important to note that each of these four counties are rural and have challenges related to transportation and access to basic needs due to fewer infrastructure resources. Atlantic, Cumberland, and Salem Counties are the poorest and least healthy counties in New Jersey and have been for many years. Gloucester County is in the middle of those rankings. The residents in these counties continue to face economic challenges that impact their quality of life. The Whole Family Approach aimed to help those families receive services and supports that they would not have otherwise had access to or been eligible to receive. The county context for Atlantic, Cumberland, Gloucester, and Salem Counties provide insight into the social determinants of health present in these counties, and many of the unique strengths and challenges present in their communities. Environment provides essential context to health and overall well-being, and the rural nature of these counties (albeit to varying degrees) presents important considerations for these communities. Rural areas present several challenges for residents including long commutes, lack of access to food, and fewer available services are some of the barriers residents face in rural communities.

Food deserts are increasingly common across the United States. In 2020, as many as 13.8 million households in the U.S. experienced food insecurity (10.5% of the population), with approximately 1.5 million households in New Jersey alone (U.S. Department of Agriculture, 2020; Kiefer, 2022). Despite Southern New Jersey being home to an abundance of farmland and agricultural hubs, residents of Salem, Cumberland, and Gloucester Counties are continuously facing deep rooted food instability. Studies dating back to 2011 suggest that little progress has been made over the course of over a decade as hardships in food security continue (Ver Pleog, Nulph, and Williams, 2011; Adomaitis, 2011; Kiefer, 2022). Accessibility to high quality and nutritious food is often difficult for individuals living within Atlantic, Salem, Cumberland and Gloucester counties. Instead of grocery stores, these counties are populated with fast food restaurants, with the nearest source of healthy food being between 1 and 10 miles away (as of 2019) (Capuzzo, 2019), a distance inaccessible without a vehicle and at a cost that many are unable to afford due to cost inflation. Residents who are without a private form of transportation are supremely disadvantaged when shopping for food.

Access to reliable transportation is essential to access and obtain health care. Research suggests that for individuals with limited economic resources, transportation to provider visits and pharmacies may be a significant barrier to care that can alter health outcomes (Syed, Gerber, and Sharp, 2013). Cumberland County is uniquely disadvantaged in this respect due to a lack of public transportation infrastructure (Birdsall, 2013, p. 1; Codey & Lettiere, 2005, p. 12). The same can be said for Gloucester, Atlantic and Salem Counties (see page 3 Codey & Lettier, 2005).

The following outlines that the challenges are steeped deeply in the fabrics of these communities, and the geography and community context are an undercurrent throughout all of the data.

ATLANTIC COUNTY

Located about 100 miles South of New York City and about 60 miles Southeast of Philadelphia, Atlantic County was formed in 1837. It has a total of 23 municipalities, with Mays Landing as the county seat. Besides its extensive shore land, the county includes rural, urban and suburban areas, and popular Jersey Shore communities such as Brigantine and Atlantic City that attract a large volume of tourists, especially during the summer. Atlantic County has 555.51 square miles of total land area. The population density is 479 individuals per square mile, higher than the national average of 92 individuals per square mile but lower than the state average of 1,207. From 2010 to 2020, the county's population remains virtually unchanged. Its population dropped from 274,551 to 274,534 (the difference is only 17), a mere 0.01% decrease (Community Commons). Atlantic County is ranked among the least healthy counties in New Jersey ranging from the lowest 0% to 25% according to Robert Wood Johnson Foundation's New Jersey County Health & Roadmaps Ranking Report. Atlantic County's household income is \$63,680 whereas the state's is \$85,245 (United States Census, 2020). In Atlantic County, about 13.5% of the residents live in poverty compared to the 9.7% of all people living in New Jersey (United States Census, 2020). According to the 2020 American Community Survey, 19.9% of children under the age of 18 live in poverty, 12.3% of people ages 18 to 64 live in poverty and 9.6% of the population 65 years and older live in poverty. With regards to children living in single parent households, the percentage of children is 29% compared to 22% in New Jersey as a whole (County Health Rankings & Roadmaps, 2022).

CUMBERLAND COUNTY

Located in the South-central part of New Jersey, Cumberland County is approximately 45 minutes from Philadelphia and Atlantic City, and two hours from New York City and Baltimore. With a land area of 483.7 square miles, Cumberland County is the 5th largest county in the state and ranked 16th in population (New Jersey Counties by Population, 2020). The County was originally formed in 1798 from parts of Salem County and named after Prince William, Duke of Cumberland from England. The geography of Cumberland County is low lying and sits near the Delaware Bay. Cumberland County is one of the most rural counties in the State of New Jersey. The population per square mile is 324.4 while the state rate is 1,195.5 per square mile (U.S. Census, 2010). Nearly 25% of its population (representing roughly 23,000 residents) live in a rural area and nearly 90% of its land area is considered rural (U.S. Census, 2017). Cumberland County has approximately 70,000 acres of farmland, accounting for about 20% of the agricultural land in the State of New Jersey. Nineteen of its thirty-five census tracts (54%) qualify as rural according to federal standards and approximately 20% of all housing units available in the county are in rural areas (U.S. Census, 2010). It consists of a total of 14 municipalities: 3 cities, 10 townships, and 1 borough. The county seat¹ is Bridgeton. From 2010 to 2020, the county's population decreased 1.75%, from 156,898 to 154,152 (U.S. Census, 2020c). A range of various metrics indicate Cumberland County has the highest percentage/rate of residents who are currently experiencing poverty out of the state's 21 counties.

GLOUCESTER COUNTY

Gloucester County was founded in May 1686 and encompasses a land area of 322 square miles. Its geography is composed of low-lying rivers and coastal plains. Gloucester County is nearly a 50% to 50% split between rural and urban areas of land. The population per square mile is 904.2, and just over 50% of Gloucester County's land area is considered rural and 8.4% of Gloucester County's population lives in a rural area. Woodbury is the county seat. From 2010 to 2020, the population of the state of

¹ The county seat is the site of a county's administration and courts.

New Jersey increased by 5.65% (2010 population is 8,791,894; 2020 population is 9,288,994), while the population of Gloucester County increased by 4.85% (2010 population is 288,288; 2020 population is 302,294) (U.S. Census, 2020d).

Gloucester County is located in the Philadelphia metropolitan area, yet it has a strongly developed agricultural sector. In fact, Gloucester County is one of the primary food producing areas in the state of New Jersey. The industrial sector in Gloucester County is also strong. The county is home to a number of industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers. Projected employment change (2014 to 2024) anticipates a nearly 27% increase in the Arts, Entertainment, and Recreation sector, a 25.5% increase in Construction, and a 17.3% increase in Health Care and Social Services. The sectors of Real Estate, Rental, and Leasing, and Administrative and Waste Services are anticipated to increase by 15.4% and 13.6% respectively. Information (-15.7%), Education Services (-10.8%), Manufacturing (-8.7%), and Government (-2.1%) are expected to decrease in the upcoming years.

SALEM COUNTY

Salem County is located in the Southwestern part of New Jersey. It is bordered to the west by the Delaware River, and its geography is almost entirely flat coastal plain. The county seat is Salem. Salem County is the least populated of the 21 counties in the State of New Jersey but the 10th largest county in square miles (New Jersey Counties by Population, 2020). Salem County is the most rural county in the State of New Jersey. The population per square mile is 189.8. 93.4% (310 square miles) of Salem County is considered rural and 45.3% of the population lives in a rural area. The county has been successful in maintaining the cultural history of agriculture and open space that has long defined much of South Jersey. Today, 42.6% of the land is under active farm cultivation. The county has 6 rivers, more than 34,000 acres of meadow and marshland, and 40 lakes and ponds. In term of population change, between 2010 and 2020, Salem County's population decreased from 66,085 to 64,837, an approximately 1.9% drop; whereas the state population increased from 8,791,880 to 9,288,994, a 5.65% increase (U.S Department of Labor, 2021c).

7: COVID-19 CONTEXT

The COVID-19 pandemic shutdown daily life and devastated both national and local economies, significantly impacting countless communities. In New Jersey, it resulted in over two million cases and over thirty thousand deaths (NJ Health, 2022). The counties served through the Strengthening Families Initiative, Gloucester, Cumberland, Atlantic, and Salem, were also deeply impacted. As of July 2022, Gloucester County has experienced almost 60,000 cases and over 900 deaths, Cumberland County has experienced over 35,000 cases and over 550 deaths, Atlantic County has experienced over 60,000 cases and over 900 deaths, and Salem County has experienced almost 13,000 cases and 226 deaths (NJ Health, 2022)². Additionally, and as noted in the county overviews, the counties where the Pascale Sykes Foundation contracted the Walter Rand Institute to evaluate often have household incomes below the average household income of New Jersey (\$85,245), with some falling as low as \$31,940 in Penns Grove Boro, Salem County (Walter Rand Institute, 2022, 17). Thus, the economic hardships heightened by the pandemic also had a large effect on Southern New Jersey residents and further highlighted collaboratives' critical work in responding to families' immediate and emergent health, financial, and well-being needs during this time. Overall, the effects of the pandemic affected the families and collaboratives involved in this evaluation through increased unemployment, financial issues, loss of loved ones, mental health and education.-

As noted in other sections throughout the report, COVID-19 also shifted WRI's evaluation process as Rutgers University paused all non-COVID-19 related research from mid-March to June 2020, resulting in two months where follow-up surveys could not be completed by WRI staff (Walter Rand Institute, 2021, p.7). Many of the collaboratives involved in the evaluation also had activities that became virtual at the onset of the pandemic, with many activities still being held virtually at the time of writing in 2022. With the pause of non-COVID related research and having to collect data in a way that supported social distancing, the COVID-19 pandemic in some ways minorly shifted project processes and evaluation methods (e.g., using Zoom for focus groups, altering analysis of quantitative data based on pre, during, and post-COVID-19 time periods).

UNEMPLOYMENT AND FINANCIAL HARDSHIPS

During the beginning of the pandemic, it is estimated that the gross domestic product (GDP) decreased by about 12% to 28% and as much as \$5.1 billion was lost from the Southern New Jersey economy (Stockton University - William J Hughes Center for Public Policy, 2020). Many regional businesses located in Southern New Jersey did not receive enough government or corporate assistance and many businesses closed down (Walter Rand Institute, 2022, 43). At the onset of the pandemic, the unemployment rate in Atlantic County went from 4.2% to 36%, Salem County went from 3.9% to 14.6%, Cumberland County went from 5.8% to 16.5%, Gloucester County went from 3.1% to 16%.³ This loss of employment created uncertainty as to when individuals could return to work or how long it might take to find a new job. Along with the large loss of jobs, many residents struggled to obtain unemployment benefits/ pandemic stimulus payments and faced long wait times (Walter Rand Institute, 2021). The struggle to find new employment coupled with the current continuing inflation in the United States

² Statistics as of July 13, 2022

³ New Jersey Department of Labor and Workforce Development

has made it challenging for residents to afford basic needs.⁴ Throughout the pandemic some residents had to limit food purchases in exchange for other needs like hand sanitizer and gloves, a computer or tablet for work or school, or medical visits or expenses (e.g., purchasing a flu shot). Less income created additional stress for families who struggled to meet basic needs and/or saw debts rise (Walter Rand Institute, 2021).

From mid to late 2021 to early 2022, 53% of residents from three Southern New Jersey Counties (Cumberland, Salem, and Gloucester) reported a loss of employment income and many New Jersey families to this day are still struggling to cover expenses⁵ (Walter Rand Institute, 2022, 27).

LOSS AND MENTAL HEALTH

Collective isolation, trauma, and grief from the pandemic deeply impacted and continues to affect millions. This is especially true for children, as over 5.2 million children in the U.S. lost a parent or caregiver during this time (Unwin et al, 2022).⁶ This loss of grief has led to increased rates of depression, post-traumatic stress disorder (PTSD), trauma, confusion, anger in children. These experiences, along with isolation from others, has created a mental health crisis (Villarreal, 2021; Hillis 2021). On top of grief faced from losing loved ones, 47% of Americans say that worry and stress related to the threat of COVID-19 has negatively affected their mental health and 42% say that they have experienced depression symptoms. Due to this increase in mental health issues and COVID-19 related trauma there has been an increase in people seeking help navigating the mental health care system for themselves or a loved one (Powell, 2020). This demonstrates that there is/was a continued need for different collaboratives to be able to adequately assist people who are suffering from mental health struggles induced by or exacerbated through the pandemic.

EDUCATION

The extreme transmissibility of COVID-19 caused elementary, middle, high schools and universities to turn toward remote learning and resulted in teachers, administrators, parents, and students quickly adjusting to virtual learning spaces. For students this change led to stress and frustration adjusting to the new teaching methods introduced by schools. At the college level, some students had declining attendance and a decline in academic performance (Walter Rand Institute, 2021). Students had few opportunities for socialization and became less engaged resulting in a loss of academic growth (Walter Rand Institute, 2022). The CDC also reported that the mental health issues faced by students led and could continue to lead to students dropping out of school and having low self-esteem (CDC, 2022).

Along with the stress and anxiety from students, caregivers also faced challenges adapting during this time. Reliable internet and computer access was a necessity during the pandemic and some families did not have access to consistent internet or appropriate technological devices. Families may have had to use their savings to provide internet or buy a computer (Walter Rand Institute, 2021). Many caregivers also had to take on the role as teacher along with their many other responsibilities. Caregivers who relied on community organizations to help their children with school now had to be the ones helping

⁴ In May 2022 the inflation rate hit 8.6%, the highest it has been since 1981 under Former President Ronald Reagan (Walter Rand Institute, 2022)

⁵ "By the end of 2021, 16% of families with children still reported it was 'very difficult to cover usual expenses during the last 7 days'" (Walter Rand Institute, 2022, p. 27).

⁶ Data was from March 1, 2020, to October 30, 2021

their children after many of these programs shut down (Walter Rand Institute, 2021). Caregivers also found taking on this new role of teacher to be incredibly difficult as they felt they were not equipped or were unable to match the teacher's teaching style (Walter Rand Institute, 2021).

Overall, as highlighted from WRI research during this time, "families underwent serious adjustment as they grappled with new schooling systems; sought support for increased anxiety, stress, fear, and concerns about their families' safety; addressed new issues including food, housing, and employment security;; and navigated more state systems to address the needs unmet by the pandemic." (Walter Rand Institute, 2021, p.7). The prior two years have brought lockdowns, closures, economic instability, and dramatic spikes in unemployment in combination with the physical and emotional effects of the virus' spread. The devastating impacts of the pandemic remain ever present and necessitate the continued support and resources of community members, public and private agencies, and government officials as we rebuild and recover towards a healthier, more equitable future.

The rise of families struggling financially led nonprofits to see an increase in people needing their help while at the same time experiencing decreased funding. As an article in the *New York Times* noted, "people who used to donate to nonprofits are now standing in line to receive services" (Kullish, 2020, p.1). With an ever-increasing need for social services it remains imperative that social service providers stay open; however, these providers are likely to close if they are unable to receive some form of financial assistance themselves (Kullish, 2020). During 2020, when resident and community need was at its highest, 60% of nonprofits reported significant funding loss and 55% needed to reduce services (Eng & Adam, 2020).

Nonprofits like the collaboratives supported through the Pascale Sykes Foundation evaluation are at the heart of communities, providing vital resources and support. Their continued existence is critical to support community well-being as the uncertainty of the pandemic continues. Future funding streams, financial resources, and public and private infrastructures can be established to sustainability support the work of these organizations.

8: EVALUATION GOALS OVERTIME & PRINCIPAL INVESTIGATOR HISTORY 2012-2022

At the beginning of the Strengthening Families evaluation in 2012, the evaluation’s purpose was “to examine the impact of organizational collaboration among service providers on working poor families with two adult caregivers in Southern New Jersey. The areas of primary focus are child well-being, financial stability, and family relationships. A secondary goal is to assess changes in service provision and collaboration among collaborative organizations.”

From 2012 through 2017, the evaluation’s main purpose and goals were modified as appropriate to reflect the specifics of the Pascale Sykes Model, with language around the Whole Family Approach framework added to the evaluation purpose from 2017 to 2019.

From 2013 through 2017: “The goal of this evaluation is to examine the impact of the Pascale Sykes model on the well-being of working poor families in Southern New Jersey. The Pascale Sykes model is built upon organizational collaboration among service providers to assist working poor families in defining and achieving attainable goals, fostering a dual adult support model to enhance child well-being, financial stability and healthy family relationships. A secondary goal is to assess changes in service provision and collaboration among collaborative organizations.”

From 2017 through 2019: “The purpose of this evaluation is to examine the impact of the Pascale Sykes Foundation’s Whole Family Approach on the well-being of families in Southern New Jersey. The Pascale Sykes’ Whole Family Approach is based on the organizational collaboration among service providers to assist families in defining and achieving attainable goals while also fostering a dual-adult support model to enhance child well-being, family financial stability, and healthy family relationships. A secondary goal is to assess changes in service provision and organizational collaboration.”

As noted in prior sections of this report, the Whole Family Approach is based on organizational collaboration among service providers to assist families in defining and achieving attainable goals while also fostering a dual-adult support model to enhance child well-being, family financial stability, and healthy family relationships. Each of the pillars was defined in the context of this evaluation as follows:

- *Healthy Relationships* referred to the relationships among family members (adults and children) and with their support networks and their communities. This pillar was observed through families’ reports about their social support, their perceived relationship with their children, opinions of their neighborhood, and reflections of their rapport with the collaboratives and their involvement in their community.
- *Financial Stability* referred to families’ financial challenges and improvements. This pillar was observed through families’ reports of their employment status, job training, continuing education, change in income, and development of financial management strategies.
- *Child Well-Being*: referred to the physical, mental, and academic wellbeing of the children in the family. This pillar was observed through families’ reports of the children’s school performance, academic aspirations, diet, and safety.

The addition of Whole Family Approach specifics in the evaluation's goals outlined how the approach's flexible nature and collaborative efforts aligned with the evaluation's design, processes, and data collection methods. The evaluation purpose has included the Whole Family Approach specifics (included below) from 2019 onward:

The Pascale Sykes Foundation Whole Family Approach: focuses on working families trying to get ahead; the approach is prevention, not crisis oriented.

APPROACH BASICS

- Whole people within whole families
- At least two adults in charge, all family members involved
- Family and individual plans with all family members working together; informal supports
- Long range plans with behavior goals; SMART behavior objectives (outcomes, indicators); dig for roots
- Agencies working together; shared information
- All agencies involved in data collection, data evaluation and reformatting of a) individual family plans and b) entire effort

From 2020 onward, the final years of the evaluation continued to focus on the Whole Family Approach's impact on the well-being of families in Southern New Jersey, to assess changes in service provision, and to outline changes in organizational collaboration over time; additionally, with the imperative to understand COVID-19's impact on families. Thus, the final years of the evaluation maintained the original evaluation goals with additional analysis and reports focused on pre-and-intra pandemic effects.

Upon conclusion of the evaluation in 2022, the summation of the evaluation goals overtime is described as:

From 2012 to 2022, WRI has conducted a comprehensive evaluation of the implementation of the Pascale Sykes Foundation's Whole Family Approach initiative across 18 nonprofit collaboratives in Southern New Jersey, The Whole Family Approach is a preventative, family-led strategy that provides adults and children tools to set, plan for, and achieve goals together. Collaborating agencies work together with families with two adult caregivers to develop long- and short-term goals to thrive. WRI's evaluation of the Whole Family Approach includes:

- *A longitudinal, quasi-experimental evaluation of families' changes in forming healthy relationships, child well-being, and financial stability,*
- *A process evaluation to understand how the Whole Family Approach was implemented across collaboratives, including observations, interviews, focus groups, and document review, and*
- *Multiple focused evaluations that examine the impact of the Whole Family Approach in areas of interest including student social, emotional, and behavioral growth, service delivery, family-community partner relationship development, and the cultural responsiveness of the Whole Family Approach.*

PRINCIPAL INVESTIGATORS

Throughout the evaluation's ten years, multiple principal investigator staffing changes have occurred.

The evaluation's first principal investigator (PI) was Robin Stevens, Ph.D. Robin served as the PI from mid-2012 to early 2016, and submitted the original evaluation proposal to the Pascale Sykes Foundation. In 2015, Stacia Gilliard-Matthews, Ph.D. served as a co-PI investigator with Robin and co-investigators included Gwendolyn Harris, Ph.D., and Paul Jargowsky, Ph.D.

The bulk of the evaluation design, methods, and data collection during these initial project years focused on the main quantitative survey development, testing, and launching (which included supplemental family interviews); social network analyses of collaboratives; transportation workgroup observations and focus groups; a transportation survey development, testing, and administering; focus groups with collaborative staff and leadership; and observations of collaborative meetings.

From Winter 2016 to Fall 2017, James Morgante, Ph.D. served as the principal investigator. Most of the evaluation design, methods, and data collection during these years focused on the main quantitative survey which included shifts in survey questions, survey refinement, and expansion of the data collection and analysis processes. Consistent collaborative observations, some focus groups, and a few side studies related to collaborative and family experiences occurred during these years. During this time co-investigators included Sarah R. Allred, Ph.D., Stacia Gilliard-Matthews, Ph.D., Gwendolyn Harris, Ph.D., and Robin Stevens, Ph.D.

From Fall 2017 until Summer 2018, Kristin August, Ph.D., served as the principal investigator. Sarah Allred, Ph.D. served as a co-investigator during this time. This time period saw removal of some sections of the adult survey, transition from the survey from MediaLab to Qualtrics, and continued data collection and analysis of the main survey. Collaborative observations occurred during this time although no analysis of observations was conducted during this time period. No focus groups were conducted during this time.

Ross Whiting, Ph.D., assumed the principal investigator position in Summer 2018 and remains the principal investigator through early September 2022. The evaluation design, methods, and data collection during these years focused on the main quantitative survey, continuing to refine the survey and work with Qualtrics, expanding recruitment efforts for participants (both matching family and target families), and implementing a variety of data analysis procedures for both the overall and subset(s) of survey data. The evaluation also included a revamped process evaluation component with data collection and analysis through focus groups and observations with collaboratives. Moreover, the final period of the evaluation also included multiple side studies of survey data and evaluation efforts with specific Pascale Sykes-funded collaboratives and collaborative data, as seen throughout prior reports and the current report. The final period of the evaluation highlighted the impact of COVID-19 on the collaboratives and families being served, implementing shifts in the evaluation approach as appropriate and reporting on the pandemic's effects.

Kristin Curtis, M.A., will serve as the principal investigator from mid-September 2022 through the conclusion of the project in December 2022, shepherding the final main findings and Whole Family Approach pillars report(s) and coordinating dissemination of the project's findings over the years.

9: QUANTITATIVE METHODOLOGY OVERVIEW – 2012- 2022

Throughout the Strengthening Families initiative evaluation, quantitative methodology focused on the main outcomes evaluation survey involving family participant adults and teens. Throughout the evaluation, the survey design, collection, administration, and analysis shifted.

NOVEMBER 2012–JANUARY 2015

From 2012 to 2015, the evaluation’s quantitative focus involved various components. Labeled as the “Family Studies,” the first iteration of the main quantitative survey involved finalizing, pilot testing, and launching the family survey, which included a target group of families, and a comparison, or “matching” group of families.

This process involved identifying target and comparison families, developing a baseline data and contact information format/process, and creating a release and/or opt-in form for collaboratives to review with families before survey intakes. The target and comparison family surveys were collected using the CASI method – Computer Assisted Survey Instruments and entered in the software program MediaLab. Participants completed surveys on netbooks, a method which increases data quality through error control and increased privacy. The survey contained questions on several topics including demographics, family structure, financial situation, family support, relationships and communication and child well-being. Baseline surveys for the family groups (Adult 1, Adult 2, and Teen) were conducted during this time and enrollment of new families continued. Adult surveys were given to both caregivers. Adolescents aged 13-20 were given the Teen Survey. Survey administration at 6- and 12-months follow ups adhered to the same protocols.

From 2012-2015 the evaluation also engaged in “Organizational Studies,” which involved a social network analysis (SNA) of collaboratives twice a year. These SNA surveys were developed, pilot tested, and administered to collaborative staff members during this time. The SNA survey(s) was conducted via the Internet using a survey collection tool called Qualtrics. Social Network Analysis (SNA) describes relationships between or among social entities (i.e., agencies). It utilizes visual graphs to highlight how agencies communicate, share resources, and work together to address their client families. Through the SNA, the research examined how agencies collaborated along lines of communication, confidence, and case management. Communication was defined as two-way communication which included face to face, phone, email, text, postal mail, and social media. Confidence encompassed agency staffs’ beliefs that if they send a task or client to another agency that the agency will complete the task or be responsive to the client. Shared resources consist of collaboration with other agencies to ensure the client receives the needed care and/or services. Data for the SNA was entered into Pajek, UCINET, and Netdraw for analysis.

“Background Studies” on demographics of County Profiles of Atlantic, Cumberland, Gloucester, and Salem Counties were completed using data from the United States Census and the American Community Survey, Kids Count, the NJ Department of Education, the NJ Department of Transportation, the NJ Division of Elections, the NJ Department of Labor and Workforce Development, and the FBI’s Uniform Crime Report. This information was included in the evaluation reports.

Evaluation team members also attended Transportation Workgroup Meetings in both Atlantic and Cumberland County and based on observations and discussions with staff members, the evaluation

team created a transportation survey in 2014 for the GBAT shuttle in Bridgeton (Cumberland County) and for Atlantic County. The purpose of the survey(s) was to create a rider profile (age, race, demographics, etc.) as well as understand the riders' reasons for riding, transportation needs, and the impact the shuttle had in fulfilling those needs. Research specialists and trained graduate students rode the shuttles in Cumberland and Atlantic County and surveyed the riders. A constructed week sampling plan was utilized to ensure that a representative sample of riders participated.

JUNE 2015

In June 2015, the quantitative components of the evaluation focused on the family surveys- notably with the continued development of the target group of adult caregivers and teens and comparison groups of adult caregivers and teens. The target and comparison group family surveys were collected using Computer Assisted Survey Instruments (CASI) on MediaLab. Participants completed surveys on netbooks, a method which increases data quality through error control and increased privacy. The survey contained questions on several topics including demographics, family structure and dynamics, financial situations, family supports, relationships and communication, and child well-being. Both caregivers completed the adult surveys. Youth aged 13-24, completed the youth survey. For the comparison group surveys, mean differences tests were conducted to compare key demographics between matching families versus comparison families. Survey administration at 6- and 12-month follow ups adhered to the same protocols.

The Background Studies/County Profiles of Atlantic, Cumberland, Gloucester, and Salem counties occurred during this time as well.

OCTOBER 2015

In October 2015 an agreement between PSF and WRI increased the length of time that follow-up surveys were administered from 12- to 18-months.

JUNE 2016

Target and comparison family survey administration and data collection continued during this time. WRI staff coordinated efforts with the lead agency of each collaborative to ensure the enrollment of target families. Target families were defined as those with two caregivers, a work history, and children (i.e., ≤ 19-years-old). Baseline surveys were scheduled upon opt-in form receipt and confirmation eligibility. Survey administration was family-driven, with evaluation team members scheduling according to the availability of eligible families.

A Computer Assisted Survey Instrument (CASI), through MediaLab, and available on a netbook computer, was used for family survey administration; CASI allows for enhanced quality through error control and increased privacy. Family survey questions addressed: (1) demographic and background information, (2) family structure and support, (3) financial situation, (4) communication, (5) child well-being, and (6) social service delivery. Adult surveys were given to both identified caregivers. Survey administration at 6-, 12-, and 18-month follow ups adhered to the same protocols.

MARCH 2017

This reporting period pivoted in content, and the quantitative focus of the evaluation was on a survey of community partners around interagency collaboration. Eighty partners, participating in at least one of 10 interagency family strengthening collaboration initiatives, were electronically invited to complete an online questionnaire that assessed their attitude toward and experience with interagency collaboration.

Sixty-six partners completed the questionnaire after one administration. Qualtrics software was used to implement the questionnaire.

JUNE 2017 – JANUARY 2018

Target and comparison family surveys continued during this time, with more specificity provided on baseline intakes and follow-ups. Families were referred by interagency collaboration initiatives providing informal social support in Southern New Jersey. Primary caregivers were contacted by telephone and responded to the questionnaire. Families' and primary caregivers' demographic information was detailed on an intake form, which was provided by the interagency collaboration initiatives. Questionnaires were administered in community settings, such as libraries and quick service restaurants, and generally completed in 10-minutes.

The family surveys were administered on netbooks using MediaLab, a computer-assisted survey instrument that increases data quality through error control and increased privacy. Both adult caregivers ("Adult/Caregiver 1" and "Adult/Caregiver 2") and the oldest adolescent (if present in the household) completed the survey within 30 days of signing up for collaborative service to assess baseline family indicators. To assess the potential impact the collaborative services have on these families over time, families also were assessed at 6, 12, and 18 months later. Survey administration at 6-, 12-, and 18-month follow ups adhered to the same protocols. The survey contained questions on several topics including demographics, financial situations, family functioning, and child well-being.

For the analysis involving the quantitative survey data, missing values in the data were replaced with the averages across all time points. In order to correct for the potential for bias in the analysis due to this methodology as well as correcting for any errors due to administration of repeated measures over time, a Bonferroni correction was run in order to compare estimated means and observe paired comparisons alongside the total model. After the missing values were replaced, a repeated measures Analysis of Variance (ANOVA) was run with the independent variable being time, or in this case, the baseline, 6-, 12-, and 18-month assessment. In interpreting the results, the Greenhouse-Geisser test of within-subject effects was chosen due to the lack of an assumption of sphericity. This allows the test to account for greater variance within the individual participants.

Among target families, data were analyzed separately for Caregiver 1 and Caregiver 2. Due to the questions on the survey being recorded mainly as Likert-type scale questions, the findings were interpreted in two ways based on the directionality of the measurement scale used. For example, an increase in the estimated marginal means can be viewed as a positive (such as a positive behavior increasing over time) or an increase in the estimated marginal means can be viewed as a negative (such as a negative behavior increasing over time).

JUNE 2018 – JANUARY 2020

Through January 2018, the target and comparison family surveys were administered on netbooks using MediaLab. In February 2018, the survey was migrated to Qualtrics, a more user-friendly online survey program, in order to increase reliability of data collection and more easily facilitate data analysis. Both adult caregivers ("Adult/Caregiver 1" and "Adult/Caregiver 2") and the oldest adolescent (if present in the household) completed the survey within 30 days of signing up for collaborative services to assess baseline family indicators consistent with prior reporting periods. A fifth survey timepoint at the 24-month period after baseline was implemented starting December 2017. To assess the potential impact the collaborative services have on these families over time, families also were assessed at 6-, 12-, 18- and 24-months later. Survey administration at 6-, 12-, 18- and 24-month follow ups adhered to

the same protocols. The survey contained questions on several topics including demographics, child well-being, family relationships, and financial situations.

Results reported during this time were based on multiple reliable and valid theoretically embedded scales and subscales and captured at five assessment time points: upon receiving services/baseline (0 months); 6-, 12-, 18- and 24-months. These scales, subscales, and indices were identified and/or constructed based on three major outcome areas: 1) child well-being, 2) healthy relationships, and 3) financial well-being.

Data analysis involved multiple steps. First, to prepare the data for analysis, survey items from the same measure were combined to create composite variables. Second, missing data were examined and treated. This process involved replacing the missing values with a number based on a mathematic process called linear interpolation. Third, in order to choose the proper test for analysis, intraclass correlations were run. Intraclass correlations (ICCs) examine relationships between the observations to determine the level of independence of observations. Fourth, the families that were not target families (non-target families) were separated from target families, using the criteria listed above.

Families who received services and were surveyed, but did not fit the original inclusion criteria were categorized as non-target families. Non-target families were operationalized as families who had: a) a second adult/caregiver not actively involved in the family; b) No work history for both adults/caregivers in 6+ months; or) a family income of less than \$30,000 (consistent with the poverty line for families in New Jersey).

Once the data were appropriately separated, a repeated measures Analysis of Variance (ANOVA) was run with the assessment period (baseline, 6-, 12-, 18-, and 24-months) as the independent variable and condition (target, non-target, matching families) as a moderating variable. In interpreting the results, the Huynh Feldt test of within subjects was chosen due to the lack of an assumption of sphericity. Fifth, the ANOVAs were run for the entire sample (i.e., every collaborative was included in the analysis), as well as for each collaborative with enough data to examine how key outcomes changed for each collaborative.

Finally, after the ANOVAs were run, the data were run in multilevel models (MLM)/ linear mixed modeling. Whereas ANOVAs can examine how nominal variables (four assessment time points and three conditions) interact to affect individual outcomes, MLM allows for the use of a continuous, time-varying covariate (i.e., variables that change over time for each participant; in our case, Caregiver 2 support), which is a more sensitive and realistic assessment of covariate effects that might influence outcome. Mixed modeling/ MLM allows for a detailed look at both the intervention and potential variables from the real world. For Adult 1 and Adult 2, the evaluation team looked at whether there were significant differences between target and matching families at intercept, whether significant growth occurred for target and matching families, whether there were significant differences between target and matching families at any point in the survey period. The evaluation team also examined whether covariates had any major effect on the differing scales from the survey.

In addition to analyzing data from Adults 1 and 2 in both target and matching families, the evaluation team was also able to analyze data from adolescent children in the target group to determine whether there were significant changes in all areas of that group. In addition, we were able to analyze data from specific collaboratives - Connecting Families to Communities, Family Strengthening Network, and Child Connection Center to determine whether there were significant changes in key areas among this group. These analyses were completed in SPSS, a statistical software program.

FEBRUARY 2021 – JULY 2021

Main survey data collection for target and matching families occurred during this time. Both adult caregivers (“Adult/Caregiver 1” and “Adult/Caregiver 2”) and the oldest adolescent (if present in the household) completed the survey within 30 days of signing up for collaborative services to assess baseline family indicators. As with prior reporting periods, to assess the potential impact the collaborative services have on these families over time, families also were assessed at 6-, 12-, 18- and 24- months later. Survey administration at 6-, 12-, 18- and 24-months follow ups adhered to the same protocols. The survey contained questions on several topics including demographics, child well-being, family relationships, and financial situations. Digital administration of surveys continued to be the primary method of data collection, particularly during these pandemic times, and it allowed the evaluation team to better recruit and retain both target and matching families.

For the analysis for this reporting period, participants in the survey were assessed every 6 months, with this analysis conducted from March 2016 until March 2020, time-points are equally distributed. This multilevel trend analysis of panel data was based on the results from the longitudinal quantitative data. Regression-based tests on multiple time series that have the same underlying structure have been found to produce values with inflated or non-applicable real-world applications.

This question-focused analysis plan for this reporting period highlighted the nuance within the data and tangible growth and progress made over time within the three pillars: Child well-being, Healthy Relationships, and Financial Stability. Data for adults across all collaboratives and within individual collaboratives were analyzed. The evaluation team analyzed whether there were significant differences between target and matching families and examined the target families being served in more depth than in prior reports. A question focused trend analysis was conducted on these data to reduce error and ambiguity in the data. The question-focused analysis plan highlighted nuance within the data and changes over time, especially considering the on-the-ground nature of data collection and the real-world application of the Whole Family Approach. Quantitative data were organized along the three pillars of the Whole Family Approach: 1) child well-being, 2) healthy relationships, and 3) financial well-being. The analyses conducted included question-focused descriptive statistics and correlations that were and were not aggregate over time. Significant and notable findings included analyses to determine whether there were significantly positive or negative correlations. This analysis determines whether there is an association between two or more observed variables, and estimates the strength and direction of this relationship. Significant correlations may imply relationships between variables, though in this type of analysis we cannot determine whether the relationship is causal, but rather that there is a relationship between two variables. All analyses were conducted using STATA MP 16.

JANUARY 2022

Main survey data collection for target and matching families occurred during this time and data collection ended in Spring 2022. Both adult caregivers (“Adult/Caregiver 1” and “Adult/Caregiver 2”) and the oldest adolescent (if present in the household) completed the survey within 30 days of signing up for collaborative services to assess baseline family indicators. As with prior reporting periods, to assess the potential impact the collaborative services have on these families over time, families also were assessed at 6, 12, 18 and 24 months later. Survey administration at 6-, 12-, 18- and 24-months follow ups adhered to the same protocols. The survey contained questions on several topics including demographics, child well-being, family relationships, and financial situations. Digital administration of surveys continued to be the primary method of data collection, particularly during these pandemic times, and it allowed the evaluation team to better recruit and retain both target and matching families.

For the reporting period of this time, the evaluation team conducted data analysis using question-focused descriptive analysis with data from March 2020 to March 2021 to understand the effects of COVID-19 that were felt by families. This type of analysis was chosen as it avoids error and ambiguity through the selection of specific variables, and the continued use of reliable tools. The analyses conducted include descriptive analysis. This analysis plan highlighted the COVID-19 impact within the data and tangible growth and progress made over the first year of the pandemic within the three pillars: Child Well-being, Healthy Relationships, and Financial Stability.

The analyses conducted included descriptive statistics from data collected from March 2020 to March 2021. Significant and notable findings included analysis to determine impact from the COVID-19 pandemic. When interpreting the data, this descriptive analysis and frequencies over the two-year span, enable interpretation and description of the most important characteristics within the sample. Descriptive statistics aim to describe the characteristics of a group of observations or can be used to draw inference, which is using data from a sample group to make generalizations. All analyses were conducted using STATA MP 16 or SPSS.

10: TARGET FAMILY RECRUITMENT

The recruitment of target families to participate in the evaluation has always been a joint effort between the grantee collaboratives and the WRI evaluation team. Individual collaboratives were responsible for identifying and referring eligible target families to the WRI evaluation team.

Collaborative staff mentioned the evaluation to families during their intake and gathered their consent to share their information with WRI. The collaborative then shared (typically through a shared database or through email) the family's intake forms (i.e. Collaborative Intake Form, Family Information Release Form, Family Opt-In Form, and pertinent case notes) with their designated WRI Collaborative Coordinator, who would review the file for eligibility criteria and exclude families without an identified secondary caregiver or who appeared to be in-crisis, as operationalized by reports of the individual or family currently experiencing homelessness or domestic violence. The Collaborative Coordinator would communicate with the collaborative through email or phone if there was missing information or if the family was unresponsive to outreach attempts.

The WRI evaluation team had 30 days from the intake date to connect with the family, obtain consent, and administer the baseline survey. The WRI team reached out to eligible families via their preferred method of communication (e.g. phone, email, text) as outlined in their intake. Upon making contact with the primary caregiver, the WRI team member reviewed the purpose of the evaluation study, its connection to the collaborative, terms of participation, and the approved compensation with the potential participant(s). If the primary caregiver and family agreed to participate in the evaluation, the team arranged for them to take the survey in-person or online. Each participating family member reviewed the consent form and agreed to participate prior to starting the survey. Adolescents interested in participating in the survey had to be between 13 and 17 years of age at the time of the baseline, obtain parental consent, and sign an assent form.

The evaluation team assigned each individual participant a Personal Identification Designator (PID) and a Family Identification Designator (FID) to a whole family unit for internal tracking purposes. Adult 1 was assigned to the participant who identified as the primary caregiver or the adult who had the most childcare responsibility, usually a parent or legal guardian to the child. Adult 2 was assigned to the supporting caregiver identified by Adult 1. Adult 2 was a partner, relative, or friend of Adult 1 who could answer questions about the child and their relationship with Adult 1 based on their involvement with the family. The identified participants were to remain consistent throughout their participation in the evaluation; that is, no adults or adolescents could be added or replaced after the baseline survey(s) had been completed. If one of the adults ceased involvement with the family, the remaining adult was given the option to continue in the evaluation so as to track their ongoing involvement with the collaborative.

From 2013 through January 2018, all data collection was completed in person. An evaluation team member would schedule a meeting with participating family members at their home or at a public location. The survey was administered through MediaLab, a software that could only run on laptops which the evaluation team would carry to and from locations. About 291 target families completed the baseline survey in-person. However, there were barriers to in-person survey-based data collection. Participants had to identify a convenient time for their whole family to participate in the survey and account for travel time to the agreed-upon location. Not all participants felt comfortable welcoming strangers into their home, and basic safety concerns were shared by both families and evaluation staff.

In February 2018, the replacement of MediaLab by Qualtrics improved the efficiency of the data collection process, as Qualtrics allowed participants to complete the survey online wherever participants had an internet connection. This eliminated travel and scheduling barriers that in-person data collection

incurred at times. Instead, the evaluation team sent each participant a personalized link to the survey which expired when the baseline eligibility period ended, and sent email and text reminders to complete the survey prior to the expiration date. In-person surveying remained available as well for participants who requested it, such as Spanish-speaking participants and individuals unable to access the internet. For in-person surveys, the evaluation team was able to administer the surveys without an internet connection through the Qualtrics app installed on Rutgers-secured iPads, which made the data collection process safer and more discrete.

In March 2020, health and safety protocols around the COVID-19 pandemic forced the evaluation team to pause recruitment and data collection. Once Rutgers University approved the continuation of research in June of 2020, the evaluation team relied on the online survey platform option to administer the survey. Given the worldwide crisis of the pandemic, the evaluation team extended the baseline period to 60 days, contacting families who had completed an intake with the collaboratives since June 2020. Despite the team's efforts and collaboratives' cooperation, recruitment of target families plummeted since the pandemic until October 2021 when recruitment ended. In fact, only three new target families completed the baseline from March 2020 to May 2022. This change could be attributed to several reasons. First, families who became involved with the collaboratives during the pandemic may not have fully understood the process of participating in the evaluation given that most communications were still happening over the phone or Zoom. Families may have been wary of outreach attempts by the evaluation staff, especially in light of scams preying on vulnerable communities during the pandemic. Second, families who would have requested in-person surveying were only given the online option, which may have turned away families without reliable internet access or who required assistance completing the survey. Third, with the sunset of the Pascale Sykes Foundation and the end of its funding line for the collaboratives, collaboratives focused their efforts on sustainability and maintenance of already involved families, which may have reduced the number of new families being accepted for case management and subsequent involvement in the evaluation.

11: MATCHING FAMILY RECRUITMENT

The data collection for matching families, the comparison group for our quasi-experimental evaluation, was a critical component in evaluating the Whole Family Approach. Understanding the demographics and data of matching families helped WRI determine whether the observed changes of target families could possibly be explained by the intervention, or whether observed changes were potentially caused by other factors affecting an entire community or region (such as sudden regional or national economic changes). Over the course of the evaluation project, the WRI team adjusted and prioritized the development and progress of matching family recruitment methods to create a viable comparison group from which to make comparisons.

From 2012 to 2018, WRI staff conducted outreach for matching family recruitment by attending regional community events to connect with residents of Southern New Jersey communities who were not engaged in the Whole Family Approach. At community events, WRI staff set up a booth or table offering items (e.g. notepads, pens, sunglasses) with the “Family Counts” branding to encourage event attendees to inquire about the evaluation study. If an interested event attendee fit the appropriate criteria (as a matching family member), a WRI staff member would collect registration data from the community member and set-up a digital follow-up to send them the baseline matching family research survey. On average, the WRI team attended approximately 6-10 community events per year. In addition to in-person community events, WRI staff also pursued online participant recruitment for matching families based on popular online forums in Southern New Jersey. WRI posted on these community pages with details about the matching family study and encouraged participants who met the matching family criteria to reach out to WRI to be registered for the study. WRI staff identified and recruited research participants from about seven public online forums a year. Between 2012 and 2019, WRI collected baseline matching family surveys from approximately 200 people.

Starting in the spring of 2019, the WRI team re-assessed and modified the recruitment methods for matching families in order to optimize the reach and success of recruitment efforts. Upon internal evaluation, it was determined that many of the in-person recruitment events were not cost-effective, and at times they posed challenges to the quality of data collected. For example, there were multiple instances of participant removal from the study and database due to participants being entered into the study from an event, but then upon further assessment or at time of the baseline survey, the participant(s) needed to be removed for not appropriately meeting the study criteria. As a result of this re-assessment, the WRI team designed new visual advertisements and created a process for digital recruitment advertisements to be deployed through Facebook and Instagram. Digital recruitment through Facebook and Instagram was a more cost-effective way of reaching a wider range of the target audience for matching families. Digital advertising through Facebook and Instagram cost a fraction of the price to recruit in comparison to the price of recruitment events, and Facebook and Instagram are hosted by the same platform which maintains the greatest number of users of any social network. Additional benefits of digital recruitment through Facebook were that digital advertisements allowed the WRI team to target ads specifically towards individuals living in the appropriate NJ counties, and to reach individuals over longer and more consistent time periods given that social media use occurs 24/7.

As social media users encountered an advertisement for the Strengthening Families Initiative and its associated evaluation, they were directed to a direct messaging platform that was managed by a small group within the WRI team. Through online messaging, WRI team members confirmed on an individual basis that each Facebook user fit the criteria for matching families. After confirmation, the participant was registered in the study and, on average, received a baseline matching family survey within one week of interacting with the ad. After implementing this new recruitment strategy, WRI collected 61

more baseline surveys via social media through October 2021, surpassing the previous annual rate of in-person recruitment by 10%.

The use of social media for recruitment of matching families proved to be the most successful after the onset of the COVID-19 pandemic in March of 2020. Digital recruitment comparatively maintained a normal rate, while other forms of recruitment and data collection were suspended or impacted due to societal challenges and barriers to accessibility.

For the remainder of data collection (2020-October 2021), digital recruitment through social media optimized the outreach and impact of matching family recruitment methods. As the Whole Family Approach evaluation project neared the end of data collection, 150 matching families completed the baseline survey. The Facebook ads looking for fitting participants as matching families reached tens of thousands of Facebook and Instagram users each year and led to an increase in matching family recruitment and participation in the Whole Family Approach evaluation.

12: RETENTION OF TARGET AND MATCHING FAMILIES

Families for which both adults and consenting adolescents completed the baseline survey were considered in retention for their 6, 12, 18, or 24-month follow up surveys. The retention window for families was designated to last one month, with outreach starting two weeks prior to their exact follow-up date and ending two weeks after that. During this time, the evaluation team reached out to the family through the family's preferred method of communication to remind them of their participation in the evaluation. When a family member responded with their interest to participate, the evaluation team sent them the personalized link for the survey or scheduled a meeting at a public location. If the family was completing the survey independently online, the evaluation team sent email and phone reminders until the family completed the survey or until the retention window closed. Compensation (through VISA gift cards) was provided either on-site if participants completed the survey in-person or sent through the mail if they completed the survey(s) online.

Unlike the strict protocols for baseline surveys, the retention process required the evaluation team to incorporate flexibility and adaptability into their protocols. During the months between surveys, families often experienced situations that resulted in changes to their family composition, living situation, and form of contact. This required the evaluation team, to the extent feasible, to be nimble around challenges in communication and responsive to families' needs to complete the survey(s). For instance, when the evaluation team encountered a terminated phone line or wrong email address, the team would consult the collaboratives' databases to check for updates to a family's contact information. For matching (comparison) families, when necessary, the WRI retention team would use Facebook Instant Messenger to reach out to families who had been recruited through social media. Although outreach efforts were stipulated to last only one month, the evaluation team would extend the retention period to additional weeks if a participant expressed interest but required more time to complete the survey.

Despite the evaluation team's best efforts to retain participants, attrition is inevitable in any longitudinal study. The evaluation incorporated several techniques to retain all participants throughout the 24-month evaluation period. During outreach, the evaluation team used similar terms and key points when reaching out to families so that participants could easily recognize the project and not mistake it for a scam. During a brief period in the evaluation history, postcards were also used as a physical reminder between survey timepoints; however, this outreach method was unsuccessful if the participant moved. Once one family member confirmed their continued interest in the evaluation, the evaluation team would inquire about the participation of the rest of the family. At times, the second adult needed to be contacted separately due to a divorce or separate living accommodations, so the evaluation team made notes on the contact notes to respect families' dynamics to the best of their ability. Given the decreasing likelihood of retention during the last follow-up survey periods, the evaluation team also extended the retention period for families on their last survey period, so that outreach would continue up to a month after the original window closing date. The only situations in which participants were removed from the study were when families moved outside the evaluation's geographic area (Atlantic, Cumberland, Gloucester, and Salem counties), if all contact methods on file had been disabled and the collaborative had lost all contact with the family, or when a participant explicitly opted out of all remaining surveys.

The biggest challenge in retention, however, was the onset of COVID-19. Public health restrictions and safety protocols forced the team to conduct all surveys online. This limited access to individuals who lacked a stable internet connection, owned limited devices, required technical assistance, or felt more comfortable taking the survey in-person outside the home. Additionally, the increase in scams during

the pandemic led many participants to ignore communications from unknown numbers and individuals, which may have caused them to miss outreach attempts from the WRI evaluation and retention team. Lastly, the emotional, physical, mental, financial toll of the pandemic was overwhelming. Some families who replied to the evaluation team's outreach attempts simply responded "This is not a good time." Recognizing the additional effort required from families to participate in the evaluation during the pandemic, the evaluation team increased the compensation rate (through VISA gift cards) for all families in 2020 through the end of data collection in May 2022.

13: QUALITATIVE METHODOLOGY

OVERVIEW 2012-2022

Throughout the Strengthening Families initiative evaluation, qualitative methodology incorporated various combinations of interviews, focus groups, and observations with family participants, collaborative staffers, and collaborative leaders.

NOVEMBER 2012—JUNE 2015

Family Interviews

The first few years of the evaluation involved a mixed methods component of family interviews/family interview guide that complemented development of the family survey. This was part of the “Family Studies” component of the evaluation.

This evaluation component involved conducting in-depth interviews with families enrolled in the initiative. The family interviews were conducted using a semi-structured guide and administered to the primary caregiver, secondary caregiver, and adolescents ranging from age 8 to 19 years old. The interviews were conducted in both English and Spanish. Interviews included 12 month follow up interviews with collaborative families (including primary and secondary caregivers), baseline interviews with collaborative families, and baseline interviews with comparison families.

The family interviews were analyzed to identify patterns and trends that informed understanding of how families change and how the integrated services provided by the collaboratives impacted the family unit—specifically, family relationships, financial stability, child well-being, neighborhood status, and collaborative participation information.

Focus Groups & Observations

From 2012-2015, the evaluation also engaged in “Organizational Studies,” which involved both focus groups and observations with collaborative staff and leadership. Focus group protocols were created and administered to both “line and executive” collaborative staff. The focus groups included individuals from a variety of collaboratives. The focus group format allowed the collaborative members to express their opinions, suggestions, and recommendations in a confidential forum. In 2013-2014, focus groups with specific transportation collaboratives occurred as well.

The evaluation during this time also included observations of collaborative meetings. The purpose of the participant observations was to observe the functionality of the collaborative(s) by assessing participation in the meetings, the problem identification and decision-making processes, and leadership and governance structures. The evaluation team also attended a number of other meetings to obtain relevant information concerning the project, to build rapport, and to better understand the context of developing collaboratives. Analyses were conducted and findings were organized into work process, problem solving, and group cohesion.

Transportation Working Group Observations

“Background Studies” during this time included County profiles as well as Transportation Working Group Observations. The Greater Bridgeton Area Transit (GBAT) in Cumberland County was a hybrid collaboration between public and private partners and for-profit and non-profit entities to expand the county’s bus route through downtown Bridgeton out to commercial areas in the northern suburban sections. English Creek-Tilton Road Community Shuttle in Atlantic County offered a deviated fixed-

route service available through Egg Harbor Township and the City of Northfield. These collaborations intended to increase access employment and work preparation agencies, mental and behavioral health services, family supports, and other social services for residents in these counties. WRI evaluation team members attended Transportation Workgroup Meetings in both Atlantic and Cumberland County and completed several participant observation analyses (and the evaluation team also created a transportation survey for each county, noted in the quantitative methodology overview). The purpose of the transportation workgroup observations was to observe the functionality of the collaborative by assessing participation in the meetings, problem identification, decision-making processes, as well as leadership and governance structures. Analyses were conducted and findings were organized into work process, problem solving, and group cohesion.

JUNE 2017 – JANUARY 2019

Qualitative methodology during this time period focused on two main methods – focus groups and observations.

Focus Groups

The focus group purpose during this time was to better understand individual collaborative's process of coaching and case management of the families and to understand collaboratives' process of social service delivery including, but not limited to, the communication and collaboration between the partners. The focus group format allowed the collaborative partners to express their opinions, suggestions, and recommendations in a confidential format. By obtaining insight into these processes, as well as the challenges and suggestions that the collaboratives have to offer, the evaluation team anticipated a more complete understanding of their efforts and the changes that can be made in order to better facilitate the important work they do with the families and the community at large.

Focus groups consisted of a semi-structured group interview process with approximately four to eight collaborative partners. One evaluation team member moderated the semi-structured discussion with the individuals in attendance while two additional evaluation team members took detailed notes on the answers and discussions that ensued. The three evaluation team members met afterwards to compile a report of the completed focus group. All focus group reports were coded by two members of the evaluation team to establish inter-rater reliability. Then the evaluation team performed content analysis on the focus group reports. Thematic and analytic coding strategies were utilized during this content analysis process. The content from the focus groups were first categorized into units (e.g., strengths, challenges). Line-by-line coding was completed, and then open coding was done to identify the additional sub-themes within the aforementioned areas. To ensure inter-rater reliability, two individuals independently and separately completed the content analysis. If there were any discrepancies in the coding, the coders discussed their respective positions and the final decision was made by the principal investigator.

Findings were separated into strengths and challenges.

Collaborative Observations

The purpose of the collaborative observations during this time was to observe the functionality of the collaborative by assessing: participation in the meetings; problem identification and decision-making processes, and leadership and governance structures.

Evaluation team members attended regularly scheduled collaborative meetings. Meeting attendance ranged from a minimum of one meeting per quarter to a maximum of one meeting per month. Evaluation team members documented collaborative meetings with notes. Subsequent to meetings,

team members wrote up collaborative observations that were retained for later analysis. Thematic and analytic coding strategies were utilized. The data from the observations were initially classified into units (e.g., work process, problem-solving, and group cohesion). Each line was coded and then open coding was done to identify the additional concepts related to the aforementioned themes. To ensure inter-rater reliability, two researchers independently performed the data analysis. Research staff then searched for emergent themes across collaboratives.

JANUARY 2019 – JUNE 2019

Change of principal investigator during this time (Summer 2018 for the January 2019 reporting) led to shifts in data collection through relaunch of a process evaluation that included observations to better describe and understand how processes differ within each collaborative in order to identify best practices and common challenges in the implementation of the Whole Family approach.

JUNE 2019

In the context of this project, qualitative data helped the evaluation team understand the ways that collaboratives navigate their relationships with partners and PSF, their problem-solving methods and practices, and the areas that they choose to focus on (and conversely, the areas they choose to ignore).

Collaborative Meeting Observations

During this time, the WRI evaluation team engaged in the concerted collection of qualitative data in collaborative meetings across eight collaboratives in order to better understand and describe the activities and processes of collaboratives implementing the Whole Family Approach.

The evaluation team designed a qualitative data collection tool based on PSF's goals and the recommendations of researchers who have been working on the evaluation for extended periods of time. As a result, there were four areas of focus as these data were collected: problem-solving, progress, best practices, and self-evaluation. Collaborative coordinators received initial training on the use of the qualitative observational tool and continued to receive training after review of collaborative notes on a four-month cycle to ensure that data was collected with fidelity.

The four areas of focus defined in the observation tool identified in observation notes provided a structure from which we analyzed the initial round of process-related data. Problem-solving focused on problems the collaborative is currently encountering, the process used, and steps taken by the collaborative to solve problems, and whether the problem was tabled, progress made, a solution identified, or solved within the course of the discussion. Progress was described as efforts to advance the Whole Family Approach within their collaboratives. Best practices were activities or processes identified by the collaborative as effective either through concerted and careful deliberation or self-evaluation. Finally, we were also interested in which collaboratives review and alter their policies and practices through self-evaluation, with self-evaluation serving an important role within a healthy organization.

The new qualitative data collection tool was implemented in September 2018; qualitative data was analyzed for collaborative notes through May 2019. To analyze data, the evaluation team used software called ATLAS.ti which allows researchers to place themes called "codes" on to phrases, sentences, paragraphs, and other blocks of text. For this analysis, codes were developed using grounded theory techniques, which involves open-coding data for themes without presumptions about what the researcher will find (Glaser & Strauss, 1967). Grounded theory is useful as it allows researchers to identify themes which might not otherwise be identified using theoretically driven coding.

Data was coded by the principal investigator of the project. Themes that emerged were recorded in a codebook, which is used to clearly define the limitations of a given theme to ensure that codes are applied accurately.

There were several code families that emerged from this analysis: topics, problem-solving, and quality (positive/negative). Code families are larger groups of codes based on similar themes and/or areas of focus. The “topic” code family focused on content areas of discussion related to the work of collaboratives, and include themes like education, family, and finances.

“Problem-solving” codes focused on the state of an identified problem within the collaborative, describing whether problem solving is in progress, a solution was identified or implemented, or the problem remains unresolved. Finally, “quality” codes were identified to more easily identify whether the content of the conversation was positive, somewhat positive, neutral, somewhat negative, or negative. Within these code families, multiple codes were identified and described within the codebook.

Analysis of process-related data involved examining the ways in which codes did (or did not) overlap and identifying the processes therein that might explain that overlap. For example, data in the themes Problem-Solving: Unresolved and the theme Topic: Sustainability were examined to identify whether collaboratives had unresolved problems related to sustainability.

Analysis focused on examining the ways in which the “topic” code families and the “problem-solving” and “quality” code families interacted to better identify how processes are enacted within common topic areas.

There were several themes that also emerged in a variety of areas that allowed for more complex descriptions of collaborative processes: community development, education, internal processes, and organizational collaboration. In addition, there were several other areas in which important but limited themes emerged: English as a Second Language (ESL), family, finances, recruitment, sustainability, and youth development.

DECEMBER 2019/JANUARY 2020

Qualitative data collection continued with collaborative meeting observations using the observation tool. A focus group protocol was developed in 2019, and focus groups were also conducted and combined into the analysis of qualitative data with the observation data for reports during this time.

The qualitative data, collected from collaborative meetings and in focus groups with collaboratives, both broadened and deepened understanding of the practices and actions identified as quantitative outcomes. A grounded theory approach was used in qualitative data collection, and themes were identified through the analysis that allowed for more complex descriptions of collaborative processes: internal processes, education, community development, youth development, organizational collaboration, family, recruitment, and English as a Second Language (ESL).

SPRING 2020 – MAY 2022

Qualitative data collection continued with both collaborative meeting observations and focus groups. The 2018 observation tool and the 2019 focus group protocol were reworked in spring 2021 for the final year of data collection, and the key focus areas became operational context, problem solving, progress, and sustainability. Data analyses and theme results from observations and focus groups from the final years of the evaluation are included in this final evaluation report (Fall 2022).

14: PASCALE SYKES FOUNDATION STRENGTHENING FAMILIES INITIATIVE EVALUATION SEMI-ANNUAL PROGRESS REPORT SUMMARIES

Across the entire evaluation period (minus a few reporting period shifts due to staffing changes and/or unforeseen factors), an evaluation report was submitted and an associated presentation made bi-annually from 2012-2022. The purpose of this evaluation was to examine the impact of the Pascale Sykes Foundation Whole Family Approach on the well-being of families in Southern New Jersey. Each progress report provided updates from the indicated reporting period. Organizational findings drew mainly from qualitative data collected by the evaluation team during interactions with the collaboratives. Family findings incorporated some qualitative data, but were drawn primarily from the longitudinal survey administered to target and comparison families from the outset of the project to May 2022. Family findings were usually reported around the three pillars that the Pascale Sykes Foundation identified as key to families' well-being: 1) child well-being, 2) healthy relationships, and 3) financial stability.

REPORTING PERIOD: MAY 1, 2012 TO OCTOBER 30, 2012

This report was the first to be delivered by the WRI evaluation team. From the outset of the work, the evaluation was conceptualized as a large, quasi-experimental family study to determine the impact of Pascale Sykes-funded collaborative efforts on supporting low-income families in Southern New Jersey, and specifically concentrated on child well-being, financial stability, and family relationships. The goal of this report was to update the Pascale Sykes Foundation on the development and implementation of data collection protocols and communication with the collaboratives. The report also presented preliminary data from the Social Network Analysis (SNA), pilot interviews with families, pilot focus groups with collaborative staff, and observational notes from collaborative meetings.

Study Preparation

At this stage, the team had completed essential administrative tasks and project management tasks including IRB approval, staffing, training, database development, case form development, and acquisition of the survey tool MediaLab as well as the computers that would be used for data collection.

Methodology

Organizational Studies: pertaining to data describing the collaboratives' organizational activities. The Social Network Analysis (SNA) instrument was pilot-tested and finalized. The SNA examined how collaboratives worked together along lines of communication, confidence, and case management. The evaluation team also pilot-tested focus group protocols with collaborative staff and leadership ($n = 29$) and observed collaborative meetings across the four counties, Atlantic, Cumberland, Gloucester, and Salem.

Background Studies: pertaining to publicly available data for the counties of interest in Southern New Jersey. County profiles for Atlantic, Cumberland, Gloucester, and Salem counties were created based on US census data and other publicly available New Jersey data departments.

Family Studies: pertaining to the data that would be collected directly from participants for the target and comparison groups. Family survey and interview guides were pilot-tested and finalized. For the

comparison group, the team worked on developing the criteria for comparison families and identifying non-collaborative agencies and venues through which to recruit comparison families.

ORGANIZATIONAL FINDINGS

Focus Groups

Collaborative (Line/Field) Staff: Reported strengths included case managers being knowledgeable about resources in their respective communities, promoting activities around information sharing, utilizing best practices, and service delivery to families, and building up informal support systems for families. Regular in-person meetings were the most common contact with families, followed by calls and texts when in-person was not possible. Identified challenges included recruiting families that meet the eligibility criteria set by the Pascale Sykes Foundation, keeping families engaged in the service programs, and disconnects between family goals and the goals of the initiative.

Leadership (Executive) Staff: Reported strengths included sharing a common vision among the lead and partner agencies, working well together, and maintaining a positive attitude when confronting strategic challenges. Identified challenges included recruiting families that meet the criteria around employment, income, and family structure set by the Pascale Sykes Foundation, and encouraging in-crisis families to work on both immediate solutions as well as preventative measures.

Collaborative Observations

Five collaborative observations across the four counties were completed. Work processes were generally well-organized, relationships among lead agencies and collaboratives were amicable, and all agencies played a significant role in meetings, engaging in conversations on updates, partnerships and strategies to address goals. However, few discussions revolved around specific goals relating to financial stability, child well-being, and family relationships. Observations evidenced multiple levels of productive problem-solving, however, none of the collaboratives supplemented their problem-solving strategies with facts, statistics, and best practices to guide resolutions. Strong group cohesion was evident among collaboratives through the open sharing of ideas, engaged listening, and constructive feedback.

REPORTING PERIOD: NOVEMBER 1, 2012 TO APRIL 30, 2013

The goal of this report was to provide updates on the pilot testing of tools for the evaluation and the evolution of the collaboratives. This report also introduced a separate analysis for the collaboratives that engaged primarily in transportation services. Findings relied on preliminary data from family interviews and focus groups and observations with collaboratives.

Methodology

Organizational Studies: The evaluation team conducted three focus groups ($n = 16$) with collaboratives' staff and leadership. The evaluation team also observed seven collaborative meetings across the four counties (Atlantic, Cumberland, Gloucester, and Salem) along with other meetings to obtain relevant information concerning the project. Additionally, the evaluation team attended a total of eight transportation workgroup meetings for Atlantic and Cumberland Counties from December 2012 to April 2013.

Family Studies: Eleven family interviews were conducted using a semi-structured guide and administered to primary and secondary caregivers and adolescents aged 11-19 years old. The evaluation team completed eleven pilot interviews with four families in both English and Spanish. The evaluation team

continued recruiting comparison families through outreach to comparison agencies and presentations at community meetings and with agency families.

ORGANIZATIONAL FINDINGS

Focus Groups

Collaborative (Line/Field) Staff: Some participants discussed the opportunity to expand services to include the family as a whole unit as opposed to serving specifically targeted family members. Many felt partnering with agencies that have a particular skill set or can provide a specific service was valuable. Identified challenges included barriers to families obtaining suitable and affordable housing as well as sustainable employment, especially for those who had previously been incarcerated, which staff noted was difficult to overcome.

Leadership (Executive) Staff: A number of staff believed the initial problems encountered were less evident in the second year. The participants believed shifting their thinking has proved to be an effective measure for engaging the families who fit the Pascale Sykes Foundation's scope of service. Participants also discussed opportunities for ensuring the sustainability of the collaboratives after Pascale Sykes Foundation's funding ends. Some of the challenges that were discussed include acknowledging that the additional caseload was a challenge in terms of time management.

Collaborative Observations

Seven collaborative observations across the four counties were completed. Collaboratives used meetings to discuss updates and issues and to brainstorm solutions. There was evidence of the use of soft and hard data to track family progress and to problem-solve. It was also observed that group cohesion increased throughout the collaboratives.

Transportation Workgroup Observations

Eight workgroup observations were facilitated or co-facilitated by the Pascale Sykes Foundation. Many of the collaboratives played a significant role in the discussion at meetings and held themselves accountable for completing tasks, although there were some occasions where there appeared to be miscommunication. The collaboratives utilized multiple levels of problem-solving. Collaboratives used hard data (facts and statistics) and soft data (feelings, opinions, frustrations) in their problem-solving processes.

FAMILY FINDINGS

Family Interviews

Family Relationships: An important theme that emerged throughout the eight interviews with caregivers was the strong connection between family members. Interviews demonstrated the bond between both caregivers and between caregivers and their children.

Financial Stability: Families were open about their financial challenges, such as barriers and obstacles around employment opportunities and inability to find work. Despite challenges, families were satisfied with the progress they have made and optimistic about their future.

Child Well-Being: One noteworthy theme was children's ability to communicate with their caregivers, but especially the connection they had with their mothers. Children felt that family needs were being met and talked about their future plans and goals for their lives.

Collaboratives: Family members identified with the case manager or coordinator more than the collaborative as a whole. The majority of adults felt extremely positive about the services they received from collaboratives.

Other Emerging Themes: Other themes included the impact of excessive work schedules on child well-being and family relationships, challenges with employment faced by individuals with prior convictions, and family relationships between traditional and nontraditional families.

REPORTING PERIOD: MAY 1, 2013 TO NOVEMBER 30, 2013

The goal of this report was to share findings from family interviews and focus groups and observations with collaboratives, including the transportation collaboratives. Updates on the data collection and recruitment of comparison families were included.

Methodology

Organizational Studies: The Social Network Analysis (SNA) survey was pilot-tested with two collaboratives, Family Enrichment Network (FEN) and Heart of Gloucester County. The evaluation team continued holding focus groups with executive staff and line staff from collaboratives and observing collaborative meetings across the four counties (Atlantic, Cumberland, Gloucester, and Salem). For the transportation component, the evaluation team continued attending transportation workgroup meetings, conducting observation analyses and focus groups, and distributing the transportation survey.

Family Studies: Recruiting and screening efforts for family interviews continued for both collaborative and comparison families, resulting in 53 interviews as of the time of this report. To boost the recruitment of comparison families, the evaluation team attended matching agency events and community events, and developed materials with “Family Counts” branding.

ORGANIZATIONAL FINDINGS

Social Network Analysis (SNA)

Communication: Both collaboratives reported having a free-flowing, reciprocal communication pattern among partner agencies, but lead agencies were noted to communicate less than the partner agencies.

Confidence: A number of agencies from both collaboratives expressed confidence in their partner agencies, but this was not consistent across all agencies. Some agencies expressed confidence with specific partner agencies, and at least one expressed a lack of confidence in the lead agency meeting all referral and assistance requests.

Case Management: Both collaborates identified one agency that processed referrals or handled the case management. This streamlined case management structure reduced service duplication and assured that family needs were met.

Focus Groups

Collaborative (Line/Direct Service) Staff: Staff from various agencies reported that the collaborative model increased opportunities to influence families and provided mechanisms for problem solving that did not exist among agencies previously. Staff also talked about the development of family plans and noted that families involved in the program were motivated to set their own goals. Staff identified family recruitment as a challenge; recruitment was a recurring problem for most collaboratives. Three major

concerns staff mentioned included the need for emergency housing, transportation, and increased staffing as the collaboratives' caseloads increase.

Leadership (Executive) Staff: Executive staff from multiple collaboratives acknowledged that they had not finalized a vision or mission statement. They discussed the restructuring of collaboratives, a "complicated process" that took "a lot of polishing." One challenge in the restructuring process was identifying the "natural role" of each agency. Executive staff also discussed the viability of sustaining the collaborative and lack of best practices for sustainability.

Collaborative Observations

The team also observed five collaborative meetings across the four counties. For many collaboratives, meetings were organized and an agenda was utilized to facilitate the meeting. The goals of the monthly meetings were to strategize and problem solve the needs of the families. There was evidence of strong group cohesion in two of the collaboratives. These collaboratives continued to move forward and consistently thought about how to expand, how to become sustainable, and how to and pull in the "right" or "appropriate" partners.

Transportation Collaboratives and Surveys

Participant Observations: Four participant observations were completed. Meetings were initially focused on communication and contribution but came to be used primarily as a clearinghouse for information, allowing members to explore common and conflicting interests. In terms of problem solving, both groups continued to work together to solve outstanding issues through discussion and coming to an agreed-upon solution.

Focus Groups: Two focus groups were conducted with the workgroups. The workgroups agreed that overall, working collaboratively was a positive experience. Both groups felt they had a common vision for their workgroup and what they wanted to accomplish. Both groups appreciated the hands-on approach and felt their ideals were aligned with the Foundation's.

Surveys (n = 82): Three quarters of riders in Cumberland County and nearly half in Atlantic County did not have access to a car. The majority of surveyed riders rode the shuttle between 3 to 4 and 5 to 6 days per week. When asked about the difficulty of getting to where they needed to go before shuttle service was implemented, 40% of riders chose neutral and 32% of riders chose extremely difficult. After shuttle service was implemented, 58% of riders chose extremely easy.

FAMILY FINDINGS

Family interviews

Primary and Secondary Caregivers: Among all interviewees, all caregivers expressed supportive and positive emotional and physical relationships with their caregiving partner, even among non-traditional caregiver figures. Caregivers not directly present in the family unit expressed a hope for increased communication and sustainable co-parenting.

Caregivers and Adolescents: In 75% of the family units, both caregivers lived with the adolescents; all caregivers indicated being significant in their adolescent's life. Most 14-19 year old teenagers were described as not being around due to volunteering, socializing, or living with extended family or friends. All caregivers felt they had open communication with their adolescents, especially about risky behaviors. All adolescents expressed having good relationships and open communication with both primary and secondary caregivers; in addition to being involved in activities outside of their home environment.

Financial: All caregivers expressed being able to meet their family's basic needs, but experienced some challenges doing so. Some families utilized local food banks or contacted local service providers and extended family members for assistance. All discussed not being able to afford family activities or gifts for special occasions. Respondents identified employment and educational goals. Adolescents stated that while they felt that their basic needs were met, they desired to earn more and have more than their parents.

Education: All adolescents were enrolled in school and attended full time, with all caregivers emphasizing the importance of education in achieving career goals. All adolescents emphasized the importance of becoming independent and self-sufficient.

Social relationships: Support networks included consistent, reliable adults such as extended family members, friends, neighbors, faith-based organizations, and social service representatives. These groups often provided support in the form of childcare, financial support, and emotional support. As a whole, social networks provided families with a sense of relief and alleviated feelings of isolation. Caregivers also indicated that adolescents had social relationships made up of extended family and friends. All stated that it was important to have positive peer groups for their adolescent's social growth and companionship.

Neighborhood Conditions: Most caregivers stated their neighborhood was safe and indicated great neighbors and local churches as part of their social network. However, some noted a lack of accessible, low-cost or free activities and expressed difficulty finding affordable, long-term housing solutions. Adolescents felt that their neighborhood was safe and suitable for raising a family and appreciated having places they could go for socializing, leisure, and sporting activities.

Views on the Collaborative: Primary caregivers tended to identify most with lead agency members and noted that the collaborative members were of great assistance for meeting family needs. However, inconsistencies in communication and the accuracy of resources were identified; caregivers expressed a need for updated resource lists, more flexible workshops, and more frequent advertising of services. According to the families, the collaboratives had been successful in helping them meet their need to participate in no-cost family activities. Families participated in community events, such as dinners, movie outings, and field trips, which allowed the families to strengthen not only their own relationships, but also their relationships with other local families. All adolescents were aware of assistance provided by the collaborative, but this awareness was secondary in nature, arising from discussions with primary caregivers. Some expressed awareness as the result of having attended after-school programs and workshops, while three adolescents had not come into contact with anyone directly.

REPORTING PERIOD: DECEMBER 1, 2013 TO MAY 31, 2014

The goal of this report was to share findings from the family interviews, focus groups and observations with collaborative, including the transportation collaboratives. This report also includes updates on data collection for the family surveys and preliminary findings.

Methodology

Organizational Studies: The Social Network Analysis (SNA) survey was distributed online to the collaboratives members in March and April 2014. The evaluation team also facilitated two focus groups with the collaboratives and continued observing collaborative meetings across the counties. Further, the evaluation team completed two participant observation analyses for the transportation workgroup meetings in Atlantic and Cumberland Counties from December 2013 to May 2014, and conducted 89 transportation surveys with the shuttle riders in both counties from January 2014 through April 2014.

Family Studies: Eighty interviews with collaborative (target) families and six interviews with comparison families in English and Spanish were completed. Additionally, baseline surveys were conducted with 57 collaborative (target) families and 11 comparison families. Participating families were composed of two adult caregivers (“Adult/Caregiver 1” and “Adult/Caregiver 2”), along with one or more consenting adolescents aged 13-19, if applicable. Surveys were administered via netbooks using the computer-assisted survey software MediaLab within 30 days of a family’s intake date with the collaborative.

ORGANIZATIONAL FINDINGS

Social Network Analysis (SNA)

The SNA findings indicated that most of the partner agencies within their respective collaborative network had confidence in one another to complete requests for assistance or referrals. Additionally, with a few exceptions, most partner agencies within the Family Enrichment Network and the Family Strengthening Network had reciprocal and free-flowing communication with each other. Lastly, there were instances of unequally distributed resources among the partner agencies in all collaborative networks evaluated.

Focus Groups

Collaborative (Line/Direct Service) Staff: The direct service staff believed that there was a common thread between the goals of the collaborative and the goals of their organizations. They also discussed challenges pertaining to family goal setting and the ability to meet certain family needs related to employment and housing. The issues of family engagement and retention were also discussed. The group emphasized the importance of collaborative staff’s flexibility in family goal setting as well as empowerment of families through openly communicating, listening, and incorporating families’ voices into the process of the service provision. To improve families’ engagement, members suggested increasing the collaboration between existing and new partner agencies to expand the number of services they can provide to families.

Leadership (Executive) Staff: The executive staff focus group was conducted with new collaborative members. They discussed the challenges and achievements in initiating the new collaborative, with the largest issue being the creation and implementation of leadership and governance structures. One solution to this was increased communication between all of the members. The members also agreed that they share a common vision, but some agencies shared how being a part of the collaborative required a shift in perspective to a family focus, and this took some adjustment. The executive staff acknowledged the mutual respect and appreciation between themselves and the foundation and mentioned how their interactions with foundation staff pushed them to be creative and develop proactive solutions to better serve their families.

Collaborative Observations

Improvement in collaboratives’ work process was evident in all four observations conducted. The tension and disorganization that existed in two of the collaboratives at the time of the last were replaced with organized and tension-free meetings. Further, the meetings demonstrated the partners’ problem-solving skills. The incorporation of a database across the three collaboratives in Gloucester County assisted in streamlining the paperwork process and easing the workload of the family advocates/case managers. There was also evidence of strong group cohesion in all of the observed collaboratives. All of the collaboratives changed phases in the collaboration process and were moving forward successfully, with two collaboratives functioning at the norming phase and the other two at the performing phase of the group process. These shifts in the process measurement highlight the collaboratives’ ability to keep moving forward and developing into a single, cohesive unit.

Transportation Collaboratives and Surveys

Participant Observations: The workgroups continued to progress in each of the three evaluation areas: work process, problem-solving, and group cohesion. At this point in time members of the workgroup shared resources to complete identified goals. In terms of problem-solving, both workgroups continued to work together to solve outstanding concerns. While certain challenges continued across counties, such as marketing and sustainability, other challenges were unique to each workgroup. One workgroup exhibited comprehensive problem-solving techniques, but the second transportation workgroup did not have the same high-level problem-solving ability in place. Neither group consistently created action plans to implement identified solutions. With regard to group cohesion, one workgroup remained at the norming phase, while the other one progressed to the performing phase. Despite the difference in the classification of group processes, both workgroups showed strong group cohesion. Members from both workgroups continued to openly share ideas and listen to each other's suggestions and concerns.

Transportation Surveys (n =89): Most respondents in both Atlantic (90%) and Cumberland (88%) Counties reported that they do not have access to a car. With regard to reasons for riding the shuttle, the majority of riders (53%) reported that they used the shuttle for employment, followed by social services (28%) and education (24%). Overwhelmingly, the riders reported that the shuttle improved their access to employment (70%) and social services (68%). Half of the respondents rated getting to places as difficult or extremely difficult before the shuttle was launched. However, 75% of riders indicated that transportation was no longer a problem, given the operating shuttle. The comparison between Interval 1 and Interval 2 revealed that most riders felt that the shuttle improved their access to social services (64% vs 74% respectively) and employment (72% vs 68% respectively).

FAMILY FINDINGS

Family Interviews

Nearly all of the relationships between the primary and secondary caregivers who lived in the same household were described as supportive and encouraging. In all of the families interviewed, the adolescents lived with two caregivers, and the caregivers stated they had an integral part in the adolescent's life. All caregivers reported that they had open communication with their adolescents and felt comfortable speaking with their children about risky behaviors. The caregivers also shared that their support networks were comprised of family members, friends, neighbors, and social service providers, who assisted with childcare, finances, information sharing, and emotional support during challenging times. Each of the caregivers indicated that they were able to meet their family's basic needs most of the time. However, some challenges were voiced, including an inability to afford family leisure activities, occasional overdue bills, and unexpected medical or other expenses.

Each of the caregivers stated that education was critical for the adolescents to achieve their future goals. Further, all of the families discussed obtaining information from the collaboratives to assist with meeting certain needs for the family, such as housing, health insurance, food, and free family activities. Similar to the last report, caregivers suggested the collaboratives continue to maintain and update their resource list. Overall, many families were pleased with the services provided and expressed gratitude for the assistance. All of the caregivers discussed having the goal of "making more money" and assisting the adolescents with opportunities for higher education. The findings from the adolescents' interviews were reflective of the information provided by the caregivers. Additionally, an overwhelming interest in the use of technology among adolescents was noted. Therefore, it was recommended that collaboratives consider incorporating technology into the services they provide to adolescents.

Family Surveys

Baseline data revealed that most (70.25%) of the adults rated their children's health to be excellent or very good. However, a significant minority (13.5%) did report being financially unable to take their children to see a doctor in the previous year. Sixty-seven percent of the adults indicated that their kids have insurance/Medicaid. This survey period included time prior to the enactment of the Affordable Care Act. The majority of adults (83.78%) also reported having an excellent or very good relationship with their children. Roughly two-thirds found the services they received to be very helpful. There were no reports of children going hungry.

REPORTING PERIOD: JUNE 1, 2014 TO DECEMBER 31, 2014

The goal of this report was to share findings from family interviews and focus groups and observations with collaboratives, including the transportation collaboratives. Updates on data collection for the family survey were included.

Methodology

Organizational Studies: The Social Network Analysis (SNA) was distributed to the collaboratives via Qualtrics in December 2014. Two focus groups were conducted with the collaboratives' line/direct service staff and observed seven collaborative meetings across the counties to analyze their work process, problem solving, and group cohesion. Lastly, the evaluation team attended four transportation workgroup meetings in Atlantic, Cumberland, and Salem Counties and completed three participant observations. Transportation surveys were also distributed to shuttle riders in Atlantic and Cumberland Counties from July 2014 through December 2014, yielding 117 completed surveys.

Family Studies: As of December 2014, the evaluation team completed 102 interviews with collaborative families and 6 interviews with comparison families. Additionally, the evaluation team reached 76 baseline surveys and 28 six-month follow-up surveys with participants from collaborative and comparison families.

ORGANIZATIONAL FINDINGS

Social Network Analysis (SNA)

Agencies in the Child Connection Center (CCC) had confidence in each other to handle tasks allocated to them. With the exception of EIRC (a fiscal agency), all partners in the CCC had both incoming and outgoing relationships with one another relating to shared resources. The CCC partner agencies also appeared to have both reciprocal and free-flowing communication with each other. The First Star Collaborative and United for Family Collaborative partner agencies had both reciprocal and free-flowing relationships with one another relating to confidence, shared resources, and communication.

Focus Groups

Collaborative (Line/Direct Service) Staff: From the focus groups, it was evident that the families from the target population face not only financial but also cultural and language barriers. Challenges such as a divide between public and private life, the need for the services for undocumented Hispanic immigrants, and a lack of English proficiency among target family members were discussed. Family advocates attempted to address these issues by implementing programs such as English as a Second Language (ESL), High School Equivalency (HSE), and citizenship classes. They also engaged the community by providing free events such as movies and back-to-school nights.

Staff members communicated regularly via text, email, and phone. Despite improvements in organization around case management, they voiced several challenges, including a lack of a centralized

system or database, a lack of remote access to files, and unreliable transmission of information shared during the monthly staff meetings. Speaking generally about the collaboration, the members were optimistic about future efforts despite the hurdles of working in a new capacity with a marginalized population. All focus group participants stated that they had a good working relationship with one another and shared ideas and resources freely between the members of the collaborative. They also identified multiple strategies for recruiting families, with the most successful one being direct outreach in the form of presenting at community events and networking with various community organizations.

Collaborative Observations

Concerning the work process, each of the collaborative meetings observed were well-run; discussions were on target, and information and ideas were communicated amongst the members. At the conclusion of each meeting across the collaboratives, issues were resolved, and the members were well-prepared to continue delivering quality services to the families. Overwhelmingly, the meetings illustrated the collaboratives' problem-solving skills. All of the partners in the collaboratives learned from previous obstacles and continued to work together as a cohesive unit to create new solutions as the need arose. There was also evidence of strong group cohesion in all of the observed collaboratives.

Transportation Collaboratives and Surveys

Participant Observations: The workgroups continued to progress in all three evaluation areas: work process, problem solving, and group cohesion. In terms of problem solving, all three workgroups continued to work together to resolve outstanding concerns, with varying degrees of productivity across the workgroups. There is also evidence of positive group cohesion in the three workgroups; one workgroup maintained its function at the performing stage of the group process, while two others were at the norming and forming stages.

Surveys (n =117): The results from the transportation surveys revealed that the majority of riders (63%) use the shuttle for employment, followed by medical uses (32%) and social services uses (27%). In Atlantic County, the majority of riders reported using the shuttle for employment (53%). In Cumberland County, most riders indicated employment reasons (69%), followed by education (31%) and medical (29%). The majority reported that the shuttle improved their access to employment (65%) and social services (63%). Seventy-one percent of the riders reported that the shuttle made it extremely easy or easy to get where they needed to go, and 73% stated that transportation was no longer a problem. The comparison between Intervals 2 and 3 revealed that for both samples, the shuttle improved access to employment and social services.

FAMILY FINDINGS

Family Interviews

The relationship between the primary and secondary caregivers continued to be supportive and encouraging. The composition of the caregivers' social support networks remained similar to the last report, but adults shared that the provided services assisted with childcare, finances, and emotional support. With regard to child well-being, caregivers reported that they were able to meet their families' basic needs most of the time. Additionally, each caregiver stated that education was critical for the adolescents to achieve their future goals and that adolescents were not involved in risky behaviors. They also reported having an open line of communication with adolescents on risky behaviors.

With the exception of a few participants residing in Salem County, the majority of participants described their neighborhoods as nice, quiet, calm, and friendly, with places for their children to play. All participants continued to have positive views on the collaboratives, which mainly stemmed from the collaboratives being supportive and successful in assisting families in meeting their goals. A few

recommendations included improving veteran services and expanding collaborative outreach to assist more families in need. The major differences between collaborative and comparison families were that the comparison families were seeking help from social service agencies on their own and did not have an effective way to access the social services that their families required. The findings from the adolescents' interviews were reflective of the information provided by the caregivers.

REPORTING PERIOD: JANUARY 1, 2015 TO MAY 31, 2015

The goal of this report was to share preliminary findings from the family survey. Baseline data around financial stability, child well-being, family relationships, and social services was presented for collaborative (target) primary and secondary caregivers as well as adolescents who participated in the survey. Recruitment of the comparison families continued, although the sample was not sufficient at this time to do a comparative analysis. This report did not present data on organizational studies.

Methodology

Family studies: To draw preliminary findings, baseline data from 37 target families (69 adults and 32 youth aged 13-24) collected since July 2014 was analyzed using frequency analysis; that is, by comparing the response rate (in percentages) for each option across questions to determine the general distribution of the target group across the areas of interest. The survey contained questions on demographics, family structure and dynamics, employment and income, socioemotional supports, relationships and communication, and child's academic performance and expectations, and use of community resources and organizations.

FINDINGS FROM THE FAMILY BASELINE SURVEYS

Financial Stability

A little more than half (55%) of adults surveyed were working, while 33% were looking for employment. Approximately 6% of youth reported going hungry due to lack of money for food in the past six months. Only 58% of adults surveyed were able to pay their full amount of rent or mortgage every month, while 22% had their gas, electric, oil, or phone services interrupted in the six months prior. Across the four counties, approximately 76% of adults surveyed had a vehicle that they utilized to get to school, work, or other places.

Child Well-Being

More than two-thirds of the adults rated their child's health as excellent (41%) or very good (28%). Adults also rated their own health, and 41% rated their health as excellent (9%) or very good (32%). In terms of parental expectations, the majority (89%) of adults believed that their children were completely likely to graduate from high school. Most adults (75%) believed that their children were completely likely to attend college. Almost three-quarters (73%) believed that their children were completely likely to be successful. Of youth, 91% indicated that finishing high school was important to them and 79% reported that finishing high school was very important in order to achieve their life goals.

Family Relationships

Ninety-four percent of youth indicated that they lived with their mother most of the time, and 59% reported that they lived with their father most of the time. The majority of youth (53%) reported excellent relationships with their mothers, with only 3% reporting a poor relationship. Parents reported discussing their children's school performance and future with them on a regular basis. Youth indicated that they strongly agreed that either their parent or caregiver cared about them. Almost three-quarters of the primary caregivers (72%) reported that they always or usually (36%) got the social and emotional

support they need. More than half of secondary caregivers reported that they always (30%) or usually (24%) got the social and emotional support they needed. Primary caregivers reported that they were supported by the secondary caregiver somewhere between sometimes and often.

Social Services

Fifty-seven percent of collaborative adults reported that they utilized social or community services in the previous twelve months, while only 30% of matching family adults reported utilizing those same services. Childcare was most frequently identified as a service received from a social service agency or community organization. A little more than half (56%) of collaborative adults reported the services they received were very helpful, while 31% found the services somewhat helpful. Similarly, 56% were very satisfied with services received, and 31% reported that they were fairly satisfied.

REPORTING PERIOD: JUNE 1, 2015 TO JANUARY 28, 2016

This report presented the organizational findings describing collaboratives' structure and organization. Previous data indicated that the collaboratives shared a common vision, engaged in continuous communication, and operated under a lead agency. However, collaboratives often relied on individual agency contributions over developing coordinated activities that would enhance their overall mission and service delivery as a collaborative. There was also evidence of high communication among agencies as well as a need for more coordination to ensure the equitable participation from each agency. Below are the social service delivery highlights for each of the ten collaboratives active at the time.

Methodology

Organizational studies: The evaluation team analyzed collaboratives' processes and organization based on data collected through collaborative observations and Social Network Analysis (SNA) data collected from November to December 2015.

ORGANIZATIONAL FINDINGS

Child Connection Center (CCC)

CCC provided one-on-one and small group support to elementary and middle school students. Teachers received assistance in goal setting and educational consultation to ensure students' success. Families could participate in coaching, get referrals for supports, and attend specialized workshops.

Connected Families (CF)

CF provided opportunities for physical activity and academic enrichment for high school students. CF sought to improve the overall health and well-being of children through recreational sport nights, anti-bullying events, and a four-week summer camp with literature and math programs.

Connecting Families to Communities (CF2C)

CF2C focused on community development to improve outcomes for families. The collaborative used each agency's resources effectively to help the community. Millville Public Library, for example, was the location for computer skills classes and resume writing workshops due to the library being a familiar place for families in crisis or individuals seeking employment.

Family Enrichment Network (FEN)

FEN provided nonprofit entities with up to \$1,000 grants to host recreational events at no cost for families. The collaborative also cross-promoted agency-specific programs, increasing the visibility of the agencies affiliated with FEN.

Family Strengthening Network (FSN)

The Family Strengthening Network used comprehensive family plans to achieve family goals. Family advocates (FA's) were assigned to families and aided them in developing a plan and achieving goals to support the successful navigation of family life. FSN held classes in financial literacy to foster financial stability, and organized community events such as Family Fun Day, Back to School Bash, Adopt-a-Block, and Spruce Up South Jersey to encourage family strengthening and civic engagement.

Heart of Gloucester County (Heart)

Heart promoted classes around parenting and mental well-being through their website and Facebook page. Heart offered access to tax services, family resources, and community events through its online presence. Families could also connect with Heart through The Heart Line, a hotline, was staffed by volunteers and was accessible via e-mail, phone, and text message. Heart also invested in supporting the veteran population through events such as Wreaths of Remembrance.

South Jersey First Star Rowan Academy

The Rowan Academy focused on providing a residential university/college experience for foster youth between 8th grade to 12th grade. They provided mentorship, assisted with the transition into college culture and daily living, and offered career development services. Rowan Academy also provided a holistic approach that allowed them to work with families by assisting them in achieving their long-term family goals.

Stronger Families

Stronger Families focused on strengthening relationships between inmates and their families. This collaborative was in the process of organizing at the time this report was written.

The Network

The Network was a mobile service delivery provider that counted with the support of churches, community centers, and school districts. Partners agencies provided spaces for programming and group meetings and engaged in outreach about the services provided by the collaborative.

Unidos Para La Familia (UPF)

Unidos Para La Familia was a life skills driven collaborative that offered classes, community engagement programs, and workshops aimed at improving education and employment for immigrant families. UPF offered English as Second Language (ESL), High School Equivalency (HSE) courses, referrals to legal counseling, and community engagement opportunities such as contributing to the community garden.

REPORTING PERIOD: FEBRUARY 2016 TO JUNE 2016

This report updated preliminary survey data on families' relationships, financial stability, and child well-being outcomes over time. A more robust comparison group also allowed for the first analyses between groups, although there were no notable differences between groups. Instead, a thorough presentation of county health rankings at the time allowed the evaluation team to interpret the survey data within the larger regional context.

Methodology

Family studies: This preliminary analysis used data from 97 target families and 23 comparison families. Quantitative data gathered from the longitudinal survey given to target and comparison caregivers and eligible youth were analyzed using t-tests to evaluate changes within groups from baseline to the 6-month follow-up.

FAMILY FINDINGS

Financial Mobility

Signs of financial well-being included that target families were significantly less likely to move in and share housing with friends and family. Although both comparison and target families reported similar incomes at baseline, target families experienced a significant decline in income over the first 6 months of their involvement with collaboratives, but reported no other changes to their ability to pay bills, rent, or need to borrow money. Target families also showed an increase in the use of school meal-assistance programs, although it was unclear whether this was due to an increase in need or effectiveness in obtaining assistance. Both comparison and target families reported a comparable and consistent level of support from social service agencies, and target families noted receiving specific supports around financial planning, health care, job training, payment assistance, and transportation from collaboratives.

Child Well-Being

Target families and their children reported being healthier after 6 months at near significant levels. Target families also reported better health than other members of their community based on the county health rankings at the time.

FAMILY RELATIONSHIPS

The second caregiver's support towards the family tended to increase over the first 6 months.

REPORTING PERIOD: JULY 2016 TO MARCH 2017

This evaluation was conducted in 2017 with data from community partners working with the Family Strengthening Network. The overarching goal of this report was to capture collaborative partners' motivation for participating in interagency collaboration initiatives by investigating and understanding the individual motivations both intrinsic (e.g., internal desire) and extrinsic (e.g., external rewards) of frontline agency and organization partners that participate in collaborative initiatives involving case management and social services. This report provided an examination of the reasons individual agencies had for engaging with other agencies and forming collaboratives.

Methodology

Organizational studies: The data was collected from a self-report questionnaire (Corbett & Noyes, 2007) given to 80 participants working for the community partners involved with at least one of ten collaboratives. Participants had a period of 32 days to complete the questionnaire over Qualtrics. The questionnaire was developed to inquire into participants' experiences and attitudes towards the interagency family strengthening collaboration. Descriptive statistical analysis was used to determine the percentage and frequency of participant responses. Additionally, exploratory factor analysis was used to identify common aspects of participants' responses, resulting in variables such as collective purpose and self-efficacy.

ORGANIZATIONAL FINDINGS

Interagency Collaboration

Community partners found value in partnership-based collaboration and saw the potential for a positive impact on delivery of services through interagency partnerships. Additionally, the majority of participants found the interagency experience as collaborative and cooperative. Participants were also motivated by the benefits of interagency collaboration. Specifically, participants characterized

interagency experiences as evoking collaboration (39.5%), cooperation (31.6%), communication (11.8%), coordination (6.6%), convergence (7.9%), and consolidation (1.3%).

Motivational Determinants The benefits of participation, collective purpose, reciprocity, self-efficacy, inducements, and innovation were found to be motivational determinants for interagency collaboration participation. The findings suggest that participation of collaborative partners derives from both intrinsic and extrinsic factors. Participants endorsed the interagency collaboration framework and felt that it brought beneficial outcomes for the community and working families.

REPORTING PERIOD: MARCH 2017 TO JUNE 2017

This report provided an examination of families' perceived success and satisfaction regarding the informal social supports they received from Pascale Sykes Foundation collaboratives.

Methodology

Family studies: Data from 47 caregivers was analyzed for this report. Caregivers were referred by interagency collaboration initiatives that were providing informal social support. Each family's primary caregiver was contacted to complete a 12-item questionnaire about their family's experience and their perceptions of the family-advocate relationship and the path toward goal attainment. Three interagency collaboration activity areas provided metrics to track for each family: Family Advocate Interactions, Event Attendance, and Goal Achievement. The evaluation team used a multiple linear regression to determine which of these predictors were related to a family's perception of interagency collaboration.

Family Findings

Event Attendance and Goal Achievement yielded significant positive regression weights. This suggested that families who had a high rate of attendance and goal achievement were significantly more likely to perceive that interagency collaboration was effective. Although the frequency of communications with agencies was not significantly related to families' perceptions of the collaboratives' effectiveness, it was the combination of the informal social supports, provided through family advocacy, the opportunity to attend collaborative events, and having ownership over achieving their established goals that seemed to have the greatest influence on families' perceived success and interagency collaboration satisfaction.

REPORTING PERIOD: JULY 2017 TO JANUARY 2018

The goal of this report was to share findings from up to two years of qualitative data collected around collaboratives' organizational processes. Additionally, this report presents preliminary findings from survey data from baseline through 18-month follow-up data around financial stability for the target primary and secondary caregivers.

Methodology

Organizational studies: Focus groups consisting of semi-structured group interviews with approximately four to eight collaborative partners were used to collect information about social service delivery. Additionally, the evaluation team attended regularly scheduled collaborative meetings. Content analysis was conducted and both thematic and analytical coding strategies based on data collected since 2016.

Family studies: Data collection via the longitudinal family surveys continued. The evaluation team continued recruiting new target and comparison families, and working on retaining families up until their 18-month follow-up survey. For this report in particular, the sample analyzed included results from families surveyed prior to early 2017. Findings are based on 236 individuals who identified as Adult 1

and 189 individuals who identified as Adult 2. A repeated-measures Analysis of Variance (ANOVA) was run to examine changes within target families over time. Data were separately analyzed for Adult 1 and Adult 2 respectively.

ORGANIZATIONAL FINDINGS

Social Service Delivery Focus Groups

Strengths of the social service delivery process included effective family coaching that helped families establish their needs and achieve their goals, continued engagement with families, which ensured that family needs were continuously met, and the establishment of intra-collaborative supports, which allowed collaborative staff to refer families to other collaborative agencies for flexible and responsive service delivery. Challenges included difficulties in communication and collaboration between collaborative agencies, a lack of clarity around the criteria for a target family for the purposes of recruitment, and concerns about sustainability, especially regarding funding and budgeting and the relatively high turnover rate of service provider agency staff.

Collaborative Observations

Three emerging themes were identified upon analysis of collaboratives: work process, problem-solving, and group cohesion. Regarding the work process, it was noted that meetings were well-organized, with a clear leader who was easily identifiable. Primary goals of monthly collaborative meetings focused on addressing the needs of the families, strategizing for effective recruitment of new families, and discussing engagement and retention of currently enrolled families. Partner Problem Solving skills significantly improved since collaboratives first began (e.g. 2012-2014). In engagement group discussion, collaborative group partners often asked questions, took notes, and worked to both analyze and address problems in effective ways. In turn, future goals and action plans designed to address problems were frequently and consistently made by roughly 25% of collaboratives. Group cohesion significantly increased since the start of the initiative in 2012. Partners became more engaged and involved and learned to work effectively with one another. The atmosphere of collaborative meetings was described as informal, relaxed, friendly, and comfortable, and partners were reported to be animated, excited, and supportive of one another.

FAMILY FINDINGS

Financial situation

Educational level and household income significantly increased over the course of 18-month measurements for both target adults. For a majority of the indicators, the overall trend was toward significant improvement, though changes were not large or consistent enough to be significant at time points of 6- and 12-months follow-ups. Both adults reported a significant decrease in work hours, number of jobs, which may have indicated an improvement in pay or employment change given the simultaneous report on increase in income. However, both adults also experienced a decline in the quality of living situation and Adult 2 reported increasing difficulties with hunger and the ability to pay rent by the 18-month follow-up.

REPORTING PERIOD: FEBRUARY TO JUNE 2018

This report provided preliminary findings from the survey data on families' relationships, financial stability, and child well-being outcomes over time. This report presented the first inferential analyses conducted to identify outcome differences between target families and comparison families, as well as collaborative breakout analyses for those collaboratives with a large enough sample size.

During preparation of the survey data for inferential analyses between the target and comparison groups, the evaluation team identified a third participant group. These families were involved with collaboratives but differed from target families in a few key aspects. Some families reported that the second adult had ceased involvement with the family or collaborative shortly after intake, which prohibited a true delivery of the whole-family intervention as intended. In some rarer cases, both adults had been unemployed for over 6 months or reported a household income that fell under the New Jersey poverty line, which would have deemed these families as financially “in crisis” and in need of additional services beyond collaboratives’ interventions; thus, also beyond the scope of this evaluation as designed. The evaluation team found sufficient data for this non-target group of families to incorporate them into analyses as a third, “non- target” group, which would provide an additional form of comparison to determine the impact of the second caregiver’s involvement on the target primary caregiver and children. Upon review of this data by Pascale Sykes, the Foundation requested that the evaluation team discouraged collaborative referrals of “non- target” families for the evaluation, and that the evaluation team centered their efforts rather on increasing recruitment of comparison families.

Methodology

Family Studies: The evaluation team analyzed longitudinal survey data collected from adult caregivers and adolescents in the household (if present) through the end of 2017. The total number of participants included 232 Adult 1, 188 Adult 2, and 49 adolescents between the ages of 13-17 years old. Among these participants were 86 target families, 113 non-target families, and 32 comparison families. Additionally, two collaboratives had large enough samples to conduct a collaborative breakout analysis for each: progress for 36 families from Child Connection Center (CCC) and 17 families from Family Strengthening Network (FSN) was analyzed. For analyses, composite variables were created by grouping data from questions that fit a particular area. This process yielded more robust data for topics such as financial challenges, overall support from the second adult, and dietary behaviors. Then, repeated measures ANOVAs were conducted to examine changes over time within groups (e.g. growth within target families) and between groups (differences between target, non-target, and comparison). ANOVA results produce an F-statistic (which indicates variation between the means of each group) and a p-value (the p-value is considered statistically significant if it is less than $\leq .05$). Lastly, multilevel modeling (MLM) was used to analyze variables that may have changed over time for each participant (e.g. support from Adult 2). MLM results produce correlation values. Correlation analyses indicate the strength of the relationship between variables using coefficients. The strength of coefficients is dependent on its proximity to 1. Consequently, a very strong coefficient lies between ± 1.0 to ± 0.8 , a strong coefficient- ± 0.6 to ± 0.79 ; a moderate correlation ± 0.4 to ± 0.59 ; a weak correlation ± 0.2 to ± 0.39 , and a very weak correlation between ± 0.01 to 0. Notable findings are presented below.

FAMILY FINDINGS FROM THE SURVEY

Healthy Relationships

Overall support received by the primary caregiver from the secondary caregiver increased significantly for all groups, but this change was greatest for target families with a strong, positive correlation ($+0.86$). CCC and FSN families experienced the same increase in the collaborative breakout analyses. There was a significant decrease over time for the amount of overall support Caregiver 2 received from Caregiver 1, but this was observed across the three family groups. Target adolescents reported significant improvements in their perception of emotional support from their family ($F=4.37, p=.04$) and their relationships with their fathers ($F=.68, p=.008$). This result was not found for comparison and non-target families.

Child Well-Being

Significant results were found specifically within the CCC sample. Parents of children involved with CCC reported significant positive changes in their academic performance over the course of three marking periods, with grades in language arts ($F=23.23$, $p<.001$) and math ($F=19.32$, $p<.001$) increasing over time.

Financial Well-Being

Financial challenges experienced by the primary caregiver significantly decreased over time for all three family groups ($F=249.58$, $p<0.001$) as well as in the breakout for CCC and FSN families. Within CCC and FSN collaborative groups only, the secondary caregiver experienced a similar significant decrease in financial challenges over time. It was also found that both caregivers across family groups experienced a significant decrease in income over time, which meant that target families were in the norm with other families in the area.

REPORTING PERIOD: JULY 2018 TO JANUARY 2019

This report presented findings on the impact of the Whole Family Approach on target families in contrast with the comparison families, examining the effects on each caregiver (Adult 1 and Adult 2) separately. Findings touched upon the pillars of healthy relationships, child well-being, and financial stability. This report was the first to include data from the 24-month follow-up surveys. Updates on data collection methods and recruitment since the switch to Qualtrics were included.

Methodology

Family studies: The evaluation team continued collecting family data using the longitudinal survey, which had migrated to Qualtrics since February 2018. The replacement of MediaLab improved the efficiency of the data collection process, as Qualtrics allowed participants to complete the survey online. This eliminated travel and scheduling barriers that in-person data collection incurred at times. In-person surveying remained available, however, for participants who requested it. An additional survey period, at 24 months after families' intake with the collaboratives, was added as of early 2018 as well. At the time of this report, a total of 322 target families and 84 comparison families had been recruited for the evaluation.

After creating composite variables, mixed modeling quantitative analysis was used to identify significant differences in family well-being outcomes between target Adult 1 and Adult 2 and their comparison group counterparts. This approach allowed the evaluation team to remove the variance that could be attributed to random factors instead of the intervention, so that significant differences between the target and comparison families could be attributed with confidence to the Whole Family Approach rather than to chance. Analyses were performed for the entire sample of families and for the two individual collaboratives with the highest sample size- Child Connection Center (CCC) and Family Strengthening Network (FSN).

FAMILY FINDINGS FROM SURVEY

Adult 1

Three areas of analysis for Adult 1 yielded significant findings: second adult support, general health, and child's health. There was a significant difference in the support Adult 1 reported receiving from Adult 2. Comparison Adult 1 reported significantly more support than target Adult 1, although there was no change over time for either group, which means that target families started at a lower baseline than the comparison families. Taking into account other factors, Adult 1 who were not involved in a job

training program reported a significant increase in Adult 2's support, and Adult 1 who spent more hours in training reported a better relationship with Adult 2.

There also were significant changes in general health for both target and comparison Adult 1 over time, although target Adult 1 had a significantly greater improvement in health since baseline compared to comparison Adult 1's reported health growth. Healthcare coverage and the ability to seek medical care were both associated with better general health. In contrast, men and those who did not have a vehicle had worse general health. Results also indicated that children's general health significantly improved over time in target Adult 1's perception. Gender and the ability to seek medical care influenced these results, with male Adult 1 and those who were able to seek medical care for their child(ren) reporting better child's general health.

Adult 2 (Adult 2)

For Adult 2, there were significant improvements in the areas of financial challenges, general health, healthy diet, second-adult relationships, and parent-child relationships. There was a significant decrease in financial challenges reported by Adult 2 in both target and matching families. Healthcare coverage, criminal convictions, and vehicle access each contributed to the changes in financial challenges. Those with healthcare coverage reported a significant decrease in financial challenges over time, while criminal conviction and lack of access to a vehicle were associated with increased financial challenges. Additionally, Adult 2 in both target and matching families reported improvements in general health over time, but the growth was significantly greater for target families. Further, both target and matching families reported a significant growth in healthy diet behaviors.

Analyses of Adult 2's relationship with and support from Adult 1 revealed a significant decrease over time for target adults, but no differences were identified between target and matching families. Both target and matching families experienced a decrease in parent-child relationships over time, yet the change was significantly smaller for target families. A major factor contributing to this decrease was a criminal conviction among Adult 2.

Child Connection Center (CCC)

In contrast to the overall sample, there was a significant increase in Adult 1's perceived relationship and support from Adult 2 among families served by the CCC. Still, Adult 2 reported a significant decrease in perceived relationship with and support from Adult 1. Analysis of Adult 2 revealed a significant increase in a healthy diet and a significant decrease in perceived financial challenges. However, there was also a significant decrease in the parent-child relationship between Adult 2 and supported children. The results on grade data provided by the CCC revealed significant growth in both math and language arts grades among students served by the CCC.

Family Strengthening Network (FSN)

There was significant growth among both Adult 1 and Adult 2 in general health. Additionally, there was a significant increase in Adult 1's perception of children's health, while Adult 2's perception of children's health significantly decreased. In addition, there was a significant increase in the parent-child relationship for Adult 1 served by the FSN but a significant decrease in the parent-child relationship for Adult 2. Analysis for Adult 2 also included a significant decrease in financial challenges and a significant increase in healthy diet behaviors for that adult.

REPORTING PERIOD: FEBRUARY 2019 TO JUNE 2019

This progress report includes quantitative data gathered from 2013 to October 2019, and qualitative data from observations and focus groups from January 2018 to October 2019. The goal of this progress report was to identify if the interventions provided by project collaborators impacted families when compared to those who did not receive collaborative intervention, specifically in the outcomes areas of child well-being, family financial stability, and healthy family relationships. A secondary goal was to assess the changes in service provision and organizational collaboration.

Methodology

Organizational studies: Qualitative data from this report explored the ways collaboratives navigated their relationships with partners and the Pascale Sykes Foundation (PSF), their problem-solving methods and practices, and the areas they chose to focus on. Data collection and analysis was designed around four areas: *Problem-solving*, which referred on the problems the collaboratives were actively encountering, steps taken to solve the problems or postponing them, and the identification of solutions during the discussion; *Progress*, which was described as efforts to advance the Whole Family Approach within their collaboratives; *Best practices*, which included activities or processes identified by the collaborative as effective either through careful deliberation or self-evaluation; and *Self-evaluation*, which focused on which collaboratives would review and alter their policies and practices through reflection. Data analysis was performed using software called ATLAS.ti which allowed researchers to place themes referred to as “codes” applied to phrases, sentences, paragraphs, and other blocks of texts. Grounded theory techniques were used to help in the development of codes, which involves open-coding data from themes without presumptions about what the researcher will find (Glaser & Strauss, 2017). The themes that emerged were recorded in a codebook, which is used to clearly define the limitations of a given theme to ensure that codes are applied accurately.

Family studies: The survey that both target and comparison families completed every six months over the course of 24 months was built on scales proven to be both reliable and valid within previous research. The evaluation team analyzed data for up to 346 target families and 131 comparison families collected since 2013, organized by the validated scales in the survey. Using mixed modeling, which considers both fixed and random effects, responses from target and comparison Adult 1 and Adult 2 were examined to determine whether there were significant differences between target and comparison families at any point and whether specific covariates had any major effect on the scales. Covariates are variables that serve as predictors to the outcome, but are not intended to contribute to final results and analyses. Similar analyses were conducted for the three collaboratives with a large enough sample to determine how their efforts may have contributed to family outcomes. Lastly, teen quantitative analyses were also performed to determine whether there were significant changes among this group. When reading results, a higher *F* value means that the covariate more strongly affected the scale, while *p* values below .05 indicate that the results were likely due to the intervention.

ORGANIZATIONAL FINDINGS

Community Development

There were few challenges in the area of community development across collaboratives, and there were many positive associations with few negative associations. Collaboratives which focused on community development effectively engaged in problem-solving in this area, understood the Whole Family Approach’s role in building community, and identified effective strategies for convening community members in a variety of venues. Collaboratives who discussed future initiatives in community building suggested hosting more events that strengthened families, communities, and social ties within those places.

Education

Collaboratives had positive experiences when engaging in educational initiatives. Overall, they held formal educational sessions frequently and with great success; there were no reports of low turnout or a lack of engagement in educational initiatives. Collaboratives seeking partnerships with educational institutions and agencies often found success. Education had the highest number of unresolved problems of any topic area, and nearly all of those unresolved problems related to barriers within the collaboratives' partner institutions.

Internal Processes

In areas like training, capacity, collaborations, processes and policies, and event-planning, there were several positive findings associated with internal processes. The two main areas of unresolved problem solving revolved around the use of internal databases and communications with PSF. Communications about the framework and requirements of PSF were also a main unresolved theme within the topic of internal processes; data indicated that there remained confusion around requirements in areas such as defining a target family and creation and implementation of a logic model.

Organizational Collaboration

Collaboratives frequently talked about the types of organizations they were seeking to collaborate with as well as their current partnerships; these discussions focused on topics such as community development, literacy, and education. Organizations outside of the central collaborative were eager to form partnerships to share resources and information but sometimes encountered barriers related to forming agreements to define those processes. Although feedback in most areas was positive, common barriers such as the involvement of partner agencies that were not currently fulfilling their current Memorandums of Understanding (MOU) existed. Collaboratives generally encountered issues determining whether collaborating agencies were actually providing the support and services in their MOU's, and which actions should be taken if MOU's were not fulfilled.

English Second Language

Regarding the inclusion of efforts of enculturation and/or teaching English to people for whom English is a second language, solutions have been identified or implemented for nearly all problems, indicating that collaboratives working with ESL groups are largely effective when implementing and navigating these processes. Nearly all of the codes in this category were positive, and frequently included themes related to the enculturation and support of people in ESL groups in collaboratives' communities.

Family

This area focused on areas where collaboratives either actively offered programming to develop family ties or held events in which families worked together to serve their communities or achieve a goal. Most of the unresolved issues focused on the approach the collaborative was taking towards meeting the needs of family members. Conflict generally focused on whether to offer concerted development of family within structured classes, or to provide more open-ended events in which families interact more naturally. Overall, unless there was a problem with the family development or goal setting process, family itself was rarely mentioned.

Recruitment

The recruitment topic area has the highest ratio of unresolved issues of any topic area. Most collaboratives expressed frustration about "recruitment going poorly," or "not happening." They also indicated that they were often contacted by the "wrong kinds of targeted groups," including emancipated kids, families in crisis, or families with only one caregiver. Data indicated that collaboratives had yet to adopt strategies that allowed them to reach and serve the target population.

Finances

This topic focused on the development of budgeting and financial literacy for families. Collaboratives were largely implementing programming around finances effectively. Initiatives included financial planning classes with parents, families, and youth, and workshops for school-age students on financial literacy. Topics covered included budgeting, acquiring auto and home loans, and saving money by changing purchasing habits.

Sustainability

Conversations within collaborative meetings around sustainability were usually short and unresolved. While collaboratives across the evaluation reported some success with sustainability, there continued to be challenges around where to acquire funding and the time required to apply for and obtain funding.

Youth Development

Collaboratives actively and readily sought out opportunities to engage in youth development both formally, through classes and workshops, and informally, through athletics, informal events, or open-ended conversations. This area had the highest ratio of positive results of any area. Youth development topics included financial planning courses, childcare recommendations and development activities, entrepreneurship, job training, college readiness, and more.

FAMILY FINDINGS

Financial Challenges

Responses to this questionnaire from Adult 2 showed significant differences in financial challenges between target and comparison families at baseline ($F = 51.394, p < .000$). Both target and comparison Adult 2 exhibited significant growth in financial stability overtime ($F = 4.754, p < .05$). Relationship with Adult 1 ($F = 193.007, p < .000$) and employment ($F = 12.033, p < .000$) were significant covariates in these results. Adult 2 from CCC ($F = 102.056, p < .000$); CF2C ($F = 119.238, p < .000$); and FSN ($F = 57.861, p < .000$) exhibited more financial stability over time.

Youth Risk Behavior Survey (YRBS)

Questions were focused on dietary patterns (i.e. how many fruits and vegetables a participant eats), as well as other potential factors affecting dietary behaviors. Adult 2 results exhibited significant positive change over time for both CF2C ($F = 9.257, p < .05$) and the CCC ($F = 2.807, p < .10$) collaboratives, with both groups improving then returning to baseline scores over time.

Perceived Stress

Analyses showed that for Adult 1, target families had significantly lower (better) PSS-4 scores compared to comparison families at baseline ($F = 2.794, p < .10$). Significant covariates included employment ($F = 4.425, p < .05$), earned income ($F = 6.083, p < .05$), and Adult 2's social and emotional support ($F = 29.320, p < .000$). For Adult 2, both target and comparison families had significantly lower PSS-4 scores over time ($F = 11.945, p < .05$). Significant covariates included employment ($F = 9.120, p < .000$), cigarette use ($F = 5.231, p < .05$), 2nd adult social and emotional support ($F = 33.399, P < .000$), general health ($F = 4.088, p < .05$), and comparison health ($F = 8.461, p < .05$). Results illustrated significantly lower stress over time for Adult 2 in CF2C ($F = 7.129, p < .10$) and FSN ($F = 3.994, p < .05$).

General Health

Target Adult 2 reported significantly greater health at baseline than the comparison Adult 2 ($F = 4.615, p < .05$). Both target and comparison Adult 2 experienced a significant improvement in general health over

the course of the observed period ($F = 5.571, p < .05$). Earned income ($F = 4.772, p < .05$) and healthcare both served as significant covariates in this analysis ($F = 2.999, p < .10$).

Multidimensional Scale of Perceived Social Support

Within the Adult 1 responses, there was a significant difference in social support scores between target and comparison families at the baseline, with target families starting at a lower level of social support compared to the comparison families ($F = 5.399, p < .05$). Within the Adult 2 responses, both target and comparison matching families demonstrated significant growth in social support scores over time ($F = 4.148, p < .05$). The covariates of Adult 1 relationship quality ($F = 18.122, p < .000$), neighborhood ($F = 3.257, p < .10$), income ($F = 42.917, p < .000$), and Adult 1 support ($F = 1583.097, p < .000$) were significant. Adult 2 from FSN ($F = 4.096, p < .05$) and CF2C ($F = 11.739, p < .05$) experienced significant negative changes in social support over time.

Brief Resilience Scale

Comparison Adult 2 reported higher levels of resilience at baseline than target Adult 2 ($F = 4.382, p < .05$). Significant covariates included comparison health ($F = 5.615, p < .05$) and Adult 1 support ($F = 4.027, p < .05$).

National Survey of Families and Households

Responses showed that both target and comparison Adult 1 reported a significant increase in help received over the course of the observed period as a whole ($F = 4.698, p < .05$). Significant covariates with Adult 1 responses were transportation ($F = 26.438, p < .000$) and Adult 2's social and emotional support ($F = 10.254, p < .05$). With Adult 2, There was a significant difference in reports of help received by target Adult 2 and comparison Adult 2 ($F = 10.351, p < .05$). Target Adult 2 reported less help received at baseline and slower growth overall in relation to the comparison Adult 2 ($F = 9.723, p < .05$). Significant covariates included Adult 1 relationship ($F = 37.748, p < .000$) and employment status ($F = 3.920, p < .05$). Adult 1 and 2 results from all three collaboratives exhibited significant growth in the resilience scores across the measurement period. For Adult 1, FSN ($F = 18.791, p < .000$), CF2C ($F = 5.663, p < .05$), and CCC ($F = 37.179, p < .000$) exhibited a significant positive change over time. For Adult 2, FSN ($F = 10.395, p < .05$), CF2C ($F = 23.834, p < .000$), and CCC ($F = 26.444, p < .000$) exhibited a significant positive change over time. These results highlight a trend towards increased positive household and family measures.

Childhood Education Scale

Comparison Adult 1 reported higher educational expectations than target Adult 1 at baseline ($F = 816.159, p < .000$). There was also a significant difference between target and matching families over time ($F = 5.548, p < .05$). Parent education was a significant covariate ($F = 6.937, p < .000$).

REPORTING PERIOD: JULY 2019 TO JANUARY 2020

The purpose of this ongoing evaluation is to examine the impact of the Whole Family Approach on the well-being of families in Southern New Jersey. This approach focuses on working families trying to get ahead and is meant to be preventative, not crisis oriented. Target families were compared to matching families using qualitative and quantitative methods in order to determine whether a Whole Family Approach Intervention had an impact.

Methodology

Organizational studies: The qualitative data was collected from collaborative meetings and in focus groups with collaboratives from September 2018 through October 2019. Grounded-theory analysis

(Glaser & Strauss, 2017) was conducted on this data around policies and practices that collaboratives discussed and implemented as they used the Whole Family Approach.

Family studies: Multilevel modeling was again used to analyze survey data from up to 477 target and comparison families. Gender, income level, and marital status were specifically considered in evaluating how these demographics impacted results in each area. Data was also analyzed for collaboratives with large enough samples.

ORGANIZATIONAL FINDINGS

Internal Processes

Collaboratives were largely effective at negotiating internal processes. This included staffing, strategic planning, data sharing, recruitment, and training. It was found that when staffing their collaboratives, the members sought potential employees that reflected their community. The training of staff was positive across collaboratives, and a cogent system was in place which ensured that new staff were adequately prepared. Collaboratives continued to seek ways to engage eligible families in the Whole Family Approach. They also worked to make recruitment materials accessible to potential families. All collaboratives had concerns regarding the loss of institutional and historical knowledge of policies and procedures among staff.

Education

Almost all collaboratives engaged in some form of college preparatory work with students of all ages. This included test prep, college tours, educating students about funding opportunities and guiding them to those opportunities, and supporting students' overall development. Youth-focused educational opportunities provided by collaboratives were often intertwined with the work of college readiness and helped to provide specialized opportunities for youth to get involved in specific activities that might enhance a specialized area of interest for youth. Many collaborators had a mentoring program by older students/young adults for younger students. Mentoring programs were effective when implemented and were an important part of their ability to expand and broaden their youth outreach through the Whole Family Approach. ESL education was also a main and positive focus for several collaborators. Two main areas that were found to be a challenge when providing educational opportunities were childhood trauma and collaboration with school districts. Supporting the needs of children who have experienced trauma was a continued focus for collaborators.

Community Development

Collaboratives' approaches to community development were centered on three main areas: community-oriented programming, community relationships, and community resources. All the collaboratives discussed ways to form positive relationships with the community and ways to build and maintain trust. There was no negative discussion centered on community development within the data.

Youth Development

This area brought overwhelmingly positive results. Data showed that collaboratives worked to create events which fostered meaningful relationships between collaborative staff and youth, and further sought to meet the needs of the youth within the community.

Organizational Collaboration

Data demonstrated that collaboratives often sought out new agreements and partnerships with groups that they believed would meet the specific needs of the communities they serve and further draw on each other's resources. A challenge that remained was forming agreements and accountability for

duties. A concern seen amongst collaborators was unfulfilled Memorandums of Understanding and how to further hold partner organizations accountable for agreed-upon engagements.

Family

Data behind the reception of family-based events was overwhelmingly positive and focused on problem solving to create high-quality family-based events. Dissonance around methods and structures of collaboratives' engagement and process of connecting families together was centered on the tension between providing structure for families or for more open-ended activities that help build community naturally.

Recruitment

This data remained mixed. Collaborators gained a better understanding of families, but this was a topic that still had the highest number of unresolved issues. More recent data indicated that collaboratives had identified and implemented strategies to identify and engage with prospective families, contrary to earlier findings which suggested that collaboratives were slow to adapt strategies.

English as a Second Language (ESL)

Three collaboratives focused on this area. The positive quality of the data made reporting on this area especially important. Collaboratives working with both individuals and groups around ESL were found to be effective in implementing processes and strategies to address needs.

FAMILY FINDINGS

Financial Changes

Adult 2 in target families had significantly fewer challenges than those in comparison families. There were significant differences for Adult 2 based on income and marital status at baseline, but not over time.

Adult Health Dietary Behaviors (YRBSS)

Results indicated that men and women in the Adult 1 group had significantly different behaviors over time. This finding was replicated in the breakout analysis of FSN.

Stress (PSS)

Comparison and target families reported significantly different levels of stress at baseline when income was included as a covariate. Over time, comparison and target Adult 2 reported a significant change in stress with income as a covariate.

General Health

Adult 1 saw a difference in general health at baseline and over time when comparing married to non-married couples.

Social Support

When examining results by collaborative, FSN's Adult 1 saw a significant difference in support over time when comparing married to non-married couples. CCC's Adult 2 saw a difference in support over time when comparing males and females.

Resilience

Adult 1 saw a significant difference in their resilience when compared along income levels.

Help Given and Received

Target Adult 1 saw a significant difference in support given and received at baseline and over time which indicated that target Adult 1 reported more help given and received than comparison Adult 1.

Caregiver Perceptions of Childhood Education

Target Adult 1 were significantly different from comparison Adult 1 at the baseline and had significant growth over time. While female childhood education scale scores were significantly higher than their male counterparts, growth was seen in both male and female education scores.

REPORTING PERIOD: JANUARY 2020 TO FEBRUARY 2021

The evaluation was conducted using a new approach to quantitative data by using trend analysis from the data collected from target and matching families from March 2013 to March 2020. The data from this report was organized into the three pillars of the Whole Family Approach: child well-being, healthy relationships, and financial well-being.

Methodology

Family studies: Data was analyzed from target and comparison families for this report. The total number of participants for the research was 310 families and 677 individuals. WRI staff used a question- focused descriptive analysis to highlight nuances within the data and significant changes over time both within and between target and matching families to determine whether there were significant differences between target and matching families, or within target or matching families separately. In this analysis, correlations between variables are considered strong if the coefficient lies between ± 1.0 and ± 0.6 ; a moderate correlation if the coefficient lies between ± 0.59 and ± 0.4 ; and a weak correlation if the coefficient lies between ± 0.39 and 0.

FAMILY FINDINGS

Healthy Relationships

It was found that when the child had a positive relationship with the adults there would be a positive relationship between the adults in the household as well (+0.489). Further, when Adult 1 indicated a good relationship with Adult 2, their indication of a positive relationship with their children improved over time as well. The analysis found that those who report a stronger support system in addition to collaborative influence were more likely to report a specific second adult from whom they received strong social support (+0.374). There was also a slight correlation between positive social support ratings and having a full-time or part-time job for target families (+0.341). Finally there was a moderate correlation found in increased healthy relationships/social support (+0.540) and increased income over time, so that adults with higher ratings of income also had higher ratings of social support.

Financial Stability

Adults who had social support networks did not indicate the need for increased assistance with bill payments (+0.210). There was also a very strong positive correlation between having a higher likelihood of needing payment assistance and having higher bills (+0.762). The analysis also found that there was a moderate positive correlation between owning a car and being employed (+0.590), as well as a moderate positive correlation between financial challenges and family income (+0.583). It was also found that a higher household income correlated with a higher likelihood that the child's health would be rated good to excellent (+0.420) and that adults would perceive their overall health as good to excellent (+0.509).

Child Well-being

Some findings within child well-being can be tied with healthy relationships and financial stability. For example, over two-thirds of children that had the best grades in school had adults in their lives who worked a part- or full-time job, owned a home, rented, or lived with a family and/or romantic partner while contributing part of the rent or mortgage. The majority of children's health was rated positively, both when reported by adults. When compared to other children the same age, their reports stayed the same (+0.592).

Collaborative specific findings

Target families working with Families in Motion (FIM), Stronger Families, Connecting Families to Communities (CF2C), and Child Connection Center (CCC) experienced improvements in adults' ability to cope with stressful life events and social support structures over time. Adults from Families to College (FTC) also experienced an increase in social support scores, and adults from First Start indicated positive changes to their ability to cope with stress. Both adults working with Family Strengthening Network (FSN) reported that general health scores increased over time, while financial hardship scores decreased over time. Adults working with Unidos para la Familia (UPF) and FTC reported higher attendance and participation in secondary education and training programs over time. Students involved with First Star reported higher grades over time. The majority of adults from UPF reported that they thought that a high school degree and college were very important for their children to successfully reach their life goals. Similarly, adults and adolescents from FTC also expressed a desire for career advancement to achieve their life goals.

REPORTING PERIOD: MARCH 2021 TO JULY 2021

This evaluation was conducted with data from the large, quasi-experimental family data set from March 2016 to March 2020. The goal of this evaluation was to determine whether there were major differences within and between families in the areas of child well-being, healthy relationships, and financial stability within the core years of collaborative implementation prior to the onset of the COVID-19 pandemic.

Methodology

Family studies: Data from two caregivers in both target and comparison groups were analyzed for this report. Question-focused descriptive analyses were conducted to identify changes in all available data as well as changes in individual collaboratives. This type of analysis highlights nuance within the data and significant changes over time both within and between target and matching families to determine whether there were significant differences between target and matching families, or within target or matching families separately. In this analysis, correlations between variables are considered very strong if the coefficient lies between ± 1.0 to ± 0.8 ; a strong correlation if the coefficient lies between ± 0.6 to ± 0.79 ; a moderate correlation if the coefficient lies between ± 0.4 to ± 0.59 ; a weak correlation if the coefficient lies between ± 0.2 to ± 0.39 , and a very weak correlation if the coefficient lies between ± 0.01 to 0. Significant and notable findings are presented below.

FAMILY FINDINGS

Healthy Relationships

When the first caregiver indicated a good relationship with the second adult their indication of a positive relationship improved with their child/ren as well. In addition, a significant portion of Adult 1 agreed that they had someone around when they were in need, which increased over the 24-month survey period. When the children had a positive relationship with the adults, there was also a moderate significant positive correlation between adults in the household as well (+.401). Transportation was also affected

by relationships; there was a significant positive correlation between having healthy relationships and ability to find a ride when one was needed (+0.723). For Adult 1, there was also a significant, positive trend in the support they received from others that increased over the 24-month survey period.

Financial Stability

When adults had healthy relationships and social support networks there was a significant, negative correlation with an increased need for assistance with bill payments. There was a significant positive correlation between higher bills and needing payment assistance (+.743), and a significant positive relationship between owning a car and being employed (+0.41). Higher household income was positively correlated with positive health ratings for children. There was also a moderate positive correlation between financial challenges and family income (+0.512), meaning that higher income was associated with more financial challenges over time.

Child Well-being

Children's grade performance was significantly positively correlated with markers of financial stability in the family. Children who were reported to perform better in school were also significantly more likely to have caregivers who have steady full- or part-time employment. Adults placed emphasis on the importance of their children finishing high school, indicated that high school would help their children achieve their life goals, and reported that it was very important that their child attended college to reach their life goals.

Collaborative specific findings

Target families working with Families in Motion (FIM), Stronger Families, Connecting Families to Communities (CF2C), and First Star experienced improvements in adults' ability to cope with stressful life events and social support structures over the course of the 24-month evaluation. Adults from Child Connection Center (CCC) also experienced an increase in social support scores. Both adults working with Family Strengthening Network (FSN) reported that general health scores increased over time, while financial hardship scores decreased over time. Adults working with Unidos para la Familia (UPF) and FTC reported higher attendance and participation in secondary education and training programs over the 24-months of the evaluation. Students involved with First Star reported higher grades over time. The majority of adults from UPF and First Star reported that they thought that a high school degree and college were very important for their children to successfully reach their life goals. Similarly, adults and adolescents from FTC also expressed a desire for career advancement to achieve their life goals.

REPORTING PERIOD: AUGUST 2021 TO JANUARY 2022

This evaluation was conducted with an analysis of quasi-experimental data collected during the COVID-19 pandemic and includes data collected between March 2020 to March 2021. This report also includes findings from two focused studies around the rapport between FSN's Family Advocates and their families, and the culturally responsive implementation of the Whole Family Approach. The goal of the evaluation was to review the differences between families experiencing the Pascale Sykes Foundation Whole Family Approach and its impact on child well-being, healthy relationships, and financial stability during the first year of the COVID-19 pandemic.

Methodology

Family studies: The evaluation team measured tangible growth and progress made by 22 target families and 101 comparison matching families using data from the longitudinal survey collected between March 2020 and March 2021. A question-focused descriptive analysis was used to understand the ways

in which subjective well-being, child well-being, health, financial stability, and healthy relationships changed throughout the first year of the COVID-19 pandemic. From the analysis of participant responses descriptive statistics were collected and used to describe the characteristics of a group of observations or can be used to draw conclusions about target and matching families.

Organizational studies: The Family Strengthening Network (FSN) Family Advocacy Evaluation was designed with a mixed methods approach, using interviews with Family Advocates and survey data collected from families at baseline and six months later around their rapport with their advocate and its impact on their lives. The Whole Family Culturally Responsive Approach Evaluation was a qualitative study based on interviews with collaborative staff, leadership, and families around the barriers they have experienced, their goals, and successes.

FAMILY FINDINGS

Financial Stability

Earning an average of \$1,700 a month, target families had at least one employed adult in the home 54.45% of the time. All participants reported that they had not received outside help when paying their bills or monthly rent, but 15% also admitted to having borrowed money from friends or family to effectively meet their needs. About half of target adults did not know the cost of their monthly electric bill or their monthly gas bill. Half of target families received free food or meals; and all of these households reported being food secure. Fifteen percent of target families could not pay their rent or mortgage in full, yet no families were evicted.

Child Well-Being and Health

Acknowledging child obesity as a chief concern, especially among economically disadvantaged families, health outcomes reported were positive. A strong majority (76.19%) of target adults rated their child's weight at the right weight and expressed little to no concern about eating habits. During the pandemic 43.48% of target families received free breakfast during the school year, and 8.7% also received free breakfast during the summer. Parental engagement with their child's life extended into education and most (90%) indicated their child was receiving grades above a B rating. All target adults agreed ascertaining a high school diploma was important to later obtaining life goals, a feeling echoed by reported perception of the child's priorities too. College was highly valued by target parents as well.

Healthy Relationships and Well-Being

Forty percent of target adults reported they could bounce back after hard times, and a fifth indicated that they struggled making it through a stressful event during the COVID-19 pandemic. Although each target participant stated they had access to health coverage, some deferred care due to cost, unless their child needed aid. In terms of safety within their community, most families indicated they felt free from crime and were in about as secure a location as other areas near them.

ORGANIZATIONAL FINDINGS

Whole Family Culturally Responsive Approach Evaluation

Interviewing 15 collaborative staff members and 21 family members from Spanish speaking households, the Whole Family approach was analyzed with a distinctly Hispanic lens. Results indicated large difficulties regarding financial stability, healthcare access, access to education, living situations, child well-being, and family well-being. Collaboratives were aware of the important work they performed and displayed a culturally appropriate response to needs. Utilizing their strengths, such as Spanish speaking staff and

cultural awareness, collaborations strengthened the community by including Hispanic families in the development process.

Family Strengthening Network (FSN) Family Advocacy Evaluation

Results indicated a significant improvement among participating families and their assigned FSN advocates. Beyond the Whole Family Approach families were more financially stable, improved their employment situation, located secure and affordable housing, and implemented successful coping mechanisms to support positive mental health. Based on the results, after six months from the intake at FSN, the majority of families indicated having high-quality relationships with their family advocates thus further solidifying the correlated relationship between the collaborator and the improving target family.

15: FOCUSED STUDIES SUMMARIES

WRI conducted four focused evaluations from 2018 through 2022 to examine specific areas of interest in which there were strong preliminary findings or a need for further research. Brief summaries of all focused studies are included below.

COVID IMPACT, SUPPORTING COLLABORATIVES: A QUALITATIVE EVALUATION OF COLLABORATIVES' WORK WITH THE WHOLE FAMILY APPROACH DURING THE COVID-19 PANDEMIC

With the dual shock of the COVID-19 pandemic and resulting economic hardship, collaboratives engaged with the Whole Family Approach adapted their work and their outreach to meet emergent needs, and have done so with the support and encouragement of the Foundation. The overarching research goal for this project was to examine the range of responses collaboratives implemented while being impacted by COVID-19 as they acknowledge and work to mitigate the impacts of this pandemic on the families and communities they serve. Between May 6, 2020 and June 10, 2020, researchers from WRI interviewed 27 staff members from eight collaboratives who work with the Whole Family Approach, and then derived eleven themes for analysis from the data.

Findings revealed the following themes:

- **The Whole Family Approach** – Staff members interviewed expressed that families were in a better position to handle this crisis because of familial ties and strong support from collaboratives, and others noted that the stay-at-home orders reinforced the focus on the entire family.
- **Uses of Technology** - Collaboratives worked hard to reach more families through digital technology and to modify exclusively in-person services and extend them into remote and more individualized formats for families. Some families enjoyed communicating virtually with others outside their home while others found that online sessions, classes or meetings were overwhelming or an additional burden after working and caring for children all day; others struggled with a basic lack of technology at home.
- **'School being at home'** – Collaborative staff members altered their work to meet the ever-changing needs of the families they serve, and collaboratives engaged in educational work have provided online resources to parents to enable them to be better educators to their children.
- **Self-isolation impacts on families** – Collaborative staff members shared that the families they work with are expressing an increase in anxiety as a result of being relatively isolated at home for a long duration of time, the ongoing uncertainty about how to keep children occupied as parents work from home, and how to keep children safe once parents return to work.
- **Collaborative staff members adapting to changing roles** – Collaboratives have quickly pivoted to alternative engagement ideas and tools such as sharing online resources, creating home activities and exercise classes for kids, starting resource hotlines for families, and starting weekly wellness checkups on families.
- **Family resilience** – All collaboratives reported that families expressed stress, fear, anxiety, and new mental health concerns caused by the pandemic, and staff members continue to seek and implement solutions to assist families.

- **Informal networks of communication and collaboration** – Collaboratives emphasized the information sharing between staff members, collaboratives, and families has grown, and there has been a marked increase in resource and information sharing between collaboratives during this time.
- **Collaboratives’ organizational responses/changes** – Collaborative staff members continue to alter delivery of their services in a flexible manner to meet new needs as they arose.
- **Collaboratives’ engagement with families in navigating formal social structures** – Collaborative staff members offered their assistance wherever possible, and found repeated instances where larger systems and structures impacting families inadequately addressed their needs or did not help to mitigate negative impacts stemming from the virus.
- **Safety issues facing families** –All collaboratives have undertaken efforts to relay accurate information about the disease, preventative measures, and steps to take if families suspect infection. Staff members reported using routine checks to gauge families’ awareness of COVID-19 and their readiness to face it.
- **Changes in collaboratives’ rapport/relationships with families** –The rapport and trust between families and specific community leaders at the collaboratives proved to be crucial to providing the range of supports that families needed at the outset of the pandemic, and families are still working through how to communicate different needs with the teams at collaboratives as they continue to work together through new challenges.

The *COVID Impacts, Supporting Collaboratives* qualitative evaluation explored how PSF-funded collaboratives made organizational adaptations during the onset of the COVID-19 pandemic, how collaboratives used the tools and strategies of the prevention-based Whole Family Approach to meet family needs, and how they will move forward in continued uncertainty.

“The Pascale Sykes Foundation’s generosity has been without measure. Not only financially, but from giving us a grant extension on reporting, giving us additional finances, to creating the mindfulness training, and things like canceling site visits to not put people at risk. Those are the things that five years from now will be forgotten but that really make a difference. We’re trying to model that response and convey the message that we are a part of history right now and this is a once in 100 years occurrence, and don’t lose heart, and we’re gonna get through this.” – COLLABORATIVE STAFF MEMBER INTERVIEW, JUNE 2020

CHILD CONNECTION CENTER EVALUATION

The Child Connection Center Evaluation highlighted the benefits of a social-emotional learning (SEL) based intervention using positive behavioral interventions and supports (PBIS) framework called the Clayton Model. SEL models for early childhood focus on promoting positive interactions with peers and strengthening emotional and behavioral control. The PBIS model classifies students into three tiers: tier 1 (80% of students) being served by general implementation of an intervention, tier 2 (15% of students) being served by group or program specific services, and tier 3 (5% of students) being served by individual services.

The Child Connection Center (CCC) worked collaboratively with students, caregivers, and teachers to improve students’ and families’ lives. The study measured students’ social, emotional, and behavioral

functioning over time using the Strengths and Difficulties Questionnaire (SDQ), and utilized a teacher and parent report. The SDQ was administered in three schools. Teachers and caregivers filled out a baseline SDQ upon enrollment and a follow-up three months after a child had been receiving support.

Caregivers reported on students' emotional difficulties, behavioral problems, total difficulties, the overall impact of those difficulties, and the burden of those difficulties. Caregivers' observations focused on emotional regulation and improved behavior, while teachers' observations focused on peer relationships. Teachers reported increases in prosocial behavior, decreases in the overall impact of difficulties, and the burden of those difficulties on the class. Both caregivers and teachers observed reductions in social and emotional behavioral difficulties and that these reductions in difficulties positively impacted the child's life. The efficacy of the Clayton Model, created and implemented by the CCC, is especially valuable in outcomes for tier 2 students, a group of students that has been understudied and undersupported.

FAMILY STRENGTHENING NETWORK EVALUATION

The Family Strengthening Network (FSN) evaluation provided insight to the efficacy of the family advocacy model employed by the FSN, and explored the contributing factors to that efficacy. A mixed-method approach allowed for a holistic perspective on the work that family advocates do with the families they serve.

Quantitative data was collected from January 2021 to June 2021 through a survey distributed to families working with FSN family advocates. Data was analyzed by comparing families' scores through a tool used by FSN, by way of a paired t-test across 60 observation points. Overall quantitative findings focused on the quality of the relationships between the family advocates and the families they serve, social supports that families gain as they collaborate with the family advocates, and the degree to which families feel important and feel they are able to rely on others. Specifically, Social Support, Interpersonal Mattering, Relationship Quality, and Family Assessment Tool were the relevant measures employed. Results showed higher variability in areas such as perceived relationship support with family, the perceived importance of child education attainment, and receipt of free lunch or breakfast. A majority of families reported engagement with tutoring/mentoring services, counseling services, child activities, help with bill payment, and connecting to other outside resources through working with FSN. Overall, families who worked with family advocates had stable social support outside the family and an increased level of financial stability.

Qualitative data was collected from May 2021 through June 2021 through small group, semi-structured interviews with family advocates. This data offered an understanding of what the advocates provided to families and the effective ways that advocates support and impact families. Responses were coded and analyzed to explore the effectiveness of the FSN program. Results showed that the advocates' effectiveness can be understood through their work process as they work to empower the families to achieve specific outcomes, as well as how and why that outcome is achieved. Relationship building and maintenance, along with the family advocates' advocacy role were central to this work. An understanding of the advocates' work process and systemic barriers also helped explain why some desirable family outcomes were not achieved. Other factors related to an advocate's effectiveness include their background training and where and how they are conducting family visits.

WHOLE FAMILY CULTURALLY RESPONSIVE APPROACH EVALUATION

The Senator Walter Rand Institute began its evaluation of the Whole Family Approach in 2012. Across Southern New Jersey, face to face interactions with participants and staff allowed for a better vantage point of the differences in needs and other resources among various collaboratives and in the communities they serve. This deficit in resources was most notable within the Hispanic population, which was reported as the majority ethnicity in this region. To better understand the needs of this population, a focused study was conducted. Qualitative interviews were conducted via Zoom from June 2021 to August 2021. Although this focused evaluation expanded the potential participant pool through referrals from collaboratives, participation was limited to one adult per family. The majority of the 36 participants reported living in Cumberland County, while others were scattered across Gloucester and Salem counties.

With regards to findings, there were many themes identified through interviews.

- **Trust and rapport** were found to be an important part of recruitment into engagement with a collaborative organization, with word of mouth and positive experiences being the most beneficial.
- The theme of **family obligation** was observed by collaborative staff indicating that relationship to family places family support and sacrifice above individual needs and financial stability.

There were several barriers that were identified as well. From potentially unsuitable home environments to transportation to safety, each barrier created obstacles to achieving individual and/or family goals.

- **Discrimination** was identified as a factor influencing safety because of the treatment received from neighbors and/or peers.
- Participant's **immigration status** was a theme seen among families, especially among those individuals described as undocumented. This position led to further themes and barriers of uncertainty and fear, as well as obstacles in obtaining and maintaining employment and medical care.
- Additionally, many family members expressed **concerns regarding the quality of care received**. The navigation of cultures and systems including language barriers and general adaptation to the U.S. were found to be a significant theme identified. One participant said that if they spoke English, nothing would be difficult.
- **Information accessibility** also became a recurring theme as some participants indicated that this lack of information further inhibits growth and success.
- **Financial instability and food insecurity** were prominent through the interviews as well.

Instability was amplified by situational aspects, specifically COVID-19 and the initial trauma of immigration. This impacted all aspects of service for collaboratives and families. It led collaboratives to pivot sharply to solely support families in drastic challenges, such as virtual schooling. While most of the comments regarding the pandemic difficulties were made by staff, participants expressed the desire to return to the pre-pandemic normalcy.

While unique situations posed various difficulties, there were many strengths and supports present as well.

- Families felt they were **able to count on community organizations for various necessities** including health and connection to resources.
- **Belief systems** also played a part in garnering strength and support throughout the community. Attribution of daily events to a higher power arose as a source of comfort, with faith strengthening further when speaking of the COVID-19 pandemic.

Additionally, the **concern of limited grants regarding social service programs for undocumented families and the restrictions that coincide with government grants** were specifically noted. Collaboratives were and are addressing these challenges with creativity in programming and networking with local organizations and governments. It is recommended that there be more specialized departments and agencies to assess things such as job searching.

Hispanic families in Southern New Jersey face unique barriers in the community across various aspects. Many still expressed gratitude towards collaborative staff for their service in a number of areas that may help to alleviate some of the current glaring issues.

16: QUANTITATIVE RESULTS 2022

METHOD

The data presented in this section was collected from March 2016-May 2022 for both the Southern New Jersey families working with the Pascale Sykes funded collaboratives, and their matching family counterparts. Data from 2016 onward were chosen as fidelity of implementation of the Whole Family Approach was most consistent among active collaboratives after this date. Families were surveyed at the beginning of their involvement with the collaboratives and then surveyed again at 6, 12, 18, and 24 months to see if the collaboratives' implementation of the Whole Family Approach (WFA) significantly improved family members' physical, social, and emotional outcomes, as well as their overall stability.

This descriptive analysis explored changes for target (both Adult 1 and Adult 2 combined) and matching (comparison) (both Adult 1 and Adult 2 combined) families across the three pillars of the Whole Family Approach:

- Child Well-being: health, eating habits, academic achievement, and future goals
- Healthy Relationships: Family relations assessments, neighborhood perceptions, social support and resilience
- Financial Stability: expenditures on different bills

Given the historic impact of the COVID-19 pandemic, the data was also separated into three time periods:

1. Pre-COVID-19: data collected prior to the onset of the pandemic and the consequential measures to maintain public health and safety. This portion of the data set ranges from 2016 through February 2020 and represents the impact of the WFA on families prior to the pandemic, including responses for 229 target families ($n = 425$) and 117 matching families ($n = 229$) over 24 months.
2. During-COVID-19: data collected at peak of the pandemic, from March 2020 through March 2021, when families, collaboratives, and public policy officials were experiencing the deepest impacts from the ongoing pandemic and the collapse of many financial and support structures. It includes data from 24 target families ($n = 37$) and 42 matching families ($n = 76$).
3. Post-COVID-19: data collected from April 2021 through April 2022 (when data collection for this evaluation ended). More accurately described as endemic-COVID-19, this portion of the data set represents a time of new normalcy, after public health protocols around COVID-19-stabilized and families and collaboratives continued to adapt to navigating supports while still dealing with pandemic impacts. It includes data from 37 target families ($n = 66$) and 27 matching families ($n = 48$).

To conduct these analyses, the data was compared through frequencies, average responses, a composite of variables surrounding themes, and for significance, t-tests were analyzed. The t-test, also known as t-statistic or sometimes t-distribution, is a popular statistical tool used to compare the means of two groups to test significance. A t-test helps us to understand whether the differences are statistically significant between two groups. For this evaluation's analysis, we would like to understand whether the pandemic or COVID-19-related policies had an effect on the dataset's population(s). T-test comparisons were run with the target group of families across the 3 time periods of Pre COVID-19, During COVID-19, and Post COVID-19, and between the two groups of target and matching (comparison) families.

For each individual question, if there is a result reported for target OR matching (comparison) families, it means there is a statistically significant difference between the COVID-19 time points of that specific group, within target or matching (e.g., a statistically significant difference between Pre COVID-19 and Post COVID-19 among target families)

Moreover, for each individual question, if there is a result reported for target AND matching (comparison) families for the same question, it means that there is a statistically significant difference between the COVID-19 time points within BOTH groups (e.g., a statistically significant difference between Pre COVID-19 and Post COVID-19 among target families AND a statistically significant difference between Pre COVID-19 and Post COVID-19 among matching families. Where both groups are reported for a single question, it also means that there is a difference at face value (not a statistically significant difference) between the target and matching families for whatever COVID-19 time point is reported. Differences in sample sizes between the target and matching groups limited direct statistical comparison *between* the two groups at specific COVID-19 time points.

Target and Comparison Survey Respondents Broken Down by Collaborative and Time Period (Baseline, 6-, 12-, 18-, and 24-month follow-up)

ENGLISH TARGET ADULTS⁷					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
CCC	34	19	41	57	71
CF2C	11	4	6	18	36
FEN	0	0	1	0	12
FIM	2	2	1	4	2
FSN	19	12	37	59	27
FTC	3	2	1	2	0
SF	4	2	1	6	5
SMFC	5	2	0	0	0
HSJ	0	0	0	0	1
Total	78	43	88	146	154

ENGLISH TARGET TEENS					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
CF2C	1	0	1	2	3
FIM	3	2	1	1	1
FSN	1	0	1	6	0
FTC	6	1	0	1	0
SF	6	0	0	0	0
UPLF	3	0	1	0	2
Total	20	3	4	10	6

⁷ CCC - Child Connection Center; CF2C - Connecting Families to Communities; FEN - Family Enrichment Network; FIM - Families in Motion; FSN - Family Strengthening Network; FTC - Families to College; SF - Stronger Families; SMFC - Saint Michael's the Archangel Regional School; HSJ - Heart of South Jersey

MATCHING ADULTS					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
Matching	209	79	62	53	76
Total	209	79	62	53	76

MATCHING TEENS					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
Matching	18	9	7	9	6
Total	18	9	7	9	6

SPANISH TARGET ADULTS					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
CF2C	1	0	1	0	0
FIM	32	18	9	21	18
FTC	12	1	1	1	2
SF	13	5	2	0	4
Network	0	0	0	0	3
UPLF	13	3	5	8	14
Total	71	27	18	30	41

SPANISH TARGET TEENS					
	N Baseline	N 6M Survey	N 12M Survey	N 18M Survey	N 24M Survey
FIM	4	3	0	1	1
FTC	1	0	0	0	0
UPLF	0	0	0	1	0
Total	5	3	0	2	1

DEMOGRAPHICS (TARGET AND MATCHING FAMILIES)

	Personal IDs (#)	Family IDs (#)
ENGLISH TARGET ADULTS	319	185
ENGLISH TARGET TEENS	29	27
MATCHING ADULTS	248	139
MATCHING TEENS	22	15
SPANISH TARGET ADULTS	104	64
SPANISH TARGET TEENS	7	6

ENGLISH TARGET ADULTS							
Gender		Male	Female				
	Percentage	32.92	67.08				
	Count	105	214				
Age	Mean	Median	Mode				
	41	39	38				
Racial Background		Black/ African American	Hispanic/ Latino	White	Asian or Pacific Islander	More than one	Other
	Percentage	23.51	10.03	57.99	1.57	5.96	0.94
	Count	75	32	185	5	19	3
Status		Adult 1	Adult 2				
	Percentage	53.61	46.39				
	Count	171	148				

ENGLISH TARGET TEENS				
Gender		Male	Female	
	Percentage	41.38	58.62	
	Count	12	17	
Age	Mean	Median	Mode	
	15	15	14	
Racial Background		Black/ African American	Hispanic/ Latino	White
	Percentage	13.79	62.07	10.34
	Count	4	18	3

MATCH ADULTS					
Gender		Male	Female	Other	
	Percentage	30.65	68.95	0.4	
	Count	76	171	1	
Age	Mean	Median	Mode		
	40.95	40	32		
Racial Background		Black/ African American	Hispanic/ Latino	White	Other
	Percentage	44.35	4.44	43.95	1.21
	Count	110	11	109	3
Match Adult		Adult 1	Adult 2		
	Percentage	52.42	47.58		
	Count	130	118		

MATCH TEENS					
Gender		Male	Female		
	Percentage	45.45	54.55		
	Count	10	12		
Age		Mean	Median	Mode	
		16.95	15	14	
Racial Background		Black/ African American	Hispanic/ Latino	White	More than one background
	Percentage	22.73	18.18	54.55	4.55
	Count	5	4	12	1

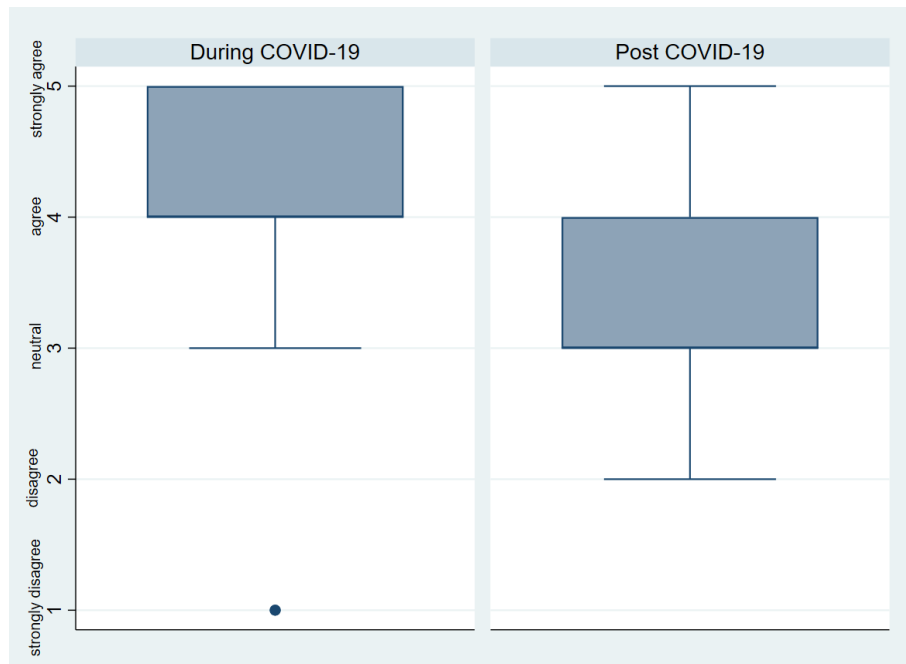
SPANISH ADULTS				
Gender		Male	Female	
	Percentage	47.12	52.88	
	Count	49	55	
Age		Mean	Median	Mode
		36.43	38	40
Racial Background		Hispanic/ Latino	More than one background	Other
	Percentage	98.9	0.55	0.55
	Count	102	1	1
Spanish Adult		Adult 1	Adult 2	
	Percentage	52.88	47.12	
	Count	55	49	

SPANISH TEENS				
Gender		Male	Female	
	Percentage	57.14	42.86	
	Count	4	3	
Age		Mean	Median	Mode
		16.71	17	17
Racial Background		Hispanic/ Latino		
	Percentage	100		
	Count	7		

RESULTS

HEALTHY RELATIONSHIPS

A variety of questions related to the healthy relationships pillar of the Whole Family Approach were analyzed from the survey. These results address significant differences in Pre, During and Post COVID-19 for target and/or matching families as data was available, based on sample size. Where there were significant differences within both target and matching families at different COVID-19 time points within each of those two groups, both target and matching family data is presented to show the face value difference (not statistically significant differences) between the two groups (target and matching) at the appropriate COVID-19 timepoints.



SURVEY ITEM: I TEND TO BOUNCE BACK QUICKLY AFTER HARD TIMES (RESILIENCE)
SCALE: 1 TO 5, STRONGLY DISAGREE (1) TO STRONGLY AGREE (5)

Target Adult Result: I tend to bounce back quickly after hard times (Resilience)

	N	Mean	SD	df	P	Decision
During COVID-19	17	4.12	1.05	54	0.0339	Accept
Post COVID-19	39	3.56	0.79			

The chart above shows there is a difference between the resilience of target adults during COVID-19 (m = 4.12) and post-COVID-19 (m = 3.56) with a decrease in resiliency post-COVID-19 than during COVID-19. This is important as it may indicate that although some of the challenges of the pandemic have gone away, either some challenges remain or new challenges have developed, negatively affecting resilience post-COVID-19.

SURVEY ITEM: IN THE PAST 30 DAYS, HOW OFTEN HAVE YOU FELT PROBLEMS WERE PILING UP SO HIGH THAT YOU COULD NOT OVERCOME THEM? (RESILIENCE)

Scale: 1-5, Never (1) - Often (5)

Matching Adult Result: In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them?

	N	Mean	SD	df	P	Decision
During COVID-19	82	2.10	1.16	152	0.0115	Accept
Post COVID-19	72	2.60	1.26			



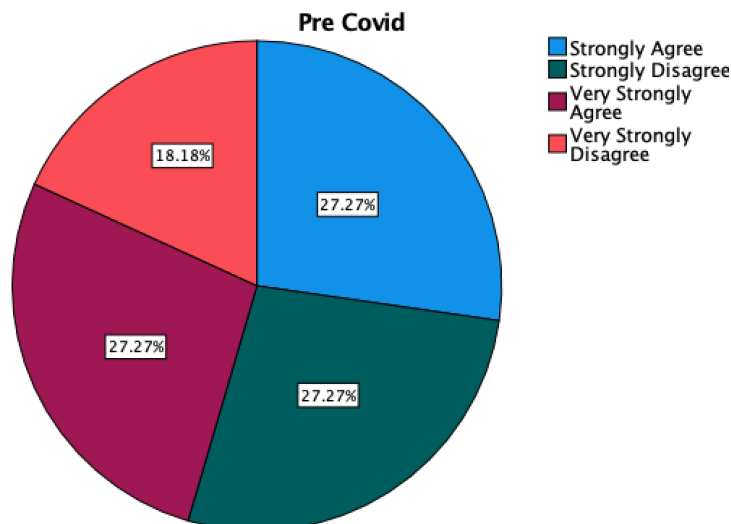
The above chart shows the result that matching family adults were more likely to report that they feel problems have been piling up so high that they cannot overcome them more often post COVID-19 ($m = 2.6$) than during COVID-19 ($m = 2.1$). This is important as it may indicate that stressors in families are worse than they were during COVID-19. In contrast, there was no significance for target families, which indicates that target families' perception of their ability to handle problems remained consistent during COVID-19.

SURVEY ITEM: MY FAMILY REALLY TRIES TO HELP ME.

Scale: 1-7, Very Strongly Disagree (1) to Very Strongly Agree (7)

Target Adult Result: My family really tries to help me.

The participants' perception of whether the family was trying to help changed over time.



Very Strongly Disagree (1) - 18.18%

Strongly Disagree (2) - 27.27%

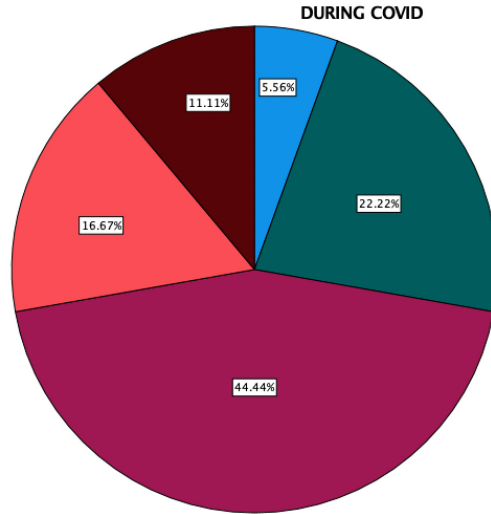
Mildly Disagree (3) - 0%

Neutral (4) - 0%

Mildly agree (5) - 0%

Strongly agree (6) - 27.27%

Very Strongly Agree (7) - 27.27%



■ Mildly Agree
■ Neutral
■ Strongly Agree
■ Very Strongly Agree
■ Very Strongly Disagree

Very Strongly Disagree (1) - 11.11%

Strongly Disagree (2) - 0%

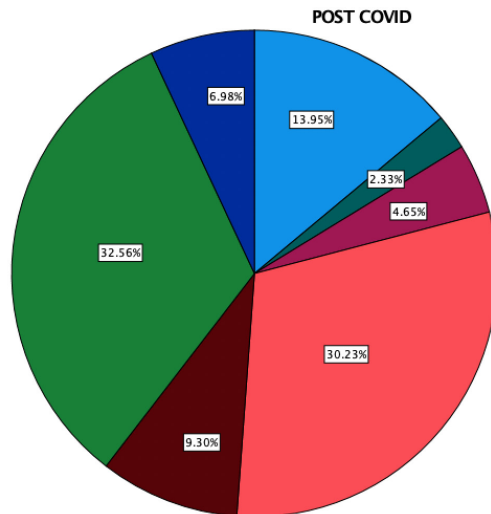
Mildly Disagree (3) - 0%

Neutral (4) - 22.22%

Mildly agree (5) - 5.56%

Strongly agree (6) - 44.44%

Very Strongly Agree (7) - 16.67%



■ Mildly Agree
■ Mildly Disagree
■ Neutral
■ Strongly Agree
■ Strongly Disagree
■ Very Strongly Agree
■ Very Strongly Disagree

Very Strongly Disagree (1) - 6.98%

Neutral (4) - 4.65%

Very Strongly Agree (7) - 32.56%

Strongly Disagree (2) - 9.30%

Mildly agree (5) - 13.95%

Mildly Disagree (3) - 2.33%

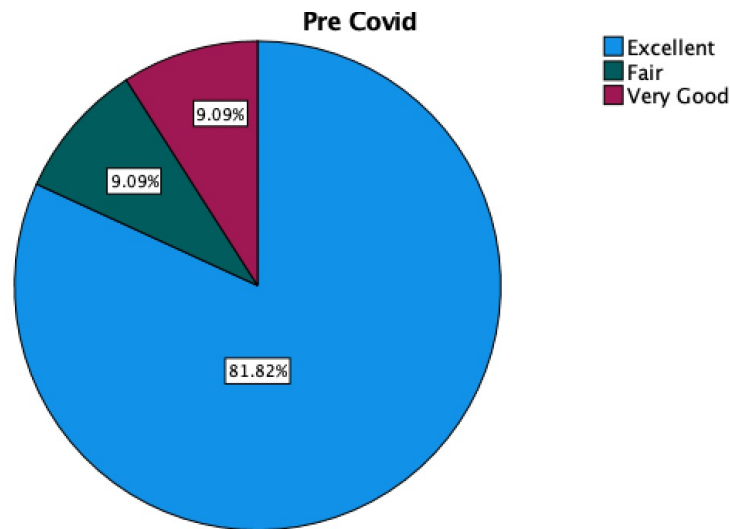
Strongly agree (6) - 30.23%

Based on the compounded percentages of participants who indicated any level of agreement with the statement "My family really tries to help me," the above charts show that target adults were more likely to agree that their family tries to help them post-COVID-19 (77%) than during COVID-19 (67%) or pre COVID-19 (55%). This is important as it may indicate that family support grew during COVID-19 and post COVID-19 as well.

SURVEY ITEM: IN GENERAL WOULD YOU SAY THAT YOUR RELATIONSHIP WITH THIS CHILD IS...

(Poor, Fair, Good, Very Good, Excellent)

Target Adult Result: In general would you say that your relationship with this child is...



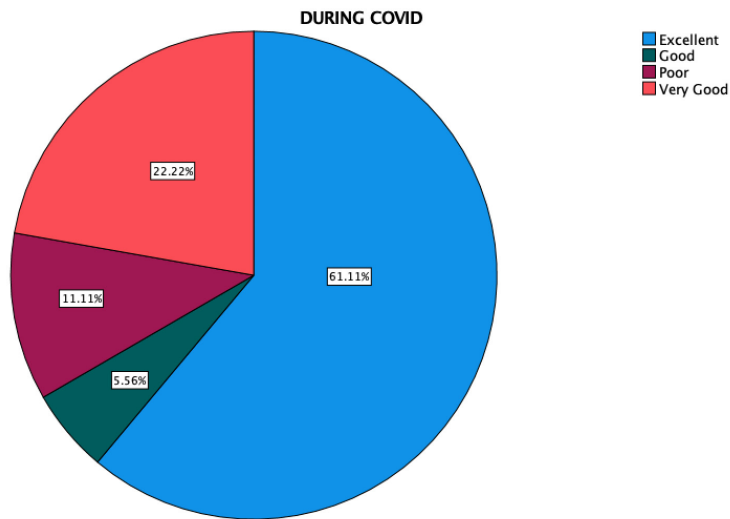
Poor (1) - 0%

Good (3) - 0%

Excellent (5) - 81.82%

Fair (2) - 9.09%

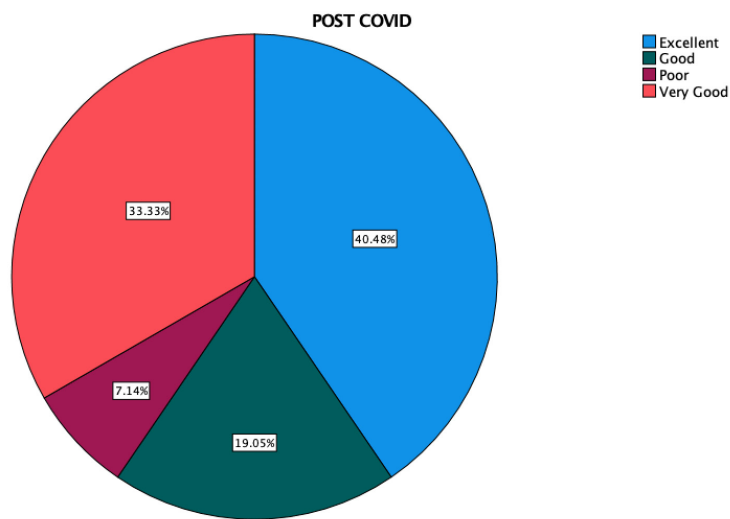
Very good (4) - 9.09%



Poor (1) - 11.11%
Fair (2) - 0%

Good (3) - 5.56%
Very good (4) - 22.22%

Excellent (5) - 61.11%



Poor (1) - 7.14%
Fair (2) - 0%

Good (3) - 19.05%
Very good (4) - 33.33%

Excellent (5) - 40.48%

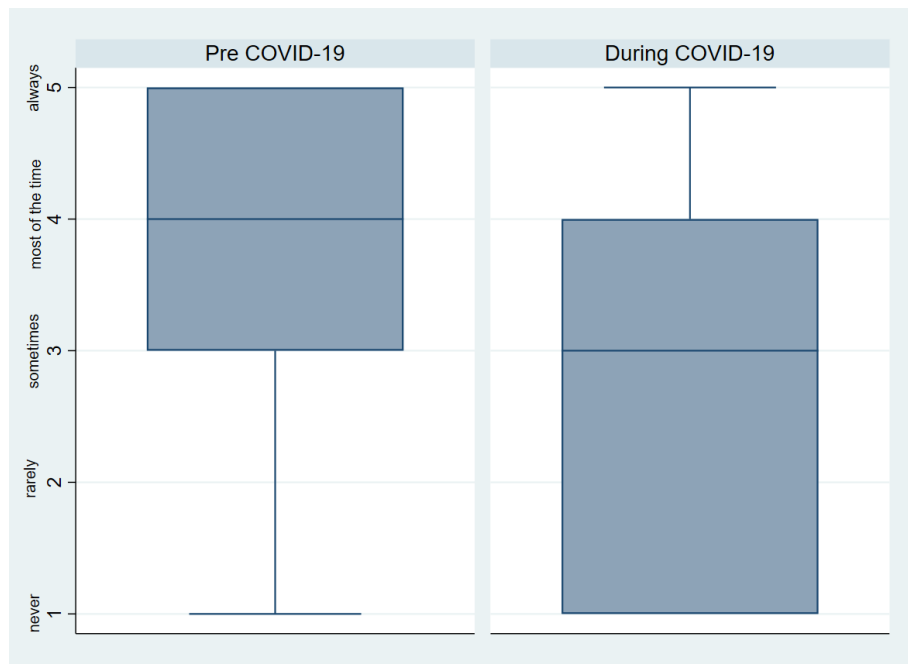
The above charts show how many of the adults indicated that their relationship with their child was “good” or “very good,” showing that overall, relationships with their child is at least “good.” Results also show that target adults were less likely to say that their relationship with their child was “excellent” post-COVID-19 (40.48%) than during COVID-19 (61.11%) or pre-COVID-19 (81.82%) which can also be attributed to the effect of COVID-19 on society. This is important to note that relationships are good, but there is a decline in how good they are, as indicated by Bate et al. (2021), parent-child relationships are important in moderating emotional and behavioral health issues that have taken a toll during COVID-19.

SURVEY ITEM: HOW OFTEN DOES HE/SHE/THEY (A SEPARATE CAREGIVER) RUN ERRANDS LIKE PICKING THINGS UP FROM THE STORE?

Scale: 0-4, Never (0), Rarely, Sometimes, Often, Always (4)

Target Adult Result: How often does he/she/they (a separate caregiver) run errands like picking up things from the store?

	N	Mean	SD	df	P	Decision
Pre COVID-19	107	3.80	1.09	119	0.0020	Accept
During COVID-19	14	2.79	1.48			



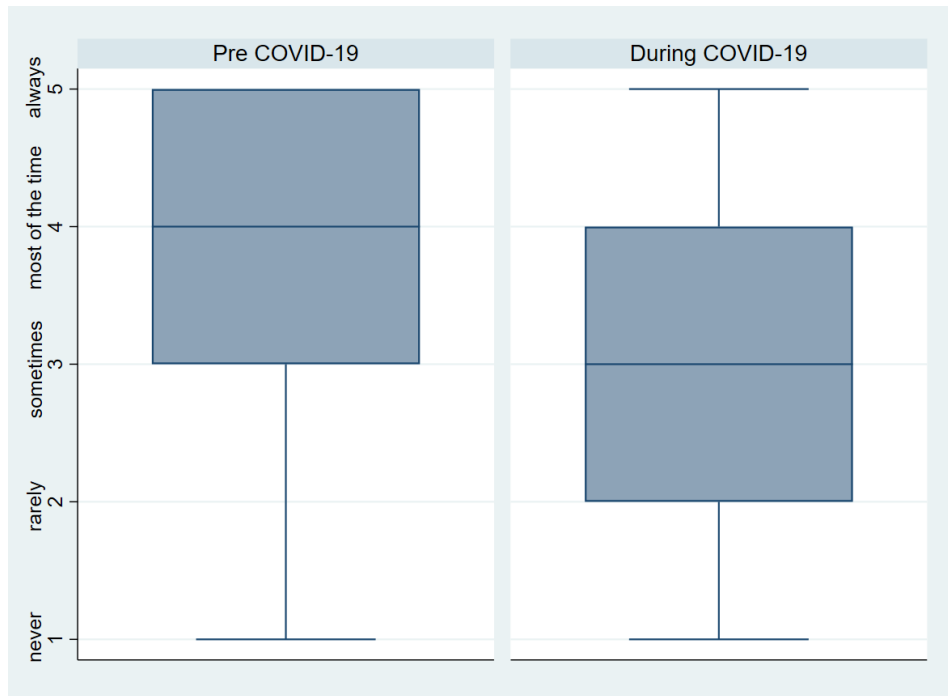
The above chart shows that a second adult ran errands, like picking up things from a store, less during COVID-19 ($m = 2.79$) than pre-COVID-19 ($m = 3.8$). This is important as it indicates that second adults were less available during COVID-19 and could be due to strains in healthy relationships in families.

SURVEY ITEM: HOW OFTEN DOES HE/SHE/THEY (A SEPARATE CAREGIVER) HELP AROUND THE HOUSE WITH TASKS SUCH AS COOKING AND CLEANING?

Scale: 0-4, Never (0), Rarely, Sometimes, Often, Always (4)

Target Adult Result: How often does he/she/they (a separate caregiver) help around the house with tasks such as cooking and cleaning?

	N	Mean	SD	df	P	Decision
Pre COVID-19	105	3.86	1.09	117	0.0074	Accept
During COVID-19	14	3	1.18			



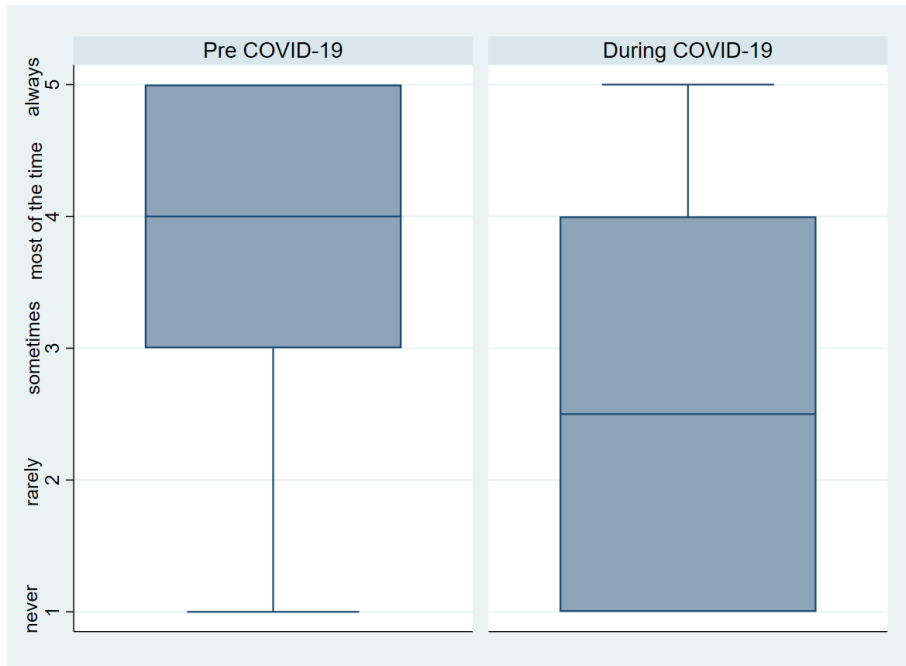
The above chart shows that during COVID-19, a second adult helped around the house less often ($m = 3.0$) than pre-COVID-19 ($m = 3.86$). This is important as it may indicate second adults were possibly less available during COVID-19 and that this may impact other aspects of a family's relationship if there is not a second adult helping around the house.

SURVEY ITEM: HOW OFTEN DOES HE/SHE/THEY (A SEPARATE CAREGIVER) FIX THINGS AROUND YOUR HOME (FOR EXAMPLE, PAINT, OR MAKE IT LOOK NICER IN OTHER WAYS?)

Scale: 0-4, Never (0), Rarely, Sometimes, Often, Always (4)

Target Adult Result: How often does he/she/they (a separate caregiver) fix things around your home (for example, paint, or make it look nicer in other ways)?

	N	Mean	SD	df	P	Decision
Pre COVID-19	107	3.57	1.22	119	0.0179	Accept
During COVID-19	14	2.71	1.49			



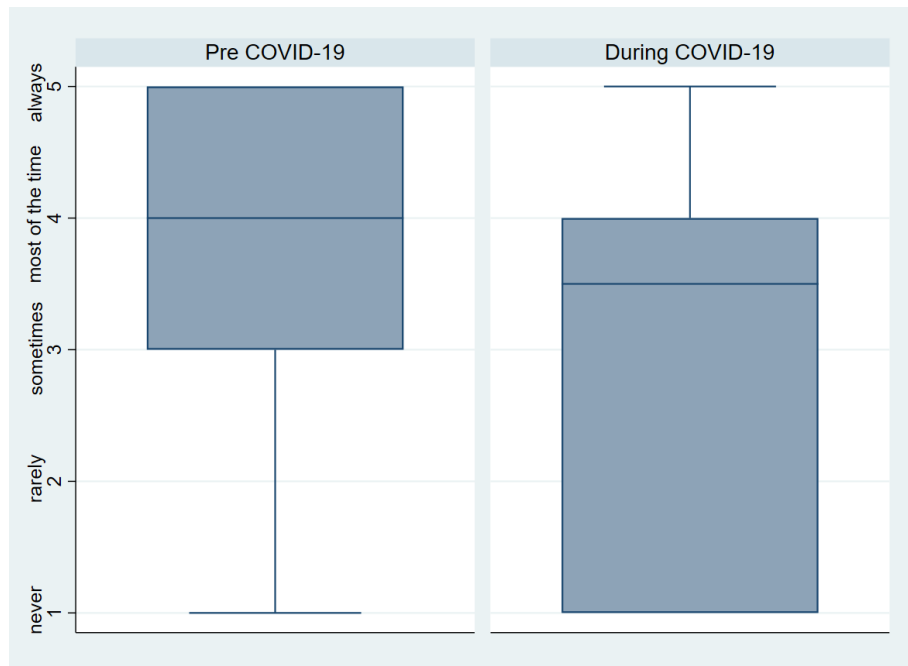
The above chart shows the result that second adults in the household were less likely to fix things around the house during COVID-19 ($m = 2.71$) than pre-COVID-19 ($m = 3.57$). This may indicate a lack of engagement from a second adult in the household more generally. Paired with the results found on second adults not helping as much in other areas, second adults may not have been engaged as much during COVID-19 as before COVID-19. This also is important as it might mean that these first adults may be shouldering more of the burden of fixing things around the house.

SURVEY ITEM: HOW OFTEN DOES HE/SHE/THEY (A SEPARATE CAREGIVER) TAKE THE CHILD(REN) TO PLACES HE/SHE/THEY NEEDS TO GO SUCH AS TO DAYCARE, THE DOCTOR, ACTIVITIES, PRACTICE, ETC.?

Scale: 0-4, Never (0), Rarely, Sometimes, Often, Always (4)

Target Adult Result: How often does he/she/they (a separate caregiver) take the child(ren) to places he/she/they needs to go such as to daycare, the doctor, activities, practice, etc.?

	N	Mean	SD	df	P	Decision
Pre COVID-19	107	3.75	1.16	119	0.0171	Accept
During COVID-19	14	2.93	1.44			



This chart shows that second adults took the child(ren) places they needed to go such as daycare, the doctor, activities, etc. less often during COVID-19 ($m = 2.93$) than before COVID-19 ($m = 3.57$). This is important as it may indicate a decreasing role of a second adult during COVID-19 and that likewise with other results, these families with second adults who are not helping as much may leave more responsibility for a single adult.

SURVEY ITEM: HOW SATISFIED ARE YOU WITH THE SERVICES YOU OR YOUR FAMILY RECEIVED? (BY THE COLLABORATIVE)

Scale: 1-5, Not satisfied (1) - Very satisfied (5)

Target Adult Result: How satisfied are you with the services you or your family received? (by the collaborative)

	N	Mean	SD	df	P	Decision
During COVID-19	18	4.72	0.57	53	0.0273	Accept
Post COVID-19	37	4.22	0.85			

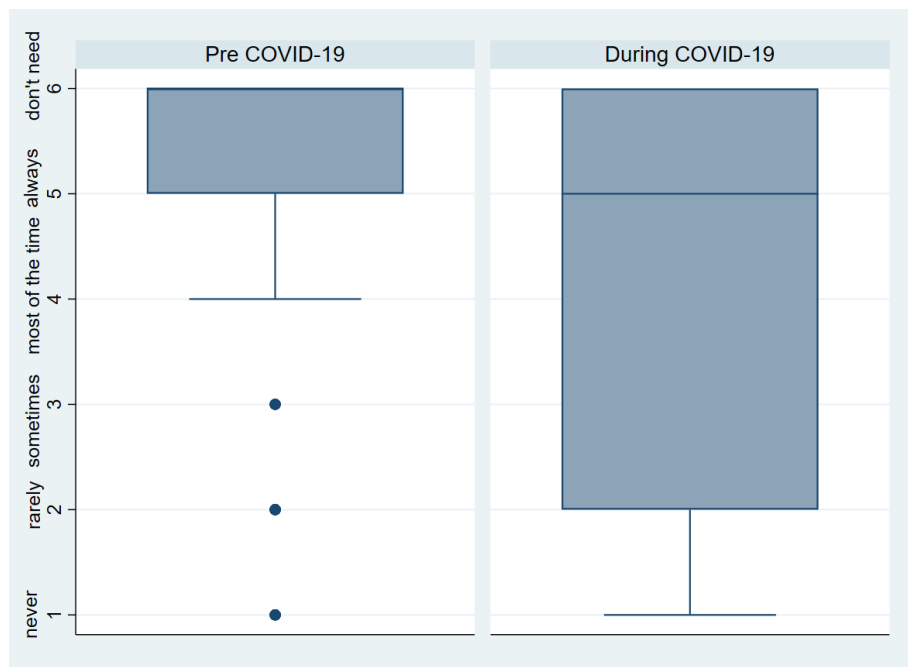
Target Families were more satisfied with services they received during COVID-19 ($m = 4.72$) than post-COVID-19 ($m = 4.22$). It is unclear why this is the case, but generally, families are still satisfied with the services they have received. For instance, target families surveyed During COVID reported similar levels of satisfaction with services as pre-COVID, suggesting that services were perceived as positive even in the midst of a global pandemic.

SURVEY ITEM: HOW OFTEN ARE YOU ABLE TO GET A RIDE WHEN YOU NEED ONE?

Scale: 1-6, Never (1), Rarely, Sometimes, Most of the time, Always, I don't ever need a ride (6)

Target Adult Result Pre & During COVID-19: How often are you able to get a ride when you need one?

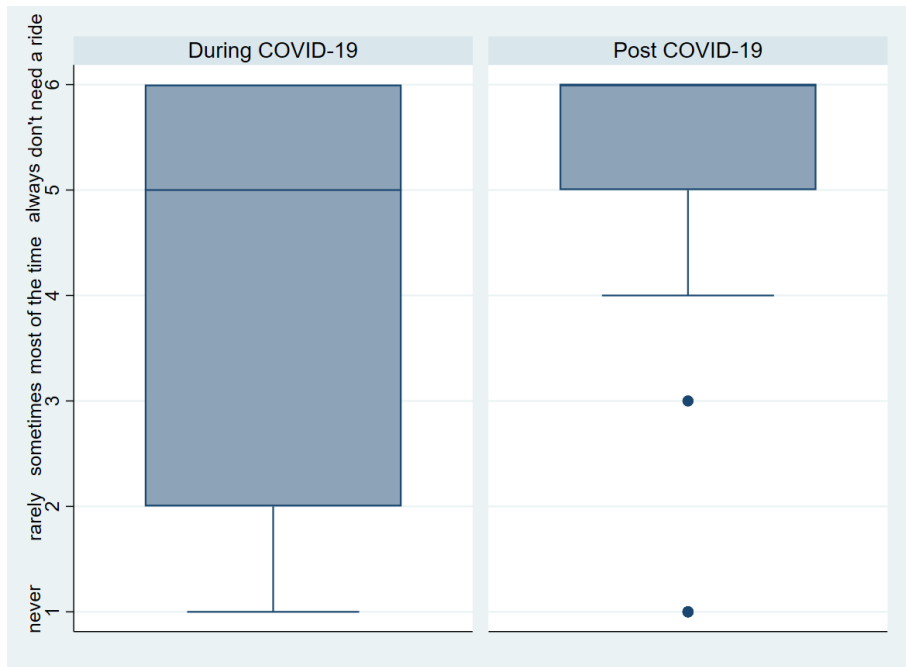
	N	Mean	SD	df	P	Decision
Pre COVID-19	114	5.05	1.38	131	0.0152	Accept
During COVID-19	19	4.16	1.92			



A t-test was run to determine if there were differences in how often they were able to get a ride when they needed one. The above chart shows that participants could get a ride when they needed one more often pre-COVID-19 (m = 5.05) than during COVID-19 (m = 4.16). This is important as not being able to get a ride when they need one may have negative consequences for aspects of their health and well-being, such as going to a doctor's appointment or going to a grocery store. This may also indicate a lack of availability of others during COVID-19 to get rides from; maybe families were dependent on collaboratives for rides or the individuals who usually gave them rides were not accessible during COVID-19. It is also possible that families who had previously relied solely on public transportation suddenly found themselves without it and did not have a support network that would support this assistance.

Target Adult Result During & Post COVID-19: How often are you able to get a ride when you need one?

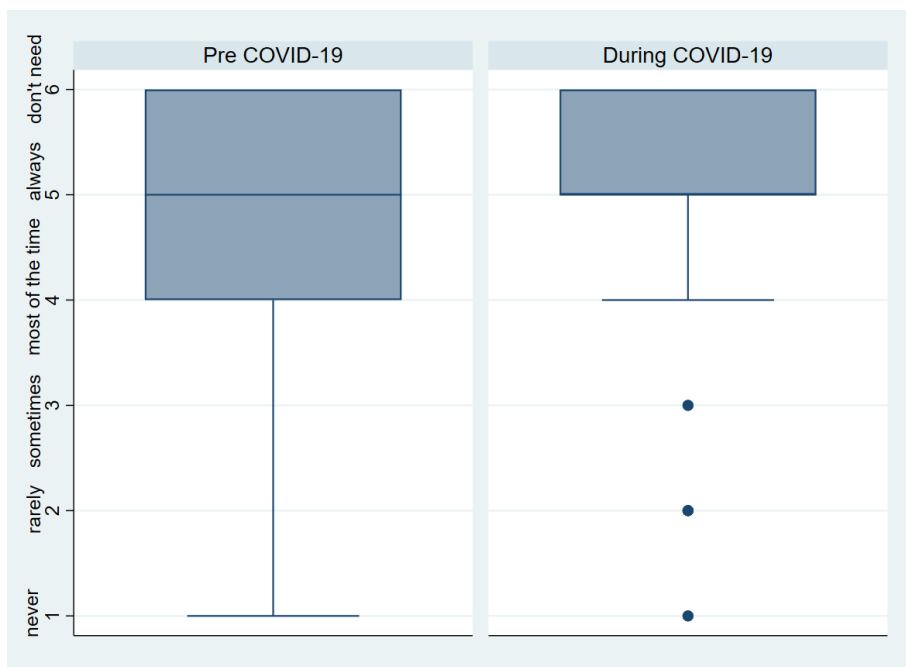
	N	Mean	SD	df	P	Decision
During COVID-19	19	4.16	1.92	57	0.0424	Accept
Post COVID-19	40	5.08	1.40			



This graph shows that participants were more able to get a ride when they needed one post-COVID-19 ($m = 5.08$) than during COVID-19 ($m = 4.16$). This is important because it suggests that fewer adults post-COVID-19 are not attending whatever they need to due to a lack of a ride.

Matching Adult Result: How often are you able to get a ride when you need one?

	N	Mean	SD	df	P	Decision
Pre COVID-19	135	4.64	1.36	216	0.0349	Accept
During COVID-19	83	5.02	1.20			



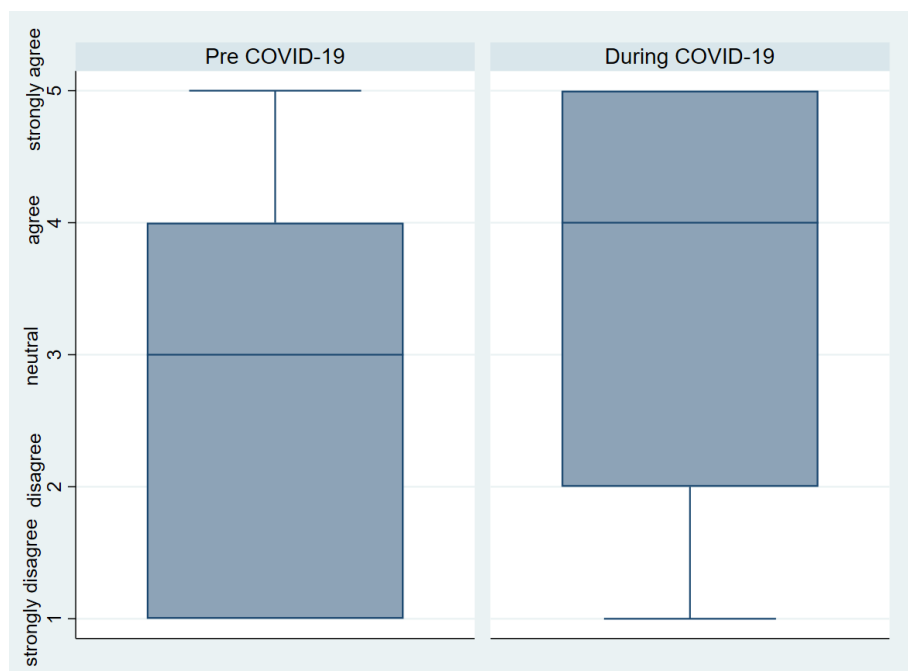
This chart shows the result that during COVID-19, matching family adults were more often able to get a ride when they needed one ($m = 5.02$) than they were before COVID-19 ($m = 4.64$). This is important because it suggests that COVID-19 did not interfere with their ability to get a ride. Furthermore, these adults being more able to get a ride when they needed one during COVID-19 may suggest that however, they were getting a ride to become more available during COVID-19.

SURVEY ITEM: GIVEN THE OPPORTUNITY, I WOULD LIKE TO MOVE OUT OF THIS NEIGHBORHOOD. (PERCEIVED NEIGHBORHOOD SAFETY AND SATISFACTION)

Scale: 1-5, Strongly Disagree (1) - Strongly Agree (5)

Target Adult Result: Given the opportunity, I would like to move out of this neighborhood. (Perceived neighborhood safety and satisfaction)

	N	Mean	SD	df	P	Decision
Pre COVID-19	114	2.79	1.44	131	0.0446	Accept
During COVID-19	19	3.53	1.61			



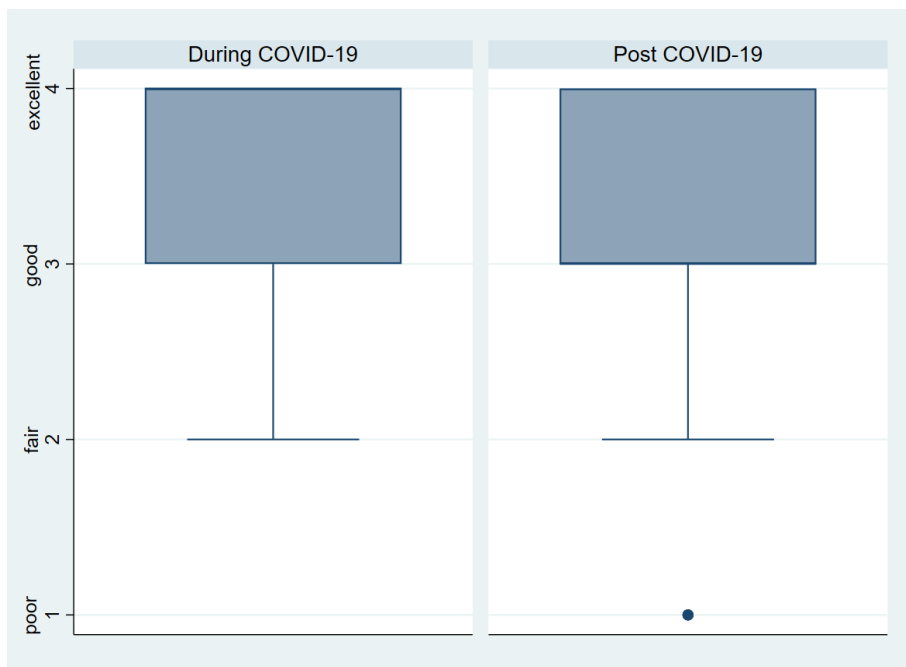
An independent t-test was run on a sample of 131 target adults to determine if there were differences in people's willingness to move out. There was a significant difference, shown by the above chart, indicating that people were more willing to move out of their neighborhood during COVID-19 ($m = 3.53$) than pre-COVID-19 ($m = 2.79$). This is important as this result may suggest that COVID-19 may have impacted their opinion of their neighborhood quality or other areas of their life that may make them more willing to move out of their current neighborhood. There was no difference in target families' opinion during-COVID compared to post-COVID, which means that families felt similarly willing to move out of their neighborhood as they did during COVID.

SURVEY ITEM: OVERALL, HOW WOULD YOU RATE YOUR NEIGHBORHOOD AS A PLACE TO LIVE?

Scale: 1-4, Poor (1), Fair, Good, Excellent (4)

Matching Adult Result: Overall, how would you rate your neighborhood as a place to live?

	N	Mean	SD	df	P	Decision
During COVID-19	83	3.77	1.13	153	0.0318	Accept
Post COVID-19	72	3.33	1.38			



The above chart shows the result that matching family adults rated their neighborhood as a place to live at higher levels during COVID-19 (3.77) than post-COVID-19 (m = 3.33). This shift in the rating is important because this may suggest that post-COVID-19, people may be finding it more difficult than during COVID-19 to live in their current neighborhood. This finding is similar in nature to that with target families, suggesting that dissatisfaction with their current neighborhood was a general feeling among the general population in these counties.

SURVEY ITEM: I FEEL LIKE I BELONG IN THE NEIGHBORHOOD.

Scale: 1-5, Strongly Disagree (1) - Strongly Agree (5)

Matching Adult Result: I feel like I belong in the neighborhood.

	N	Mean	SD	df	P	Decision
During COVID-19	83	3.77	1.13	153	0.0318	Accept
Post COVID-19	72	3.33	1.38			



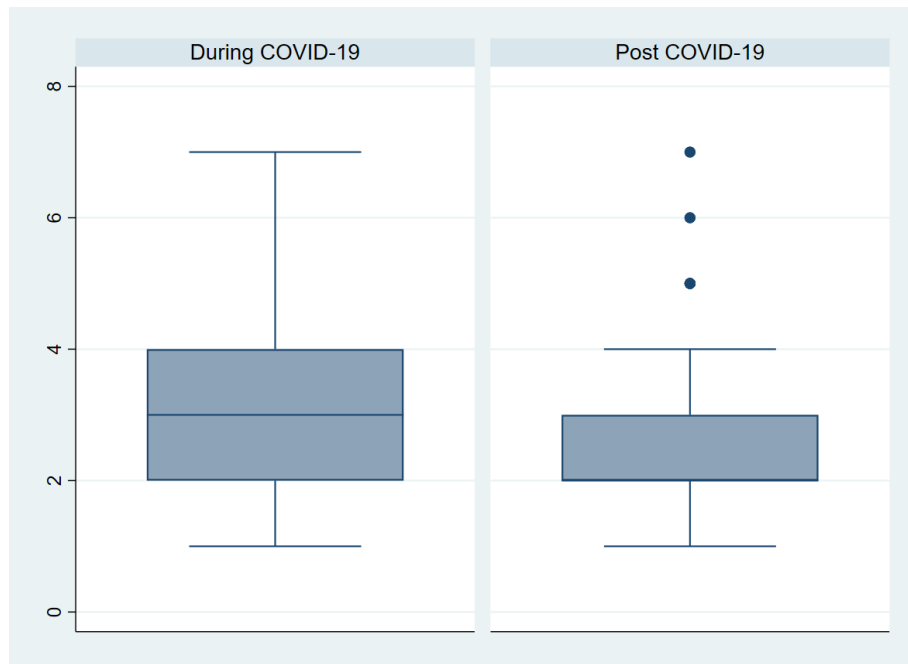
The above chart shows that during COVID-19, matching family adults reported rating if they feel like they belong in their neighborhood at higher ratings ($m = 3.77$) than post-COVID-19 ($m = 3.33$). This change is important because changes in belongingness in their neighborhood may contribute to impacting other areas of their life.

SURVEY ITEM: DURING THE PAST 7 DAYS DID YOU EAT OTHER VEGETABLES?

Scale: 1-7, I did not eat other vegetables during the past 7 days (1), 1 to 3 times during the past 7 days, 4 to 6 times during the past 7 days, 1 time per day, 2 times per day, 3 times per day, 4 or more times per day (7)

Matching Adult Result: During the past 7 days did you eat other vegetables?

	N	Mean	SD	df	P	Decision
During COVID-19	82	3.12	1.36	152	0.0024	Accept
Post COVID-19	72	2.47	1.23			



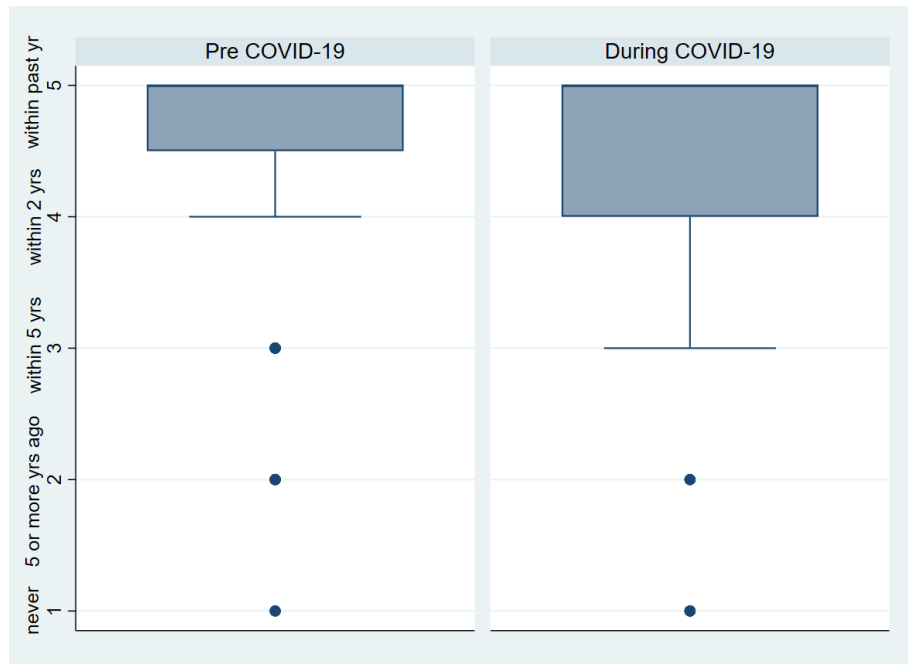
The above chart shows the result that during COVID-19, the matching family adults ate more vegetables (other than green salad, potatoes, and carrots) ($m = 3.12$) than they ate post-COVID-19 ($m = 2.47$). This is important as it may suggest that during COVID-19, these adults had more ability or motivation to eat vegetables, whereas, after COVID-19, it may not be as easy to have meals with vegetables.

SURVEY ITEM: ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DOCTOR FOR A ROUTINE CHECKUP? A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

Scale: 1-5, Never (1), 5 or more years ago, Within past 5 years (2 years but less than 5 years ago), Within the past two years (1 year but less than 2 years ago), Within past year (anytime less than 12 months ago)

Matching Adult Result: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

	N	Mean	SD	df	P	Decision
Pre COVID-19	132	4.56	0.08	212	0.0347	Accept
During COVID-19	82	4.26	0.13			



The chart above shows the result that during COVID-19, matching family adults reported a long time since they had visited a doctor for a routine checkup ($m = 4.26$) than pre-COVID-19 ($m = 4.56$). This is important as a shift in how long it had been since they visited a doctor for a routine checkup may suggest that adults delayed regular checkups during COVID-19. This finding is relevant as delaying or avoiding medical care during COVID-19 was prevalent in the United States and may have negative consequences for health (Czeisler et al., 2020). In contrast, there was no difference in target families' reports of medical appointments pre-COVID compared to during or post-COVID.

SURVEY ITEM: NOW, THINK ABOUT THE TIME YOU SPENT WALKING IN THE LAST 7 DAYS. THIS INCLUDES AT WORK AND AT HOME, WALKING FROM PLACE TO PLACE, AND ANY OTHER WALKING THAT YOU HAVE DONE SOLELY FOR RECREATION, SPORT, EXERCISE, OR LEISURE. HOW MUCH TIME DID YOU USUALLY SPEND WALKING ON ONE OF THOSE DAYS?

(_ hours per day, _ minutes per day, _don't know/not sure)

Matching Adult Result: Now, think about the time you spent walking in the last 7 days. This includes at work and at home, walking from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. How much time did you usually spend walking on one of those days?

	N	Mean	SD	df	P	Decision
Pre COVID-19	107	1.54	0.74	165	0.0250	Accept
During COVID-19	60	1.82	0.77			

The chart above shows the result that during COVID-19, the matching family adults spent more time walking ($m = 1.82$) than pre-COVID-19 ($m = 1.54$). This is important as this result may suggest that adults spent more time completing physical activity during COVID-19.

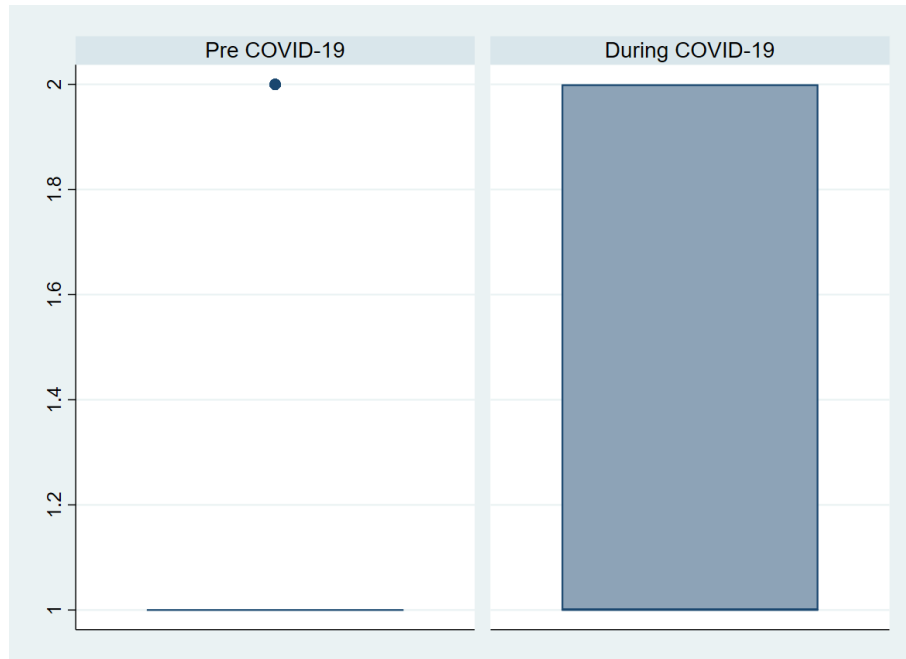
FINANCIAL STABILITY

A variety of questions related to the financial stability pillar of the Whole Family Approach were analyzed from the survey. These results address significant differences in Pre, During and Post COVID-19 (as data was available) for target and/or matching families (as data was available, based on sample size). Where there were significant differences within both target and matching families at different COVID-19 time points within each of those two groups, both target and matching family data is presented to show the face value difference (not statistically significant differences) between the two groups (target and matching) at the appropriate COVID-19 timepoints.

SURVEY ITEM: IN THE PAST 6 MONTHS, DID YOU RECEIVE FREE FOOD OR MEALS? (NO/YES)

Matching Adult Result: In the past 6 months, did you receive free food or meals?

	N	Mean	SD	df	P	Decision
Pre COVID-19	130	1.24	0.43	209	0.0351	Accept
During COVID-19	81	1.38	0.49			



The above chart shows that during COVID-19, matching family adults received more free food or meals ($m = 1.38$) than they did pre COVID-19 ($m = 1.24$). This is important as it may suggest that many of these families were impacted by the consequences of COVID-19, such as loss of income, which contributed to struggles in having enough money to pay for food.

Target Adult Result Pre & During COVID-19: In the past 6 months, did you receive free food or meals?

	N	Mean	SD	df	P	Decision
Pre COVID-19	112	1.15	0.36	127	0.000	Accept
During COVID-19	17	1.59	0.12			

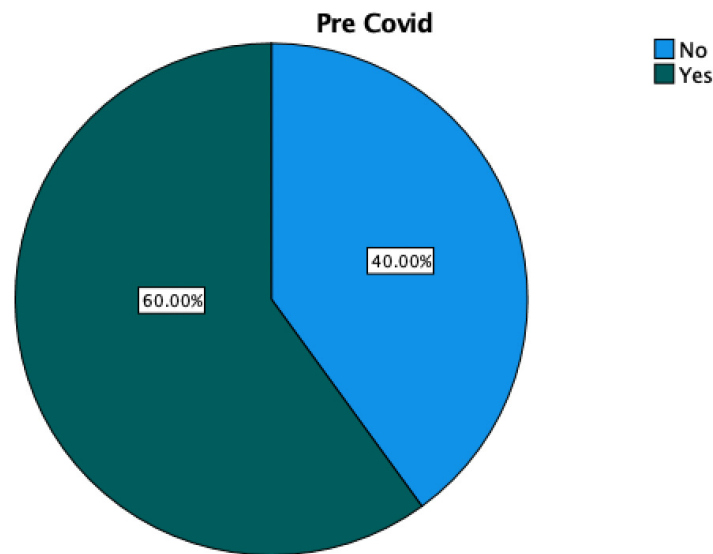
This chart shows the result that more families received free food or meals during COVID-19 (m = 1.59) than pre-COVID-19 (m = 1.15). This is important as it shows that during COVID-19, one way that families were impacted was in food security, also highlighted in a study by Parekh et al. (2021) that COVID-19-19 negatively affected food insecurity and especially worsened food insecurity in families.

Target Adult Result During & Post COVID-19: In the past 6 months, did you receive free food or meals?

	N	Mean	SD	df	P	Decision
During COVID-19	17	1.59	0.51	54	0.0297	Accept
Post COVID-19	39	1.28	0.46			

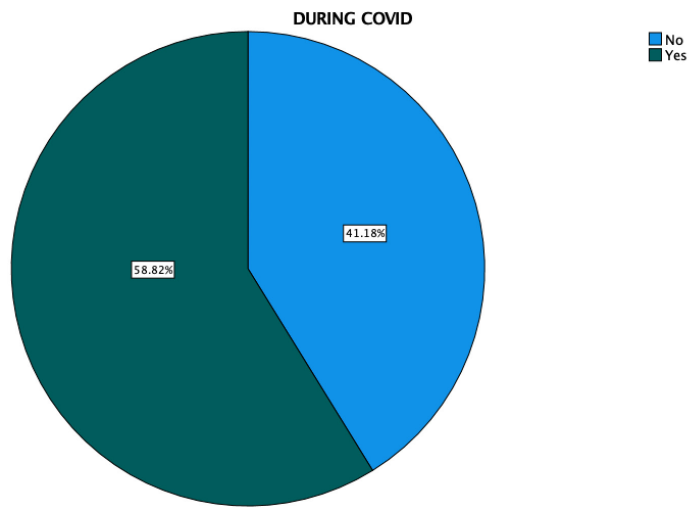
This chart shows the result that more families received free food or meals during COVID-19 (m = 1.59) than post-COVID-19 (m = 1.28). This is important as it indicates that families were impacted by COVID-19 and during this time, needed resources like food that they did not need after COVID-19.

Target Adult Result Pre, During COVID-19, & Post COVID-19: In the past 6 months, did you receive free food or meals?



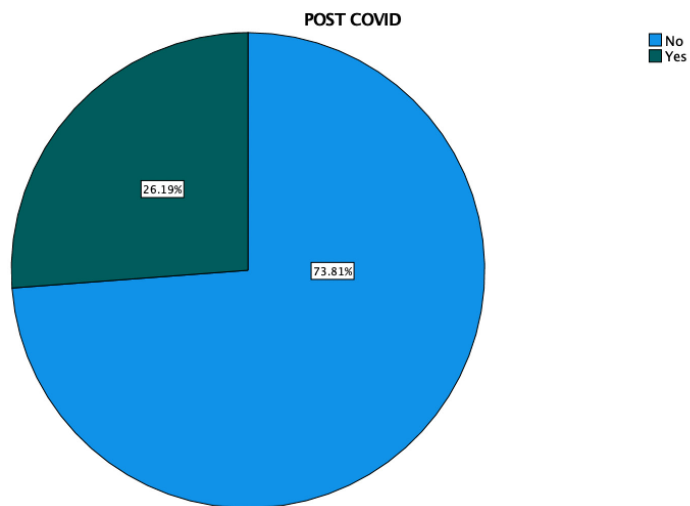
No (1) - 40%

Yes (2) - 60%



No (1) - 41.18%

Yes (2) - 58.82%



No (1) - 73.81%

Yes (2) - 26.19%

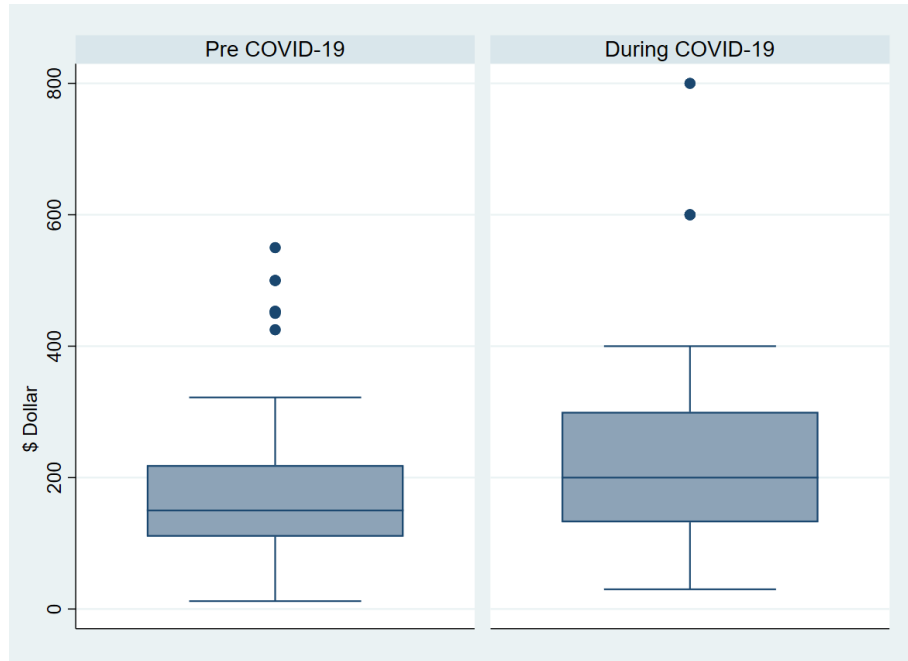
The above charts show the result that post-COVID-19, families were less likely to report receiving free food or meals (26%), compared to pre-COVID-19 (60%) and during COVID-19 (59%). This is important as it indicates that post-COVID-19, more families have the resources they need for food that they did not have pre or during COVID-19.

SURVEY ITEM: HOW MUCH IS IT [ELECTRIC BILL]?

Prior survey item: Do you know how much your electric bill is each month?

Matching Adult Result: How much is it [electric bill]?

	N	Mean	SD	df	P	Decision
Pre COVID-19	86	183.07	112.15	135	0.0298	Accept
During COVID-19	51	232.63	150.42			



The chart above shows the result that matching family adults paid more for their electric bill during COVID-19 ($m = 232.63$) than pre-COVID-19 ($m = 183.07$). This is important because it is an indicator that families were spending more time at home, but also that consequently, were spending more money on their electric bill during this time.

Matching Adult Result: In the past 12 months, what was the cost of oil, kerosene, wood, etc. for your house, apartment, or mobile home? If you lived here less than 12 months, estimate the cost.

	N	Mean	SD	df	P	Decision
Pre COVID-19	95	2.69	0.78	147	0.0439	Accept
During COVID-19	54	2.40	0.90			

The result shows us that there is a statistically significant difference between the pre COVID-19 group and during COVID-19 group on the cost of oil, kerosene, wood, etc. how during COVID-19 the cost was statistically significantly higher.

SURVEY ITEM: IN THE PAST 6 MONTHS, WAS SERVICE TURNED OFF BY THE GAS OR ELECTRIC COMPANY OR DID THE OIL COMPANY NOT DELIVER OIL? (NO/YES)

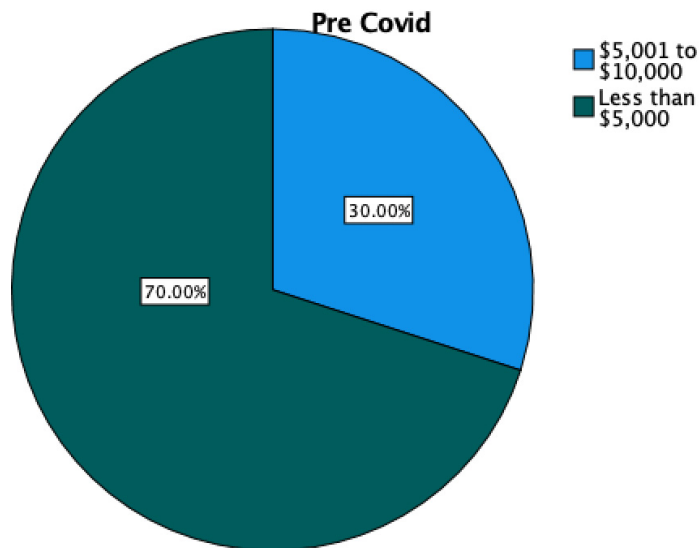
Matching Adult Result: In the past 6 months, was service turned off by the gas or electric company or did the oil company not deliver oil?

	N	Mean	SD	df	P	Decision
Pre COVID-19	130	1.06	0.24	209	0.0228	Accept
During COVID-19	81	1	0			

During COVID-19, matching family adults experienced fewer service shut-offs by a gas, electric, or oil company (m = 1.00) than pre-COVID-19 (m = 1.06). This is important because it shows that during COVID-19, when families may have been struggling more to pay bills, these adults were still able to use these services without interruption.

SURVEY ITEM: HOW MUCH OF YOUR HOUSEHOLD INCOME COMES FROM OTHER SOURCES (FOR EXAMPLE: CHILD SUPPORT, SOCIAL SECURITY, DISABILITY, GOVERNMENT ASSISTANCE)?

Target Adult Result: How much of your household income comes from other sources (for example: child support, social security, disability, government assistance)?



Less than \$5,000 (1) - 70%

\$5,001 to \$10,000 (2) - 30%

\$10,001 to \$15,000 (3) - 0%

\$15,001 to \$20,000 (4) - 0%

\$20,001 to \$25,000 (5) - 0%

\$25,001 to \$30,000 (6) - 0%

\$30,001 to \$40,000 (7) - 0%

\$40,001 to \$50,000 (8) - 0%

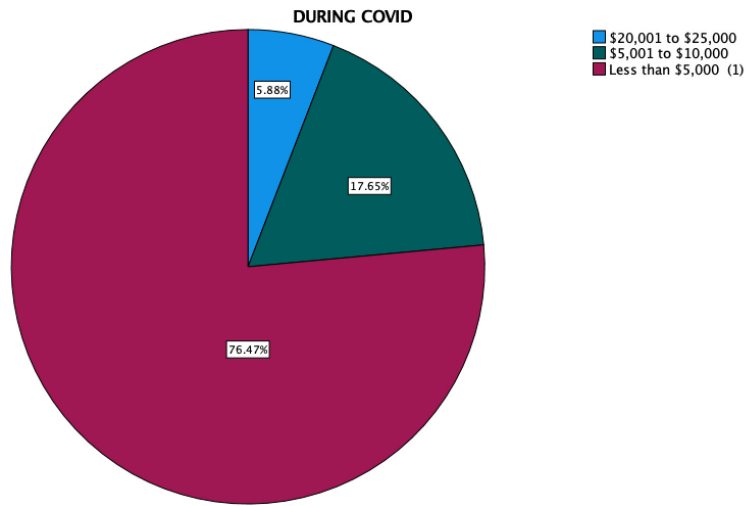
\$50,001 to \$60,000 (9) - 0%

\$60,001 to \$70,000 (10) - 0%

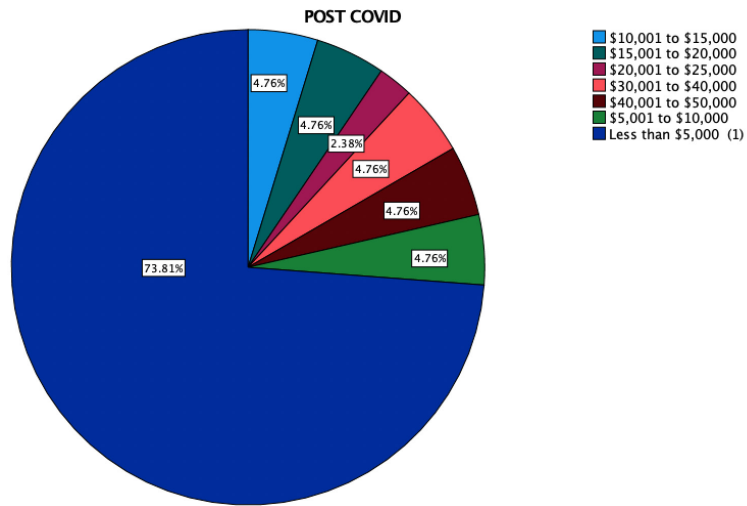
\$70,001 to \$80,000 (11) - 0%

\$80,001 to \$90,000 (12) - 0%

\$90,001 and above (13) - 0%



Less than \$5,000 (1) - 76.47%	\$25,001 to \$30,000 (6) - 0%	\$70,001 to \$80,000 (11) - 0%
\$5,001 to \$10,000 (2) - 17.65%	\$30,001 to \$40,000 (7) - 0%	\$80,001 to \$90,000 (12) - 0%
\$10,001 to \$15,000 (3) - 0%	\$40,001 to \$50,000 (8) - 0%	\$90,001 and above (13) - 0%
\$15,001 to \$20,000 (4) - 0%	\$50,001 to \$60,000 (9) - 0%	
\$20,001 to \$25,000 (5) - 5.88%	\$60,001 to \$70,000 (10) - 0%	

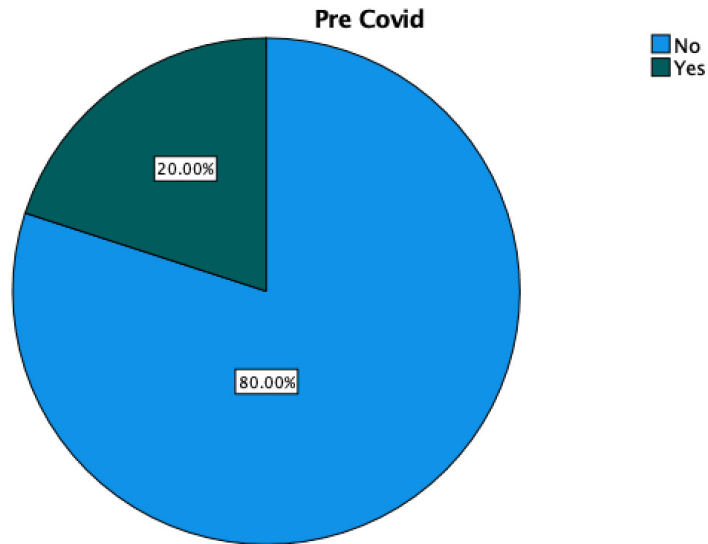


Less than \$5,000 (1) - 73.81%	\$25,001 to \$30,000 (6) - 0%	\$70,001 to \$80,000 (11) - 0%
\$5,001 to \$10,000 (2) - 4.76%	\$30,001 to \$40,000 (7) - 4.76%	\$80,001 to \$90,000 (12) - 0%
\$10,001 to \$15,000 (3) - 4.76%	\$40,001 to \$50,000 (8) - 4.76%	\$90,001 and above (13) - 0%
\$15,001 to \$20,000 (4) - 4.76%	\$50,001 to \$60,000 (9) - 0%	
\$20,001 to \$25,000 (5) - 2.38%	\$60,001 to \$70,000 (10) - 0%	

The above charts show that families are about as likely post-COVID-19 to be receiving less than \$5,000 of their household income from other sources (74%) compared to pre-COVID-19 (70%) and during COVID-19 (76%).

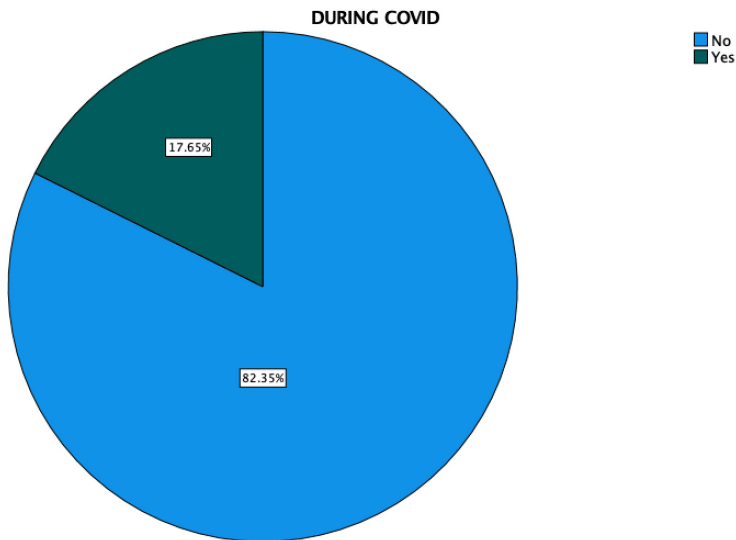
SURVEY ITEM: IN THE PAST 6 MONTHS, DID YOU BORROW MONEY FROM FRIENDS OR FAMILY TO HELP PAY BILLS?

Target Adult Result: In the past 6 months, did you borrow money from friends or family to help pay bills?



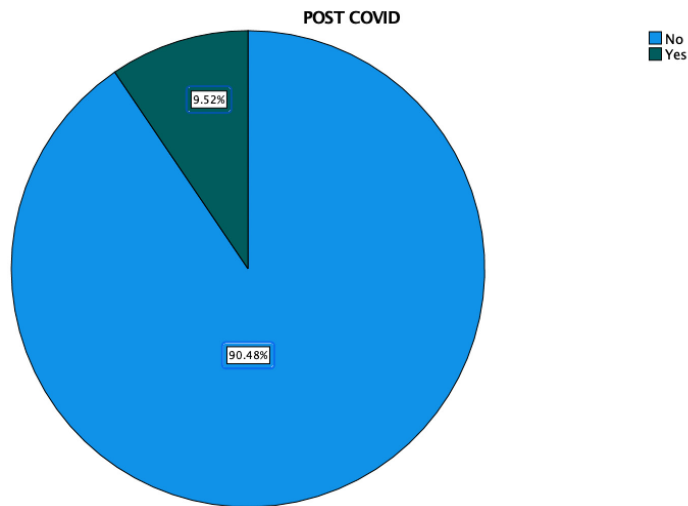
No (1) - 80%

Yes (2) - 20%



No (1) - 82.35%

Yes (2) - 17.65%



No (1) - 90.48%

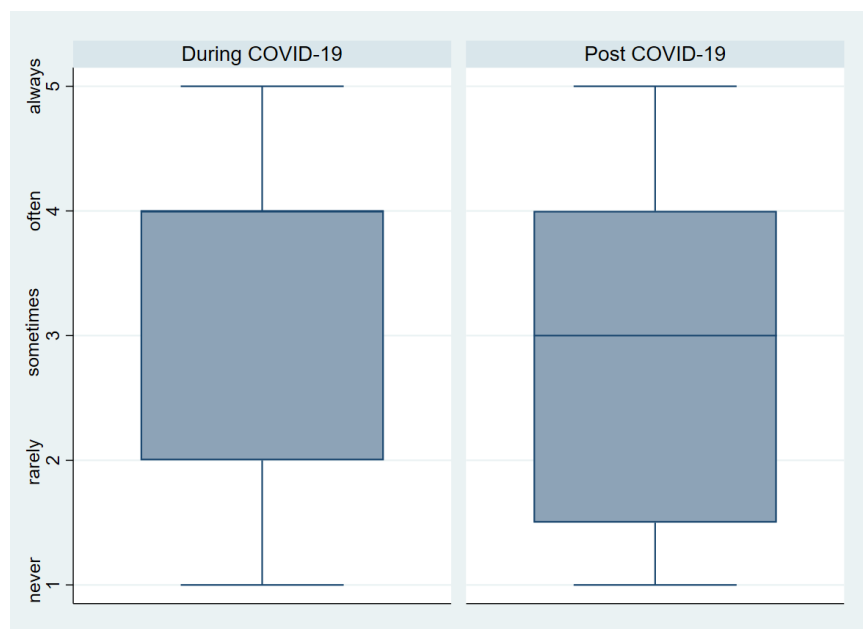
Yes (2) - 9.52%

The above charts indicate that fewer target families in the past six months are borrowing money from friends or family to help pay for bills post-COVID-19 (10%) than pre-COVID-19 (20%) or during COVID-19 (18%). This is important as it may indicate that more families after COVID-19 have the monetary resources to pay bills that they did not have before or during COVID-19.

SURVEY ITEM: HOW OFTEN HAVE YOU DISCUSSED MONEY OR FINANCES WITH YOUR CHILD?

Matching Adult Result: How often have you discussed money or finances with this same child?

	N	Mean	SD	df	P	Decision
During COVID-19	83	3.33	1.28	153	0.0419	Accept
Post COVID-19	72	2.88	1.44			



The chart above shows the result that matching family adults reported discussing money or finances with their children more often during COVID-19 (m = 3.33) than post-COVID-19 (m = 2.88). This is important because this change may indicate that parents do not feel that they need to discuss finances with their children as much post-COVID-19, possibly due to the end of financial troubles.

SURVEY ITEM: DO YOU HAVE ANY KIND OF HEALTH CARE COVERAGE? THIS INCLUDES HEALTH INSURANCE, PREPAID PLANS SUCH AS HMOS, OR GOVERNMENT PLANS SUCH AS MEDICARE OR INDIAN HEALTH SERVICES.

Scale: No (1), Yes (2), Don't Know/Not Sure (7)

Matching Adult Result: Do you have any kind of health care coverage?

	N	Mean	SD	df	P	Decision
Pre COVID-19	132	1.89	0.31	212	0.0114	Accept
During COVID-19	82	2	0.27			

The above chart shows the result that more adults had health insurance coverage during COVID-19 (m = 2) than pre-COVID-19 (m = 1.88). Understanding health insurance coverage changes during COVID-19 is important because it indicates that at a time when unemployment and other income-related factors may have made it more difficult to have health insurance, individuals were still able to get health insurance.

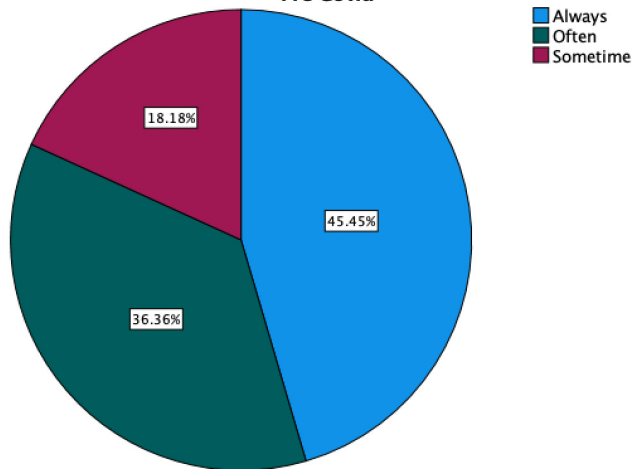
CHILD WELL-BEING

A variety of questions related to the healthy relationships pillar of the Whole Family Approach were analyzed from the survey. These results address significant differences in Pre, During and Post COVID-19 (as data was available) for target and/or matching families (as data was available, based on sample size). Where there were significant differences within both target and matching families at different COVID-19 time points within each of those two groups, both target and matching family data is presented to show the face value difference (not statistically significant differences) between the two groups (target and matching) at the appropriate COVID-19 timepoints.

SURVEY ITEM: HOW OFTEN HAVE YOU DISCUSSED YOUR CHILD'S FUTURE WITH THEM?

Target Adult Result Pre, During & Post COVID-19: How often have you discussed the following with this same child? [their future]

Pre Covid



Never (1) - 0%

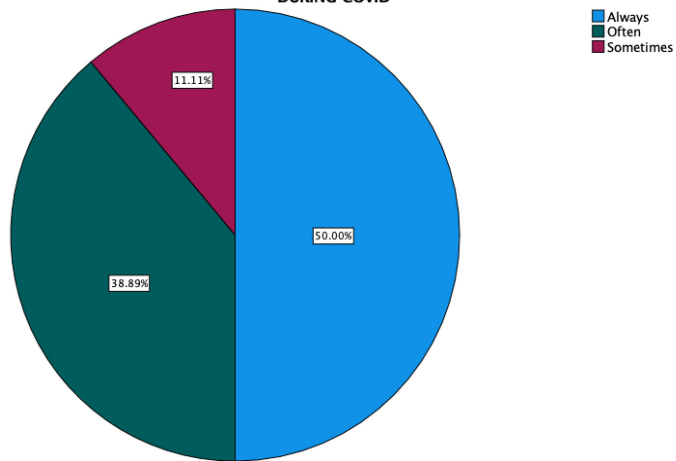
Sometimes (3) - 18.18%

Always (5) - 45.45%

Rarely (2) - 0%

Often (4) - 36.36%

DURING COVID



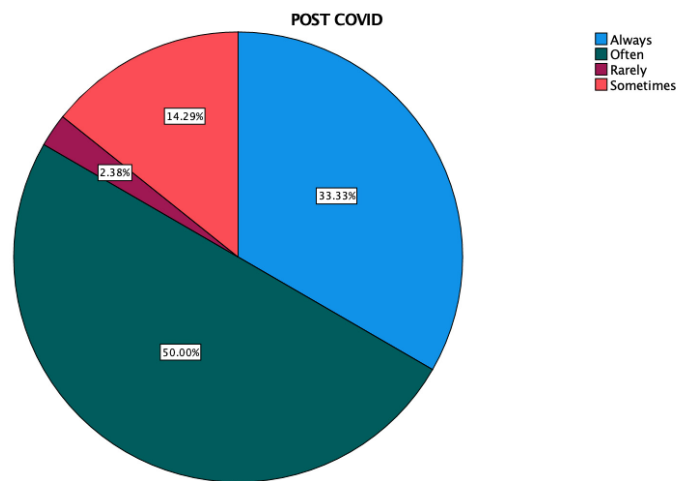
Never (1) - 0%

Sometimes (3) - 11.11%

Always (5) - 50%

Rarely (2) - 0%

Often (4) - 38.89%

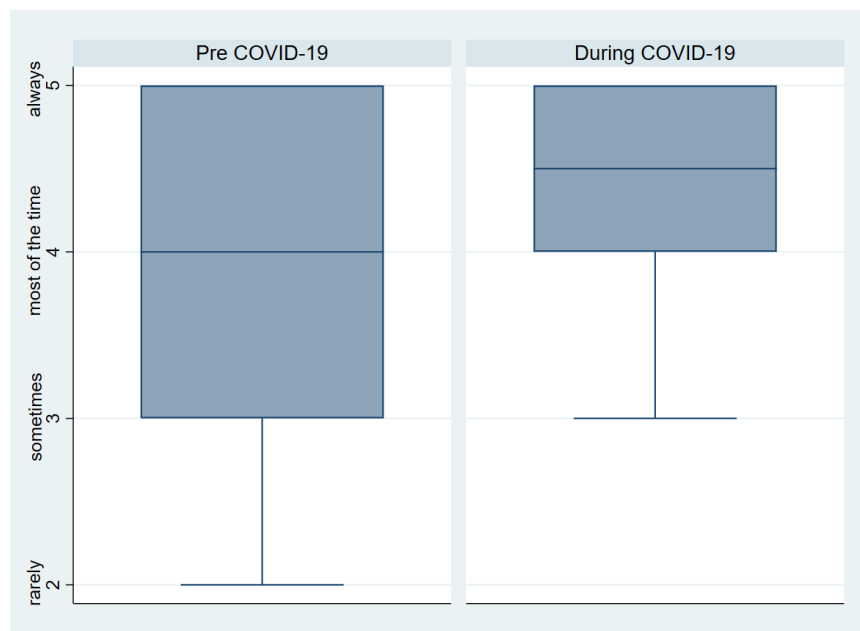


Never (1) - 0% Sometimes (3) - 14.29% Always (5) - 33.33%
 Rarely (2) - 2.38% Often (4) - 50%

The above charts show that caregivers discussed their child’s future with them always or often. However, fewer adults rated that they “always” discussed their child’s future with them post-COVID-19 (33%) than during COVID-19 (50%) or pre-COVID-19 (45%). While conversely, adults were more likely to discuss their child’s future “often” post COVID-19 (50%) than during COVID-19 (39%) or pre-COVID-19 (36%). This indicates that caregivers are still discussing their child’s future, but this has changed from a majority indicating “always” pre and during COVID-19 to a majority indicating “often” post-COVID-19.

Target Adult Result Pre & During COVID-19: How often have you discussed the following with this same child? [their future]

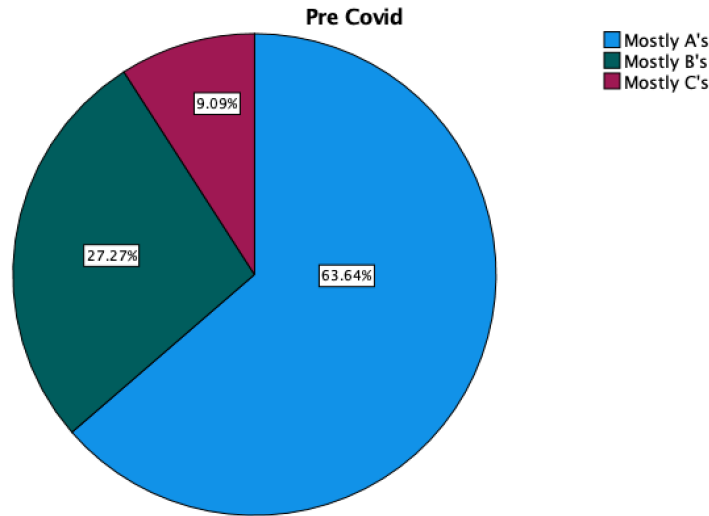
	N	Mean	SD	df	P	Decision
Pre COVID-19	114	3.98	0.90	130	0.0382	Accept
During COVID-19	18	4.44	0.62			



This chart shows the result that parents discussed their child’s future with them more often during COVID-19 (m = 4.44) than pre-COVID-19 (m = 3.98). This is important as it may indicate parents being more willing to discuss the future with their child during a time of uncertainty.

SURVEY ITEM: THE NEXT SET OF QUESTIONS ASK ABOUT THIS CHILD’S SCHOOL AND OTHER EXPERIENCES. AGAIN, PLEASE THINK ABOUT YOUR OLDEST CHILD WHEN ANSWERING THESE QUESTIONS. WHAT GRADES DOES THIS CHILD USUALLY GET IN SCHOOL?

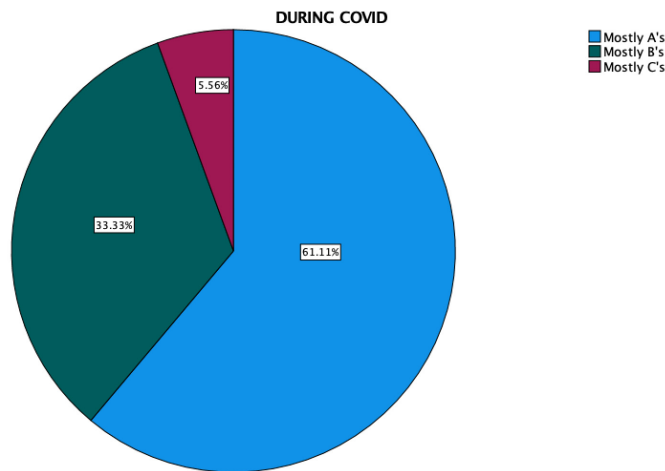
Target Adult Result: What grades does this child usually get in school?



Mostly A's (1) - 63.64%
Mostly B's (2) - 27.27%

Mostly C's (3) - 9.09%
Mostly D's (4) - 0%

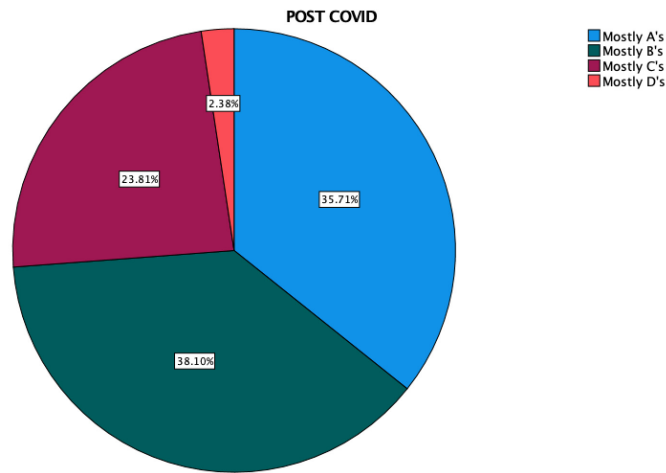
Mostly F's (5) - 0%
I don't know (6) - 0%



Mostly A's (1) - 61.11%
Mostly B's (2) - 33.33%

Mostly C's (3) - 5.56%
Mostly D's (4) - 0%

Mostly F's (5) - 0%
I don't know (6) - 0%



Mostly A's (1) - 35.71%

Mostly C's (3) - 23.81%

Mostly F's (5) - 0%

Mostly B's (2) - 38.10%

Mostly D's (4) - 2.38%

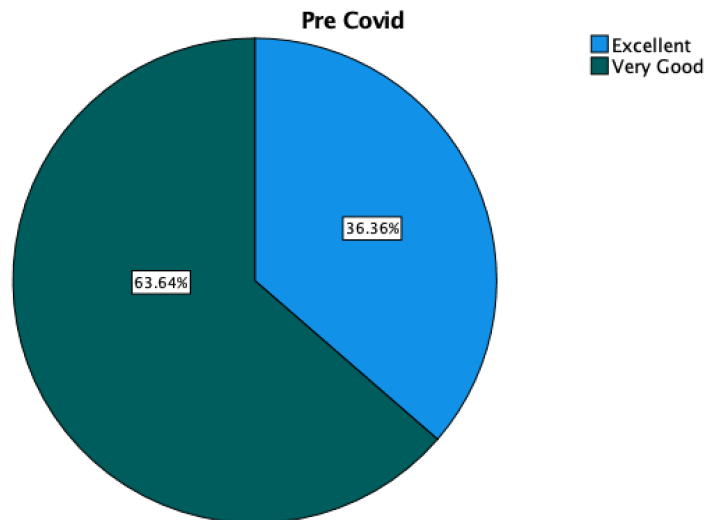
I don't know (6) - 0%

The above charts show the result that after COVID-19, children's grades in school have decreased with fewer students receiving mostly A's (36%) compared to 64% pre-COVID-19 and 61% during COVID-19. Children are also receiving more C's post-COVID-19 (24%) compared to pre-COVID-19 (9%) and during COVID-19 (6%). This is important because this may indicate that students are not receiving the resources they need to succeed or are not as prepared for the grade they are in.

SURVEY ITEM: NOW WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND SCHOOL EXPERIENCES OF YOUR CHILD/THE CHILD FOR WHOM YOUR FAMILY HAS SIGNED UP FOR SERVICES.

In general, would you say this child's health is...

Target Adult Result Pre, During & Post COVID-19: In general, would you say this child's health is...



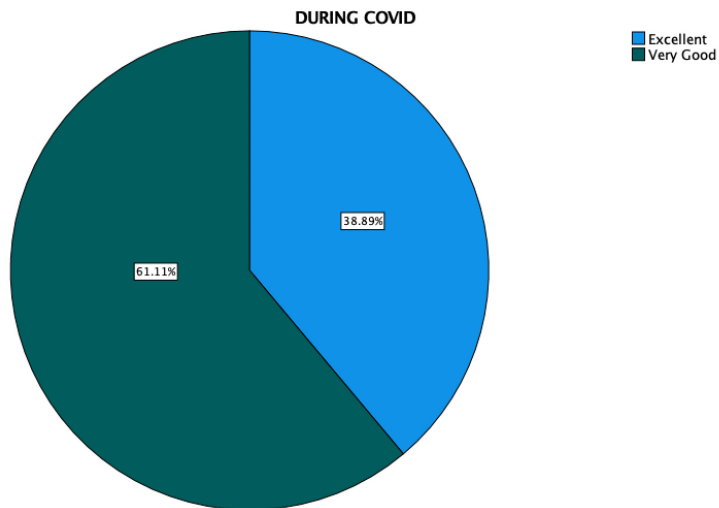
Poor (1) - 0%

Good (3) - 0%

Excellent (5) - 36.36%

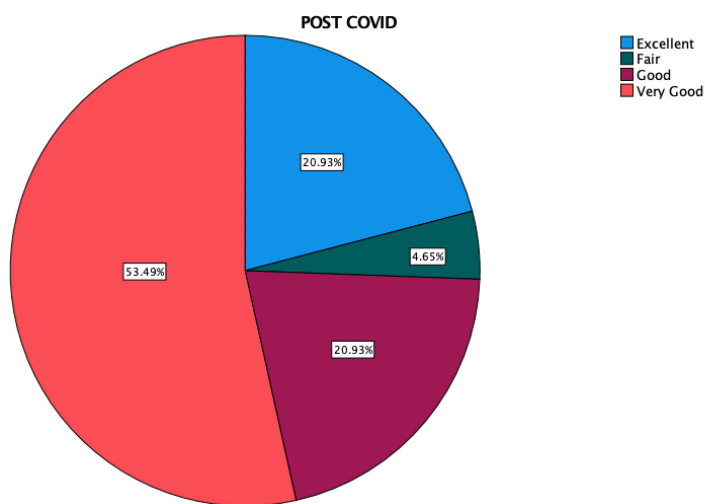
Fair (2) - 0%

Very Good (4) - 63.64%



Poor (1) - 0% Good (3) - 0% Excellent (5) - 38.89%

Fair (2) - 0% Very Good (4) - 61.11%



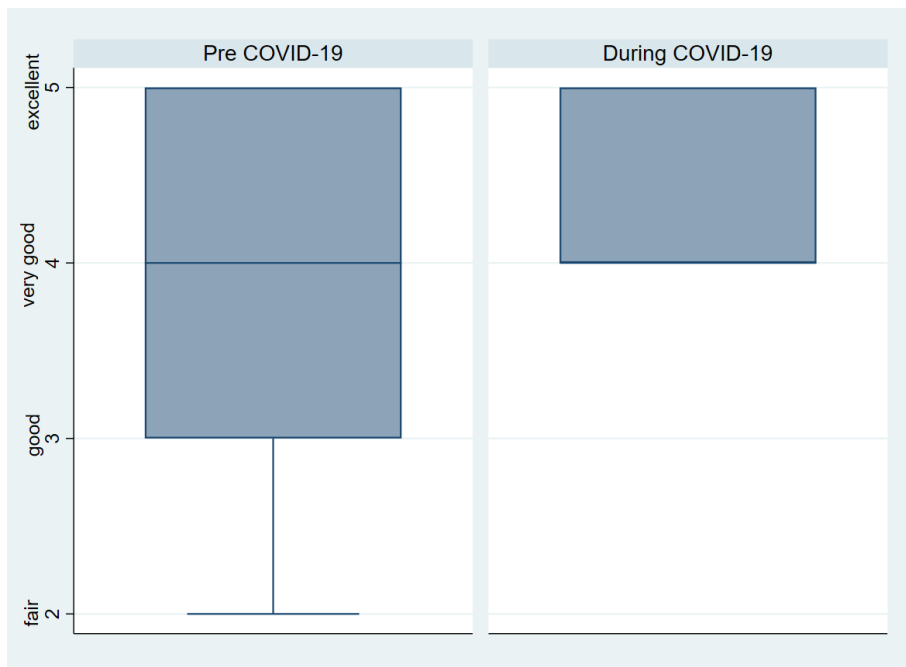
Poor (1) - 0% Good (3) - 20.93% Excellent (5) - 20.93%

Fair (2) - 4.65% Very Good (4) - 53.49%

The above charts show that post-COVID-19, adults are rating their child’s health at lower levels than pre-COVID-19 and during COVID-19. All adults rated their child’s health as “excellent” or “very good” before and during COVID-19, but only approximately 74% post-COVID-19.

Target Adult Result Pre & During COVID-19: In general, would you say this child’s health is...

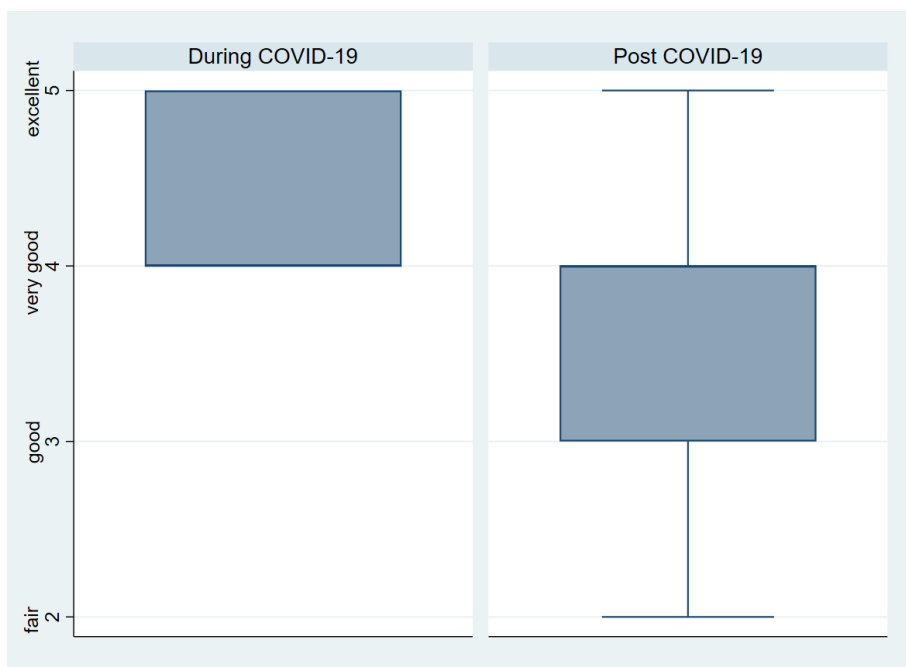
	N	Mean	SD	df	P	Decision
Pre COVID-19	114	3.99	0.78	130	0.0387	Accept
During COVID-19	18	4.39	0.50			



The above chart shows the result that adults rated their child’s health at higher levels during COVID-19 ($m = 3.99$) than pre-COVID-19 ($m = 4.39$). This is important as it may indicate the role parents played in taking care of their children during COVID-19 to make sure their child(ren)’s health did not suffer during this time.

Target Adult Result During & Post COVID-19: In general, would you say this child’s health is...

	N	Mean	SD	df	P	Decision
During COVID-19	18	4.38	0.50	56	0.0142	Accept
Post COVID-19	40	3.88	0.79			

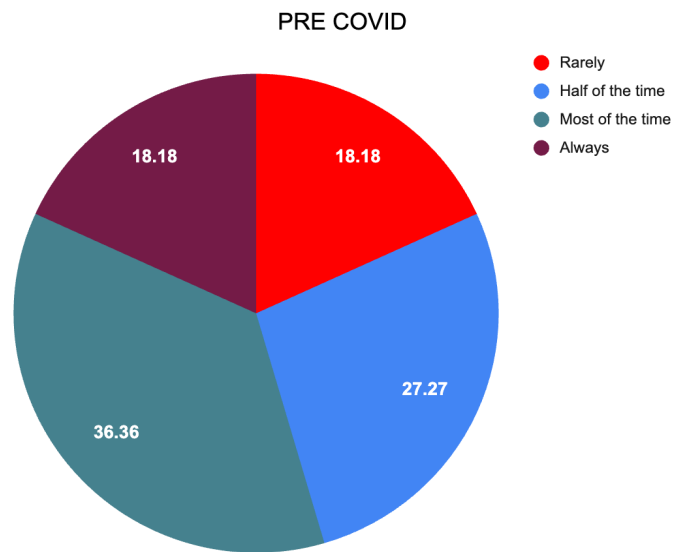


This chart shows us that adults rated their child's health at higher levels during COVID-19 (m = 4.38) than after COVID-19 (m = 3.88). This is important as it may indicate changes in children's lifestyles after COVID-19 that may lead parents to report decreased levels of health.

SURVEY ITEM: NOW, I AM GOING TO ASK YOU ABOUT YOUR INVOLVEMENT IN THIS CHILD'S EATING BEHAVIORS. WHEN THIS CHILD IS AT HOME, HOW OFTEN ARE YOU RESPONSIBLE FOR PREPARING HIS/HER MEALS?

Scale: 1-5, Never (1), Rarely, Half of the time, Most of the time, Always

Target Adult Result: When this child is at home, how often are you responsible for preparing his/her meals?



Never (1) - 0%

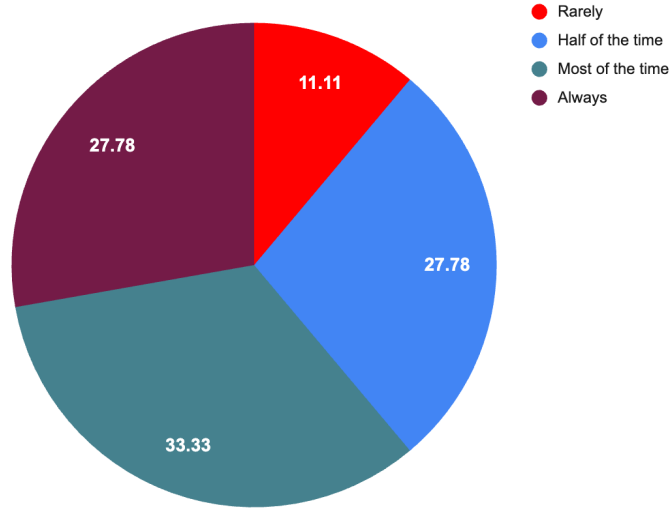
Half of the time (3) - 27.27%

Always (5) - 18.18%

Rarely (2) - 18.18%

Most of the time (4) - 36.36%

DURING COVID



Never (1) - 0%

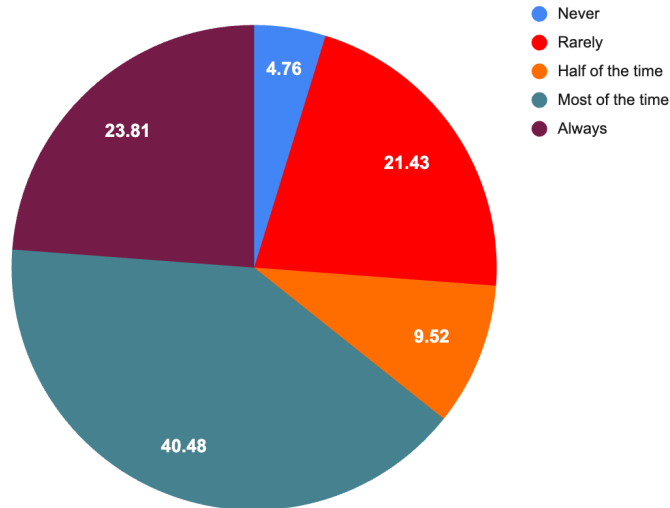
Half of the time (3) - 27.78%

Always (5) - 27.78%

Rarely (2) - 11.11%

Most of the time (4) - 33.33%

PRE COVID



Never (1) - 4.76%

Half of the time (3) - 9.52%

Always (5) - 23.81%

Rarely (2) - 21.43%

Most of the time (4) - 40.48%

The above charts show the result that generally, a majority of parents reported that they were responsible for preparing their child's meals "most of the time" or "always." However, more adults reported "always" being responsible during COVID-19 (27.78%) and post-COVID-19 (23.81%) than pre-COVID-19 (18.18%). Also, post-COVID-19, there are adults reporting "never" being responsible for preparing their meals when no adults reported that previously, as well as an increase in adults reporting "rarely" being responsible (21.43%) when compared to pre-COVID-19 (18.18%) and during COVID-19 (11.11%). This may indicate that meal prepping roles during COVID-19 were more evenly split among caregivers. During

post-COVID, caregivers may have returned to more defined caregiving roles, or meals may have been provided at school.

SURVEY ITEM: IF I DID NOT GUIDE OR REGULATE THIS CHILD’S EATING, THEY WOULD EAT TOO MUCH OF THEIR FAVORITE FOODS.

Scale: 1-5, Disagree (1) - Agree (5)

Target Adult Result: If I did not guide or regulate this child’s eating, (s)he would eat too much of her favorite foods.

	N	Mean	SD	df	P	Decision
Pre COVID-19	115	3.35	1.34	131	0.0153	Accept
During COVID-19	18	2.	1.47			

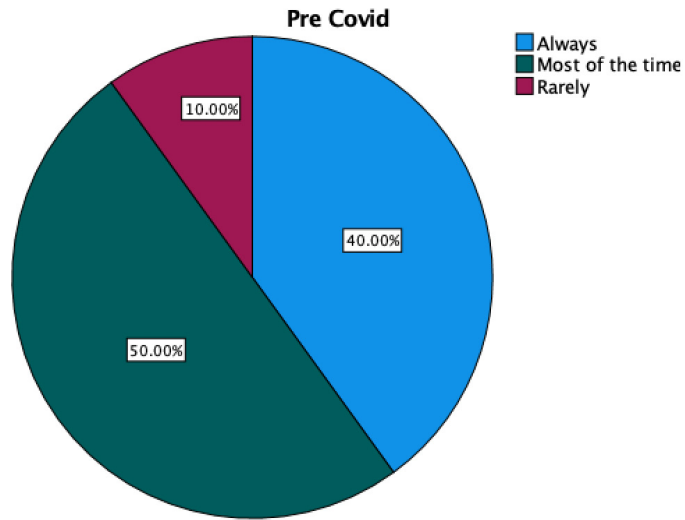


The above chart shows that pre-COVID-19, adults were more likely to agree that if they did not regulate their child’s eating, s(he) would eat too much of their favorite foods ($m = 3.35$) compared to during COVID-19 ($m = 2.5$). This is important as this may suggest that the child did not need as much guidance during COVID-19, possibly due to a lack of availability of these foods.

SURVEY ITEM: HOW OFTEN ARE YOU RESPONSIBLE FOR DECIDING IF YOUR CHILD HAS EATEN THE RIGHT KIND OF FOODS?

Scale: 1-5, Never (1), Rarely, Half of the time, Most of the time, Always (5)

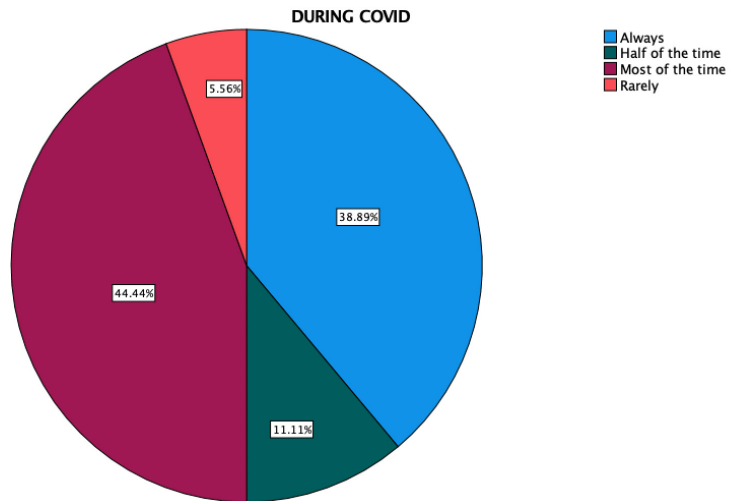
Target Adult Result: How often are you responsible for deciding if your child has eaten the right kind of foods?



Never (1) - 0%
Rarely (2) - 10%

Half of the time (3) - 0%
Most of the time (4) - 50%

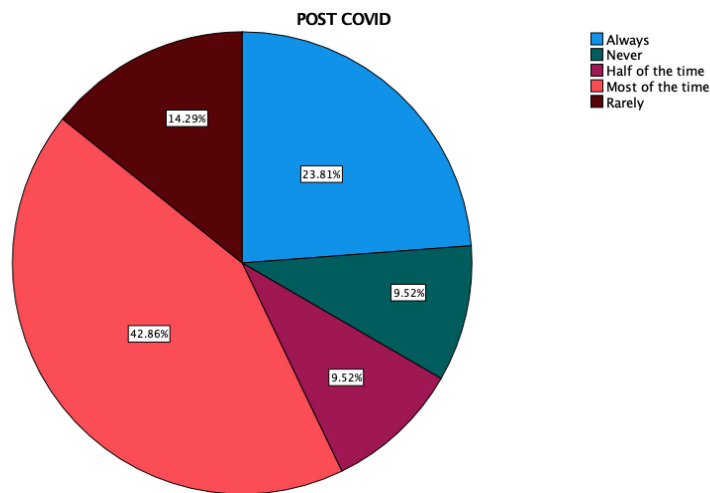
Always (5) - 40%



Never (1) - 0%
Rarely (2) - 5.56%

Half of the time (3) - 11.11%
Most of the time (4) - 44.44%

Always (5) - 38.89%



Never (1) - 9.52%

Half of the time (3) - 9.52%

Always (5) - 23.81%

Rarely (2) - 14.29%

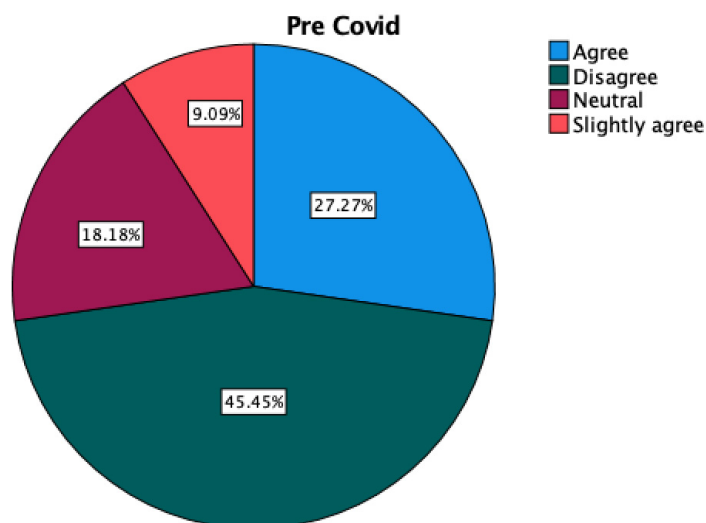
Most of the time (4) - 42.86%

The above charts show that target adults have been less involved in deciding the food their child has been eating post-COVID-19. Fewer adults indicated that they are “most of the time” or “always” responsible for deciding the food their child will be eating post-COVID-19 (76.67%) when compared to pre-COVID-19 (84.44%). This change may have been due to the return to in-person school and better access to meal assistance. However, this finding also may suggest that parents do not have a lot of supervision over the kinds of food their children are eating post-COVID-19.

SURVEY ITEM: IF I DID NOT GUIDE OR REGULATE THIS CHILD’S EATING, (S)HE WOULD EAT TOO MANY JUNK FOODS

Scale: 1-5, Disagree (1) - Agree (5)

Target Adult Result: If I did not guide or regulate this child’s eating, (s)he would eat too many junk foods



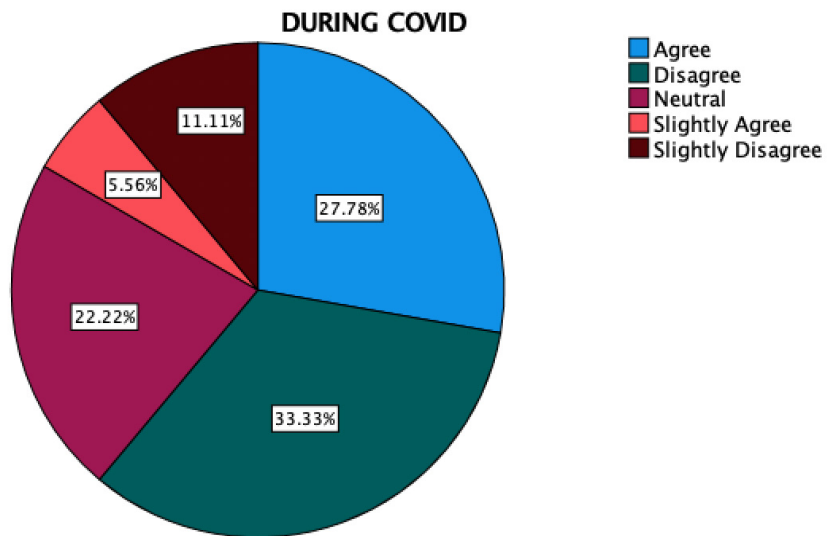
Disagree (1) - 45.45%

Neutral (3) - 18.18%

Agree (5) - 27.27%

Slightly disagree (2) - 0%

Slightly agree (4) - 9.09%



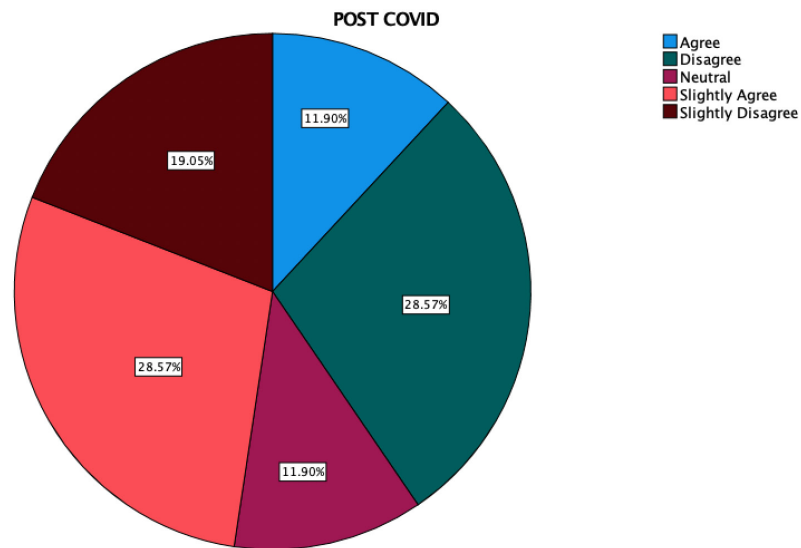
Disagree (1) - 33.33%

Neutral (3) - 22.22%

Agree (5) - 27.78%

Slightly disagree (2) - 11.11%

Slightly agree (4) - 5.56%



Disagree (1) - 28.57%

Neutral (3) - 11.90%

Agree (5) - 11.90%

Slightly disagree (2) - 19.05%

Slightly agree (4) - 28.57%

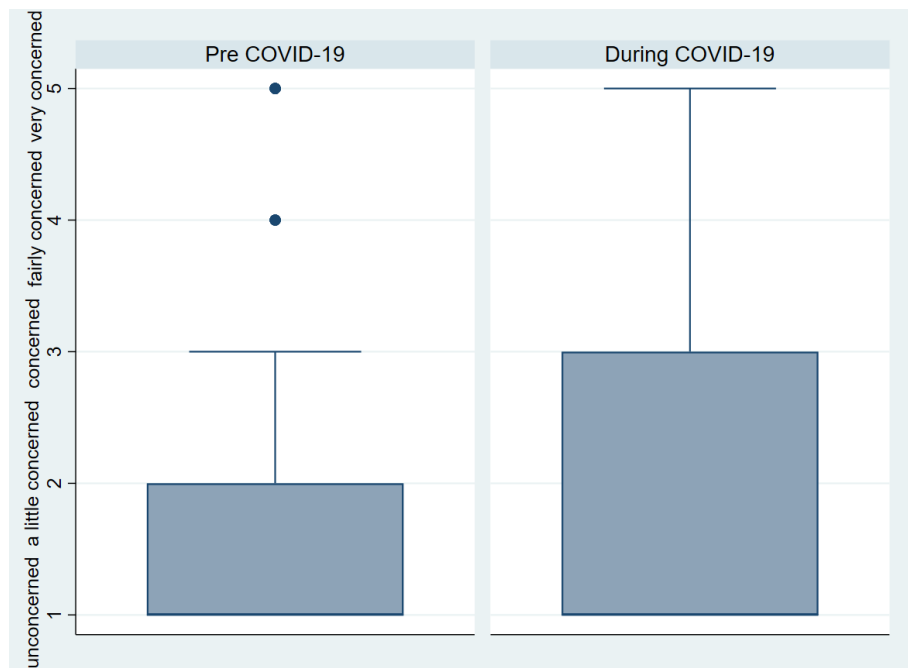
The above charts show the result that adults were more likely to “agree” or “slightly agree” that if they did not regulate their child’s consumption of junk foods post-COVID-19 (45%) compared to pre-COVID-19 (36%) and during COVID-19 (27%). This is important as it may indicate that after COVID-19, children are needing more guidance, but also that during COVID-19, there was less need to regulate their children eating too much junk food.

SURVEY ITEM: HOW CONCERNED ARE YOU ABOUT THIS CHILD BEING OR BECOMING OVERWEIGHT?

Scale: 1-5, Unconcerned (1) - Very concerned (5)

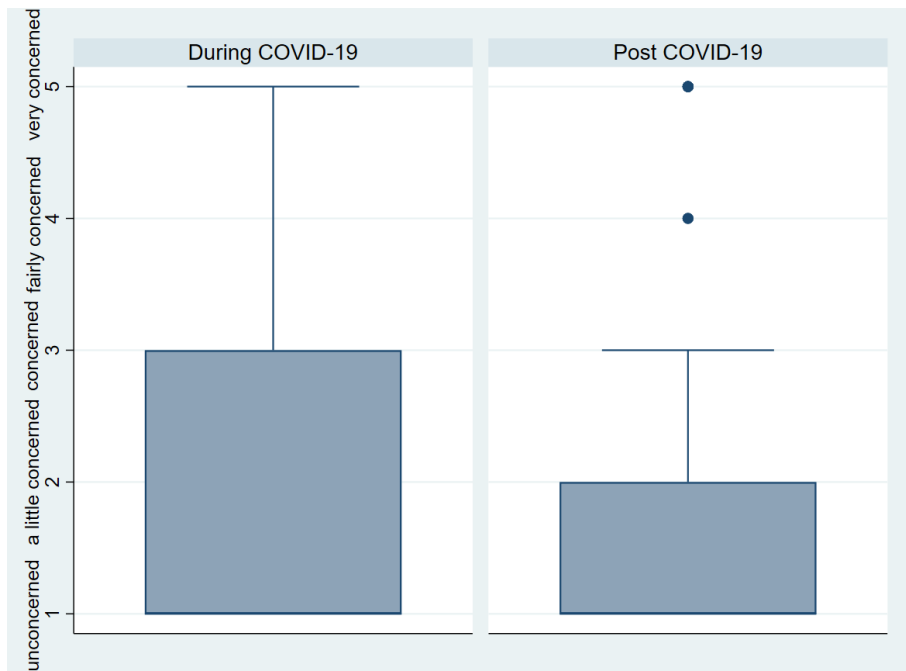
Matching Adult Result: How concerned are you about this child being or becoming overweight?

	N	Mean	SD	df	P	Decision
Pre COVID-19	131	1.68	1.10	212	0.0191	Accept
During COVID-19	83	2.08	1.39			



The chart above shows the result that parents were more concerned about their child becoming overweight during COVID-19 ($m = 2.08$) than pre-COVID-19 ($m = 1.68$). This is important as these concerns may be related to restrictions during COVID-19 because as Lange et al. (2021) found, increases in BMI and obesity during COVID-19 may be due to the reduced ability of children to engage in physical activity and receive healthy meals.

	N	Mean	SD	df	P	Decision
During COVID-19	83	2.08	1.39	153	0.0186	Accept
Post COVID-19	72	1.61	1.02			



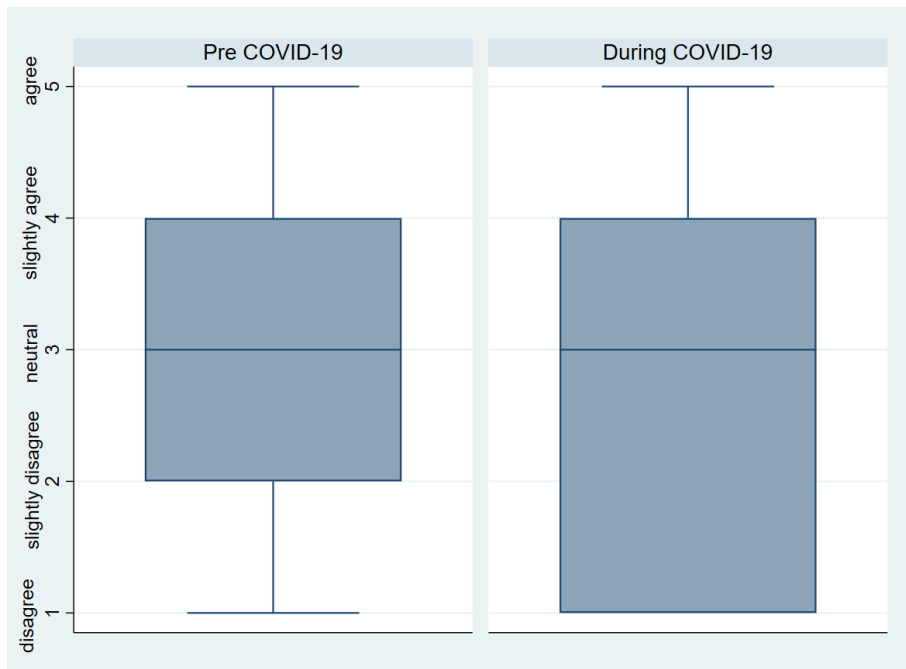
The above chart shows the result that parents were more concerned about their child becoming overweight during COVID-19 ($m = 2.08$) than post-COVID-19 ($m = 1.61$). This is important because it may indicate that concerns were limited to restrictions on physical activity and healthy meals during the pandemic.

SURVEY ITEM: NOW, I AM GOING TO ASK YOU ABOUT YOUR INVOLVEMENT IN THIS CHILD'S EATING BEHAVIORS. THIS CHILD SHOULD ALWAYS EAT ALL OF THE FOOD ON HIS/HER PLATE.

Scale: 1-5, Disagree (1) - Agree (5)

Matching Adult Result: This child should always eat all of the food on his/her plate.

	N	Mean	SD	df	P	Decision
Pre COVID-19	131	3.11	1.40	212	0.0034	Accept
During COVID-19	83	2.53	1.36			

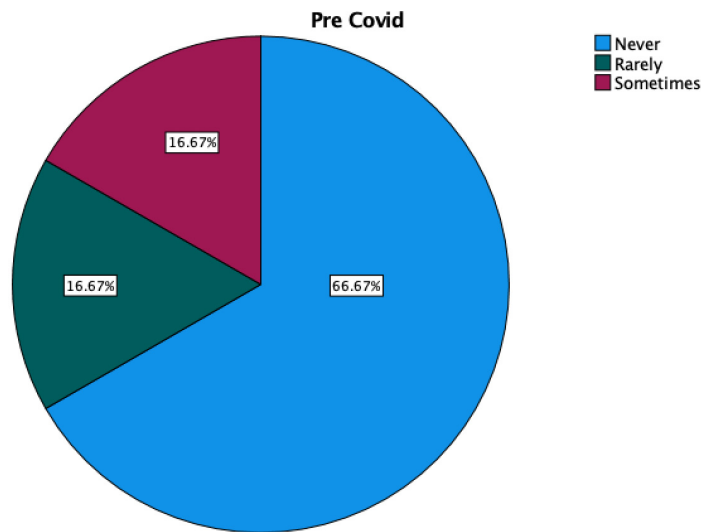


The chart above shows the result that parents were more likely to agree that their child should always eat all of the food on their plate pre-COVID-19 (m = 3.11) than during COVID-19 (m = 2.53). This is important because it may suggest that parents may have concerns about the amount of food their child eats.

SURVEY ITEM: IN GENERAL, HOW OFTEN DO YOU KNOW WHAT THIS CHILD IS DOING AFTER SCHOOL?

Scale: 0-5, Never (0), Rarely, Sometimes, Most of the time, Always, This child is not school aged (5)

Target Adult Result: In general, how often do you know what this child is doing after school?



Never (1) - 66.67%

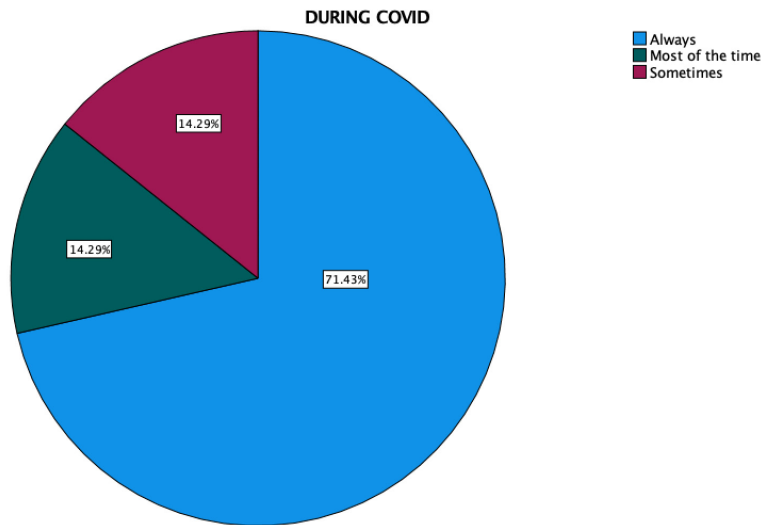
Sometimes (3) - 16.67%

Always (5) - 0%

Rarely (2) - 16.67%

Most of the time (4) - 0%

This child is not school aged (6) - 0%



Never (1) - 71.43%

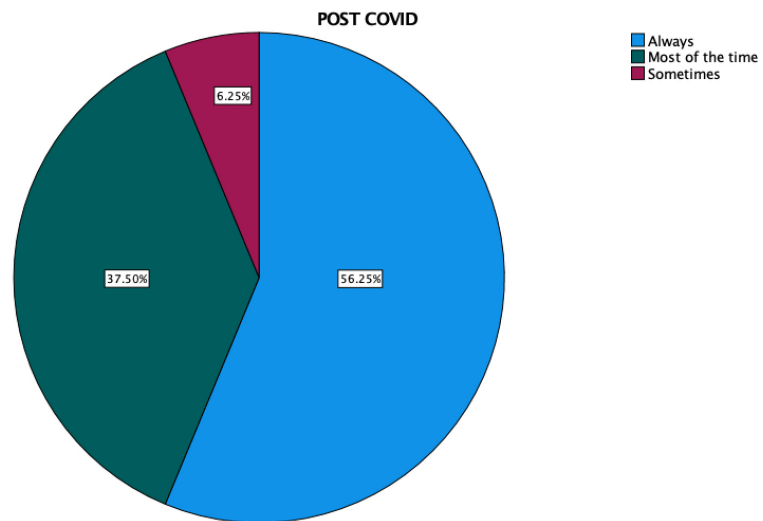
Sometimes (3) - 0%

Always (5) - 14.29%

Rarely (2) - 0%

Most of the time (4) - 14.29%

This child is not school aged (6) - 0%



Never (1) - 0%

Sometimes (3) - 6.25%

Always (5) - 56.25%

Rarely (2) - 0%

Most of the time (4) - 37.50%

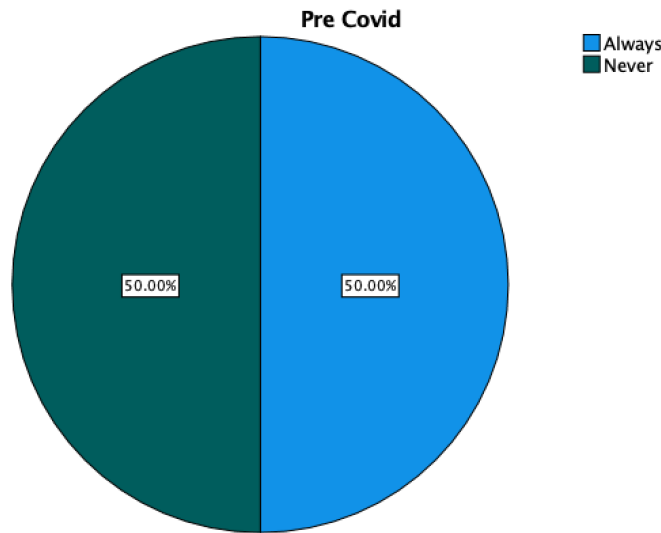
This child is not school aged (6) - 0%

The above charts show the result that parents during COVID-19 and post COVID-19 are more likely to report knowing what their child is doing after school than pre-COVID-19. 85% of parents report knowing what their child is doing “always” or “most of the time” during COVID-19 and approximately 94% of the time post-COVID-19, but no parent reported knowing what their child was doing after school “always” or “most of the time.” Furthermore, about 67% of parents reported “never” knowing what their child was doing after school pre-COVID-19, compared to no parents reporting this during or after COVID-19. This is important as it may indicate a change in the activities or in the relationship between parents and their children seen during and post-COVID-19.

SURVEY ITEM: YOU CHECK THIS CHILD'S ACTIVITIES ON SOCIAL MEDIA (I.E. FACEBOOK, TWITTER, INSTAGRAM, SNAPCHAT, ETC.)

Scale: 1-5, He/she/they doesn't have any social media accounts (1), never, rarely, sometimes, most of the time, always (5)

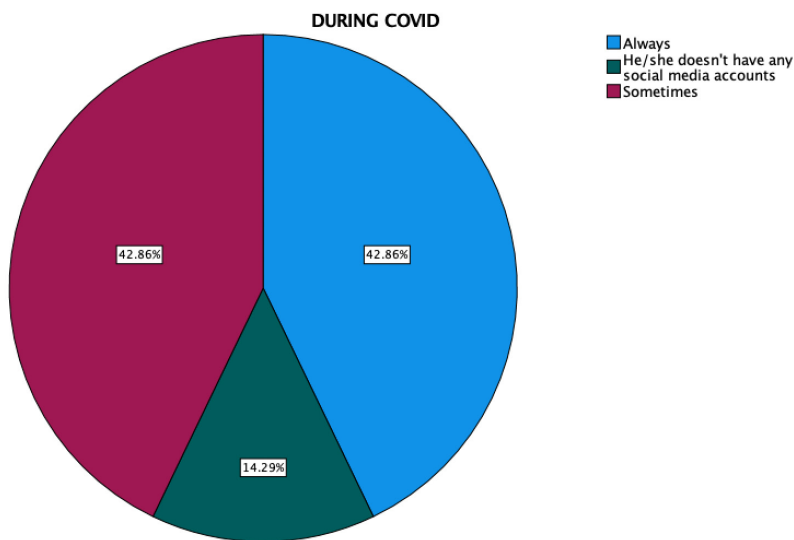
Target Adult Result: You check this child's activities on social media (i.e. Facebook, Twitter, Instagram, Snapchat, etc.)



He/she/they doesn't have any social media accounts (1) - 0%
Never (2) - 50%

Rarely (3) - 0%
Sometimes (4) - 0%

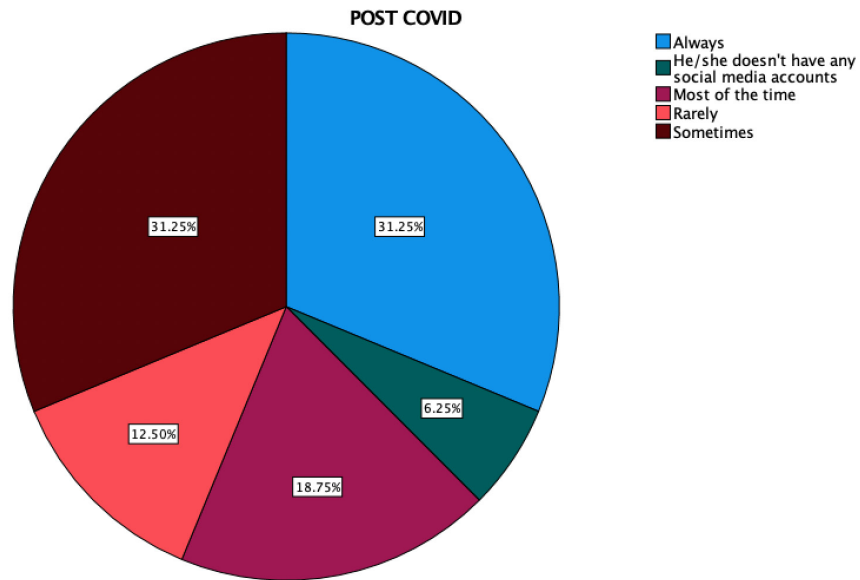
Most of the time (5) - 0%
Always (6) - 50%



He/she doesn't have any social media accounts (1) - 14.29%
Never (2) - 0%

Rarely (3) - 0%
Sometimes (4) - 42.86%

Most of the time (5) - 0%
Always (6) - 42.86%



He/she/they doesn't/don't have any social media accounts (1) - 6.25%

Never (2) - 0%

Rarely (3) - 12.50%

Sometimes (4) - 31.25%

Most of the time (5) - 18.75%

Always (6) - 31.25%

The above charts show the result that parents are less likely to check their child's activities on social media "always" post-COVID-19 (31%) than during COVID-19 (43%) or pre-COVID-19 (50%). This is important as it may indicate changes in what parents are monitoring their children on after COVID-19.

OVERALL RESULTS

Our findings show that the majority of participants reported being affected in some way by the pandemic. Results revealed that particularly among children, the pandemic significantly impacted children's' health, grades, and care by caretakers. Target families overall had a decrease in reliable transportation during COVID-19 and more families received free food or meals during COVID-19 than in the post COVID-19 period. There was also a decrease in resiliency post COVID-19 than during COVID-19. This finding is important as it may indicate that although some of the challenges induced or exacerbated through the pandemic may have ebbed, many challenges remain or new challenges may have developed, negatively affecting resilience among families in the post COVID-19 time period. Fewer target families in the past six months are borrowing money from friends or family to help pay for bills post COVID-19 than pre COVID-19 or during COVID-19. This finding is important as it may indicate that more families after COVID-19 have the monetary resources to pay bills that they did not have before or during COVID-19. Overall, target families were mainly impacted in the areas of food security, financial stability, transportation support and overall, shifts in responsibilities within child and family units changed throughout the stages of COVID-19.

Matching (comparison) group adults overall did not fare better during COVID-19 than target group adults. During and after COVID-19, a fewer number of matching family group adults had a second adult who helps with their childcare responsibilities. This finding is important as it suggests that a single adult may have had more responsibility in taking care of a child(ren) during COVID-19.

Overall, there are a few limitations to consider for this report. Limitations include the variation of the overall number of participants throughout the course of the study. Some areas of the data were slim and therefore larger samples would more accurately represent the population; however, still representative of the collaboratives and their work. The data also went through numerous iterations of cleaning. Participants who opted-out, did not complete, or encountered errors were cleaned and coded appropriately for accurate points of data-thus reducing the sample size.

17: QUALITATIVE RESULTS 2022

“When you use a Whole Family Approach, it’s tapping into the collective wisdom and individual resources of the family and it creates an action path for the family – the more the family has buy-in, the more likely you are to achieve goals.” —COLLABORATIVE STAFF MEMBER, SEPTEMBER 2021

WRI analyzed qualitative data from Spring 2020 through May 2022 to highlight changes to services provision and organizational collaboration to better understand the ways in which nonprofit collaboratives implement the Whole Family Approach.

METHODS

Data from recurring collaborative meetings and concerted focus groups were analyzed for this report. The quality and quantity of data from collaborative meetings varies; during the early stages of the pandemic (March through October 2020) data were more disparate as collaboratives grappled with meeting the immediate needs of their communities and establishing regular processes. Data from November 2020 onward was more consistent, though there were notably more meeting cancellations and shifts in schedules in collaborative meetings compared to pre-pandemic time periods. WRI also conducted four focus groups with collaboratives in Summer and Fall 2021 to ask direct questions about the Whole Family Approach, internal processes, barriers, successes and sustainability.

The 2018 observation tool and the 2019 focus group protocol were reworked in spring 2021 for the final year of data collection, and the key focus areas in the protocol(s) became operational context, problem solving, progress, and sustainability. Data from observation meeting notes and focus groups were open coded using grounded theory, which allows original themes to be identified within the data. As a result of this coding, several themes and subthemes were identified within the data. **Major themes included relationship development, family challenges, the COVID-19 pandemic, and the Whole Family Approach.**

RELATIONSHIP DEVELOPMENT

The building and strengthening the relationships between collaboratives and families, and families and their community, were prominent themes within the data. Collaboratives often discussed their relationship with the families they serve. Several subthemes were identified when collaboratives discussed their relationship with families: building trust, interagency collaboration, and family advocate’s and/or staff members’ position within the community.

Collaboratives sought to build trust between their family advocates and/or staff members, their organization, and with partner organizations. They discussed the importance of building a strong reputation in the community they serve, and acting as a listening and thought partner. They focused on “..building relationships without forcing it, trying to find best practice, and what works out, and making the best out of [building rapport] tablings at certain community events.” Collaboratives discussed trust building, emphasizing that trust was built over repeated interactions with family members. As one family advocate noted,

“I have a lot of families with mental health issues, it takes trust, and a long time. People don't want to tell you 'hey, I'm in major debt' So, maybe they come with one issue, and when they begin to open up, they start bringing up other things over time. So while the [advocate] is working alongside of them, they discover other things. It's about that relationship, one goal leads to another.”

Trust was emphasized repeatedly across all sources of data. Collaboratives positioned themselves as partners:

“...how can we walk alongside [families]. Walking with them, to write the letter, make the phone call, to see how they interact with one another. Being really inviting – to know that it's not through a plexiglass relationship but it's an equal relationship of genuine care and compassion.”

As collaboratives sought to build trust between families and collaboratives, they also sought to extend that trust and relationship to their formal collaborative partners and external agencies. Collaboratives discussed the ways they shared information and solved family problems internally, cross-trained each other to develop resources, and implemented strategies to support families. Shared one staff member,

“Our advocates have tried to be that liaison between a lot of more formalized services. Part of the model we build around the Whole Family Approach is that someone needs to be in their corner when they're trying to work with formal systems.”

Collaborative participants also discussed the ways in which their support of families led to connections to outside resources and external supports, which in turn strengthened the relationship between family advocates and families.

Collaboratives also tried to position their family advocates to be effective. Family advocates were described by collaboratives as community members who often had connections to the community beyond the family-collaborative relationships. Family advocates also wielded both community and content expertise to benefit the families they serve:

“We have a slew of different [advocates], and in some ways, we do have people that specialize in a different way. We have experts in special education, others that focus on community resources, and others that live in the financial stability and budgeting realm - so that allows the team to collaborate - in terms of their strong suits.”

Building a relationship between families and other community members was also a central theme in relationship building. Collaboratives discussed facilitating meetings with families and other community members through events, both for social aspects, and to begin to build informal networks of support independent of the family-collaborative relationship. While there was recognition of the importance of the one-to-one relationship between families and collaboratives, participants also discussed the importance of building relationships between families and other local agencies like Center for Family

Services, the school district, and local law enforcement. One collaborative staff member participant was proud of

“...the longevity we see with our families, they earn their GED, they develop relationships, they purchase their home. They show up to an event, they volunteer, they refer other families. That is the beauty of seeing a community being built in a way that will last into the future. Passing on those skills to other people and having the spirit of giving back and caring for one another – that is the community aspect to help a place like [here] to help change the narrative and focus on the massive benefits that come from the...community that is here. And you see some of those building blocks come out of that. People who know how to develop as a family and to a community that is working together to address the challenges together. As opposed to each family trying to do it on their own. In the past, [at the] first chance it was like, ‘I am out of here,’ and changing that, there are some opportunities here, this is where I want to stay. It provides some light in this community that still has a lot of challenges in it.”

FAMILY CHALLENGES

Themes related to family challenges were prevalent and varied. Subthemes included challenges with education, mental health, cultural differences, and challenges around financial stability including medical access, employment, and food and housing insecurity.

Education. Navigating educational attainment for kids and adults was the most prominent subtheme during this time. Families and collaboratives worked to navigate K-12 education, college, and GED attainment, which became acutely difficult during the onset of the COVID-19 pandemic. Collaboratives supported families through K-12 educational challenges that include transitioning to online learning, navigating special education accommodations, building relationships and resources for families’ children, and connecting to virtual or in-person extracurricular activities. Collaboratives supported direct advocacy and capacity building for families, linking them to school resources. Most often, families needed additional support receiving specialized services for their children. As one family advocate noted, “other challenges – access to resources – I would be able to provide information, but there would be 2-3-4-month waitlists for a child to be seen or to be screened, but we see them breaking down at school or at home.”

Other collaboratives provided information that supported families navigating the college application and attendance process. Workshops, events, and coaching on Free Application for Federal Student Aid (FAFSA) and student aid were reported to be demystifying experiences for families, especially among first generation college students. One of the goals of collaboratives is “...helping kids expand their perception of all of the colleges around the country that are available to them. For a lot of them, it’s hesitancy to leave home, finances come into play.” Access to college and readiness for college were at the core of participants’ responses.

Other collaboratives focused on supporting families in obtaining a GED to expand their employability. Collaboratives offered either direct support through training, or worked with external partners to support families in studying for and obtaining a GED. Often the challenge of obtaining a GED was tied directly to employability and access to expanded employment opportunities.

Mental Health. Mental health was the clearest and most consistent theme among family challenges, especially during COVID-19. Responses related to mental health focused on two areas: the overwhelming, intense, and acute need for mental health services, and the lack of available mental health services. One collaborative staff member discussed trying to help a child in a mental health crisis, saying “we would have the kid come back over and over, and they’re breaking down, and nothing is changing – the parents say we are on a waiting list, and there is no help. The hardest thing is you see the need and couldn’t get the help that is needed.”

Another said, “people feel so isolated - and just the struggle around mental health during this [the pandemic] has been crazy and rough.” Other collaborative members discussed the ways that they met family needs, “I do individual and small group counseling, stress management, divorce, loss and grief management, self-esteem...it’s need based.” Others acknowledged the need, but said “the hardest thing you see is the need, and couldn’t get the help [to the family] that is needed.” Despite the challenges, collaboratives often worked together with families to respond to acute and serious mental health needs, especially for children. One collaborative staff member shared,

“I have a family, mom and dad are divorced. Two girls in the school, and there was a lot of trauma that came out during this school year around their divorce and abuse, and they took the time to be really open and honest with me about what was going on. The older child told me she was engaging in self-harm; because of our relationship and we did have to contact family and make sure she was screened for a suicide assessment, and she later on went for more extreme treatment and was hospitalized and attended [a mental health program]. She was able to come back to school successfully. It’s tough to know, if this program wasn’t here, where would she be?”

Navigating Language and System Barriers. Multiple collaboratives in Southern New Jersey serve Spanish speaking families. Consistent with collaboratives’ mission to meet families’ needs, collaboratives often implement culturally responsive programming, approaches, and events. Consistent with our WRI report *Culturally Responsive Whole Family Approach*, collaboratives continue to seek opportunities to build a bridge between Spanish speaking families and the services and resources that will position them to be successful in their communities. Access to resources and bridging the language gap through English classes and advocacy were the main ways that collaboratives sought to be responsive to the needs of Spanish speaking families.

Access to Spanish language resources in the community was a continual challenge for Spanish speaking families. As one collaborative staffer said, “until you have it in their own language, they don’t know the resources are out there, unless someone introduces it to them.” Collaboratives reported acting as a link between Spanish speaking families and community resources, sharing:

“There are a lot of services that come down to [county] here and there, and we’re in [Spanish-speaking community] now to try to bring some of those needs on a regular basis. Trying to have an immigration attorney work here full time, and someone from [name of economic development organization serving the Latinx community]. Again, there is such a demand for it, but there is such a lack of resources and access here in the community.”

Collaboratives focused heavily on building the skills necessary for families to independently navigate language-related barriers. English-language skill development and fluency was identified as both a challenge and focus. Participants discussed bridging the gap and building skills to support kids in schools as

“How parents support their children – some of the disconnect between parents and the school district – Spanish at home and English in the classroom. And parents trying to support kids in school, what does homework mean, what do parent-teacher conferences look like. Translating at some of those conferences, setting up meetings during the school.”

English classes were often a focus for collaboratives serving Spanish speaking families as they sought to build skills and confidence navigating majority English speaking institutions. Learning English was seen as a gateway skill for some families: “Learning English, being able to talk to teachers, getting their GED - opens their eyes to - my kid can go to college, and learning about their rights, what is available to them, letting them know they can report things to Occupational Safety and Health Administration (OSHA).” Developing relationships between Spanish-speaking families, communities, and businesses has also led to the growth of Spanish language skills in the community. As one collaborative staffer noted, “just as many people are reaching out to learn English, we have businesses reaching out to us to learn Spanish as they see value in the community and want to be able to communicate more effectively.”

Financial hardships. Families navigated an array of financial challenges with the support of collaboratives. Families experienced financial insecurity as a result of unemployment, food and housing insecurity, and a lack of medical access as a result of financial challenges, all which were greatly exacerbated during the pandemic. Collaboratives reported working to navigate those scenarios, providing direct supports like food or VISA gift cards for bills, and providing secondary supports like helping with the completion of job applications, helping families navigate eviction, or increasing their education so they could become employed. As one collaborative staff member shared, ...when COVID hit - you can't expect families to meet goals when they can't eat, so that was a switch for us...we knew we needed to switch our focus to meet the emergent needs for our families.” Financial challenges remain a main barrier for families' economic mobility and community involvement, and continued to be a focus for collaboratives throughout the course of their involvement with the Whole Family Approach.

COVID-19 PANDEMIC

COVID-19 continues to impact the daily lives of families and collaborative organizations. In focus groups, collaborative members discussed the ways they pivoted their supports and services to meet the immediate and changing needs of families during the COVID-19 pandemic, including increasing their connections to food banks, acquiring equipment and teaching the use of technology, and the ways they pivoted their services to support families throughout the COVID-19 pandemic. A thorough account of the ways collaboratives pivoted to meet family needs can be found in the WRI report *COVID Impacts, Supporting Collaboratives*.

Collaboratives also discussed the ongoing ways the pandemic continues to impact families. Participants discussed the increased access they have to community members and resources as a result of the use of virtual platforms to communicate with families and institutions. Collaboratives found ways to connect with more families and volunteers through virtual platforms, and continue to employ virtual platforms to connect with families and other services. Conversely, collaboratives also discovered which events

and activities are best suited to in-person interaction. Community building events, campus tours, and educational activities like English or financial classes were identified as more effective in-person events.

WHOLE FAMILY APPROACH

Collaboratives discussed the ways in which the Whole Family Approach shaped their approach while allowing adaptability to implement their individual goals. Collaboratives discussed the Whole Family Approach as “involving all members of the families, if there is an issue at school, want to look at the background of what is going on at home, which is with the siblings, parents, grandparents – it really is encompassing everyone who is involved with the child’s life.” They described the Whole Family Approach as a “holistic approach,” one that includes all family members in goal setting, action, and accountability.

The two-caregiver focus was both a challenge and an asset for collaboratives implementing the Whole Family Approach. Collaboratives expressed challenges identifying a second adult caregiver to work with the family in some instances. One collaborative staff member shared, “...in a perfect world, we would have mom and dad, but we don’t have that, it’s not realistic. We see grandparents raising [children]. In a domestic violence world, we don’t have two caregivers, so you are looking for their mother, or their best friend. It is not possible to do it [be successful] alone, especially when there is trauma, or mental health or financial challenges.” Another shared, “...Mom, dad, and 2.5 children...is not a reality in the U.S., and in the populations, we are serving.”

Looking forward, collaborative participants reflected on the challenges and successes of the Whole Family Approach.

“Do we believe in having multiple adults in the life of a family? 100%, we think that grandma, aunt, teacher, and neighbor all need to be part of that solution, but we also fully understand that the reason families come with us is because they don’t have that. Do we work with a lot of single mothers? Yes. Do we attempt to find that second caregiver? Yes. But is it something that is exaggerated because of the Foundation? Probably. We absolutely believe in bringing in multiple adults - well of course when mom is stressed out, of course we want to bring someone into your life to help with some of the children’s stuff – but I really feel Pascale Sykes [Foundation] has learned with us and we have learned with them. We do believe in the Whole Family Approach. Our model of advocacy, goal forming, information, support. So yes, we absolutely plan on continuing to promote it.”

Flexibility. The flexibility of the Whole Family Approach continued as a theme throughout both direct participant responses in focus groups and through direct observation. While using the Whole Family Approach as a framework, collaboratives’ main individual missions varied as collaboratives focused on in-school and after-school supports, college attainment, community building, and individual family development. Collaboratives who focused on community building and individual family development also targeted their supports to meet the individual needs of their community members, with some collaboratives focusing on Spanish-speaking families who make up the majority of their community. All collaboratives focused on meeting the needs of their communities, and employed varied methods depending on their organization’s mission and the communities they served.

Collaboratives implementing the Whole Family Approach held events, led structured and informal goal setting sessions, and provided external resource referrals to families depending on their needs. As family needs shifted, so did collaboratives' efforts and responses, most clearly evidenced through the COVID-19 pandemic. Collaboratives tirelessly supported families who experienced acute unemployment, food insecurity, and virtual educational settings. Data from both the *COVID Impacts, Supporting Collaboratives* report and from recent collaborative observation notes and focus groups consistently point to collaboratives' desire to support families to improve their lives by continually asking "...what are your daily struggles, what are you going through?," and then "working on individual goals, and goals as a family."

Though the goals and community members served differed depending on collaboratives' location and organizational structure, the core of their work focused on meeting family needs through concerted relationship building, goal setting, support, and advocacy of the people they serve. The Whole Family Approach framework works with adults and children to set goals so the entire family can be served. This framework flexibility positioned collaboratives to be responsive to the immediate and emergent needs of their communities and supported families in both individual goals and community building efforts.

18: EVALUATION SUMMARY

The Senator Walter Rand Institute for Public Affairs has been evaluating the impact of the Whole Family Approach since May 2012.

The core purpose of this evaluation, while evolving overtime, has remained the same: to examine the impact of the Pascale Sykes Foundation's Whole Family Approach on the well-being of families in Southern New Jersey. The Pascale Sykes' Whole Family Approach is based on the organizational collaboration among service providers to assist families in defining and achieving attainable goals while also fostering a dual-adult support framework to enhance child well-being, family financial stability, and healthy family relationships. A secondary goal is to assess changes in service provision and organizational collaboration.

WRI conducted multiple evaluations to identify family outcomes and understand collaborative processes including:

- A quasi-experimental, longitudinal evaluation of families to identify changes in healthy relationships, financial stability, and child well-being,
- Focus groups, interviews, and observations with collaboratives to understand the ways in which the Whole Family Approach was implemented across collaboratives, and
- Four focused studies on key areas including social-emotional and educational outcomes, family advocacy, cultural responsiveness, and the effects of the COVID-19 pandemic.

Through these evaluations, several consistent themes were identified throughout the course of the project.

Notably, the flexibility of the Whole Family Approach also lends itself to different outcomes depending on the individual context; full reports on focused studies and user-friendly, topic-specific breakout reports examine findings within specific contexts.

This summary of findings represents the most consistent overall findings throughout the course of WRI's evaluation of the Whole Family Approach. WRI staff examined all submitted reports, identifying notable findings throughout all evaluations. Findings were then open coded to identify similar themes across all reports, and cross-checked against original reports to ensure that themes identified through analysis of reports were consistent with actual findings. Finally, the most consistent themes throughout the course of the evaluation were identified and noted. The summary below first includes a summary of the major strengths and challenges throughout collaboratives' implementation of the Whole Family Approach, and then the most consistent family outcomes related to healthy relationships, financial stability, and child well-being.

COLLABORATIVE RESULTS: STRENGTHS

WRI collected data from collaboratives and collaborative staff members and leadership through interviews, focus groups, and meeting observations to understand implementation of the Whole Family Approach among collaboratives in Southern New Jersey. Throughout the evaluation there were multiple consistent, positive processes and practices established throughout the implementation of the Whole Family Approach.

The Whole Family Approach requires nonprofit groups to form collaborative groups including a lead agency and partnering agencies in support of the organization's goals, and in support of implementation

of the Whole Family Approach. Two themes were identified consistently throughout the evaluation in relation to this model: consistent, open, and frequent communication between collaborative partners about ways to meet families' needs, and partner agencies discussed by participants as an asset in meeting family needs. While the formation of collaborative groups of partners for Whole Family Approach implementation was intentional, open communication and the use of those collaborative partnerships to meet family needs was a consistent theme throughout the evaluation.

The Whole Family Approach also encourages collaboratives to work with families individually to set and achieve goals. Individualized family goal setting was another major, positive theme that was consistent throughout the evaluation. Collaboratives actively and readily discussed the ways in which they work with, support, and track individual families to ensure they meet their goals.

Often related to conversations around individual goal setting, relationship building and trust with families were a central focus for collaboratives throughout the evaluation. Collaboratives explicitly discussed trust-building with families and maintaining their positive perception and engagement in their communities. All collaboratives include data on the ways in which family advocates build trust and relationships with families, and the ways in which that positively contributes to achieving family goals.

Community building and social connection were also a central focus of collaboratives implementing the Whole Family Approach throughout the evaluation. Collaboratives facilitated events, classes, and meetings, seeking to create opportunities for people within their community to make connections to each other and build relationships. Often this was explicitly stated as an opportunity for families to build informal supports through personal relationships with neighbors and new friends. Collaboratives focused on the development of social networks first through their one-on-one relationship with families, and later through connecting families to community events and members whenever possible.

The flexibility of the Whole Family Approach was also a prominent theme throughout the evaluation. The requirements of the Whole Family Approach are broad: two caregivers and children working together with a family advocate, staff member, or mentor representing a collaborative group of nonprofits to engage in individualized goal setting to achieve the family's goals. Nonprofit organizations serving as the lead agency spanned a variety of primary missions including the provision of social-emotional learning supports to children within schools, college readiness and access, community and economic development, adult employment and education, and family strengthening. In addition, the Whole Family Approach was implemented across a variety of contexts from rural to urban areas, and included both English and Spanish speaking families with varying documentation and citizenship statuses. In all cases, collaboratives sought to recruit staff from their communities to serve families, and emphasized the importance of community-focused, culturally responsive, solutions-oriented family supports.

COLLABORATIVE RESULTS: CHALLENGES

Collaboratives also experienced challenges throughout their implementation of the Whole Family Approach. Difficulties with family recruitment was a most consistent challenge throughout the evaluation. The Whole Family Approach requires two caregivers and children to be involved to be eligible for supports within the collaborative. While the first adult was most often the primary caregiver, collaboratives often discussed barriers in identifying a secondary caregiver as they report that many families who need support are from single parent households. In situations where a second caregiver was not immediately available, family advocates or staff members worked with the primary caregiver to locate other relatives, friends, or neighbors to serve as another caring adult in the two-adult caregiver relationship. Despite collaboratives' efforts to identify a second caregiver, collaborative staff members had a difficult time finding families who met the dual-caregiver eligibility criteria required for implementation of the Whole Family Approach.

Sustainability after project conclusion was also a consistent theme throughout the evaluation. Collaboratives regularly discussed acquiring funding after the conclusion of the Whole Family Approach, and discussed potential funding sources that would allow them to continue to provide direct supports and services to families after the effort's conclusion.

While communication and partnership with collaborative members was often frequent, there were also discussions about partner organizations' abilities to fulfill their memorandums of understanding as collaborative members. Though accountability for collaborative members was a less frequent theme than the positives provided through partnership with a diverse group of agencies, the theme was consistent throughout the evaluation. Collaboratives most often discussed ways to ensure partners were fulfilling their memorandums of understanding.

Finally, staffing collaboratives to meet the demands of the organization and serve families within their community was a consistent challenge throughout the evaluation. Collaboratives often sought family advocates and staff members from the communities they serve that included unpaid, part-time, and full-time positions. Consistently staffing these positions was a consistent challenge throughout the evaluation.

FAMILY OUTCOMES: HEALTHY RELATIONSHIPS

There were multiple measurable, consistent results related to the development of healthy interfamily and intercommunity relationships. Multiple sources of data indicate strengthening of the relationship between caregivers throughout the evaluation. In early focus group data, families reported growth in their emotional and reciprocal relationship with their other adult caregiver. In later survey data, caregivers reported a growing supportive, positive relationship with their other adult caregiver. Finally, in multiple inferential analyses there is significant growth in the relationship between the adult caregivers, including increases in help given and received between caregivers and emotional support provided to each other including in comparison to the comparison group. **The strengthening of the relationship and reciprocity in responsibilities between caregivers was the strongest, most consistent finding in our evaluation.** The Whole Family Approach strengthens the relationship and help given and received between both adult caregivers.

The development of social supports outside of the family relationship was also a clear and consistent theme throughout the evaluation. Results indicate that families involved with collaboratives implementing the Whole Family Report report having support networks that include other reliable adults, that caregivers receive the social and emotional support they need, and that their perceived social support significantly increases over time. Caregivers' development of a social network was consistent throughout the evaluation. In addition, our evaluation indicates that increased social support is positively correlated with positive caregiver relationships, better employment, higher income, and access to transportation.

The strengthening of bonds between the whole family was also a consistent theme in the data. Data indicate strong bonds and active communication between caregivers and children and family members in general. In addition, data indicate a significant relationship between positive child-caregiver and caregiver-caregiver relationships, indicating reciprocity and strengthening of these relationships.

FAMILY OUTCOMES: FINANCIAL STABILITY

Financial challenges were the most common theme identified in outcomes data related to financial stability. Families often came to collaboratives with financial challenges that included lack of employment or underemployment, financial insecurity including debt, the inability to pay bills and rent

or a mortgage, housing insecurity, and a lack of transportation. Target families were significantly more likely than matching families to have lower income and experience food insecurity. During the COVID-19 pandemic, there was a decrease in reliable transportation and a significant increase in families who received food and meals.

However, families who experienced the Whole Family Approach also experienced positive changes as a result of their involvement with collaboratives. Target families were significantly less likely to share housing with people outside their family, and had a significant increase in income at points in the evaluation. Target families also experienced a significant reduction in financial challenges in comparison with matching families, which was most pronounced in results for the second caregiver.

FAMILY OUTCOMES: CHILD WELL-BEING

The most consistent longitudinal findings related to child well-being were in the area of children's educational outcomes, and parents aspirations for their children. Education, including high-school graduation and college attendance, were consistently cited by parents as important to enabling children to achieve their goals. Throughout the evaluation, caregivers had significantly higher optimism over time about their children's ability to achieve their educational aspirations. In addition, several data points indicate significant improvements in children's math and language arts grades.

ADOLESCENT OUTCOMES

There were two consistent themes from data collected from children working with collaboratives implementing the Whole Family Approach. Throughout the evaluation, adolescents reported a good and growing relationship with their caregivers, in particular their primary caregivers, and reported good communication and relationships with their other caregivers. In addition, adolescents also reported that their education was important to them, and that completing high school was important to achieving their life goals.

TRANSPORTATION OUTCOMES

From 2012-2015 our evaluation included an examination of the activities and outcomes for riders of transportation collaboratives. Through those evaluations there were several consistent themes. First, prior to implementation of transportation programs more riders reported not being able to get where they wanted to go. After implementation of transportation programs, more riders year-over-year reported that they were able to get where they wanted to go. Throughout the course of the evaluation, the riders used transportation for employment, social services, and medical needs, and said that access to transportation improved their access to both employment and social services. There was also an increase in satisfaction with transportation among riders year-over-year throughout the evaluation.

ADDITIONAL FINDINGS IN VARYING CONTEXTS

The findings above represent the breadth of findings for the Whole Family Approach, and the findings most applicable across all collaboratives and communities over the 10-year evaluation period. As noted in the findings, the Whole Family Approach is flexible; there are other unique and significant findings present in prior interim and annual reports, focused studies (including *COVID Impacts, Supporting Collaboratives; Family Strengthening Network Family Advocacy Evaluation; Whole Family Culturally Responsive Approach Evaluation; and Child Connection Center Evaluation*), and smaller side reports that include descriptive, notable findings within particular contexts and communities during specific years of the evaluation.

19: CONCLUSION

WRI's outcome evaluation of the Whole Family Approach across 18 nonprofit collaborative organizations in Southern New Jersey indicates that families experienced significant improvements in the areas of healthy relationships, financial stability, and child well-being. The process evaluation described a family-focused, goal-oriented, flexible approach that can be implemented across organizations with diverse missions and communities. Over the last 10 years, thousands of families have been positively, measurably impacted by collaboratives implementing the Whole Family Approach. As the Pascale Sykes Foundation sunsets in December 2022, the Whole Family Approach's flexibility and proactive focus can serve as a framework for future whole-family, goal-oriented, community-based social service provision efforts.

20: APPENDIX

Scales Utilized:

- *Adjusted Questions from Child-Care and Participation in the Labor Market for Married Women in Mediterranean Countries*
- *Adjusted Questions from Social Capital and the Generation of Human Capital*
- *Adjusted Questions from Who plays and Who Benefits*
- *BRFSS*
- *Brief Resilience Scale*
- *Center for Epidemiological Studies Depression Scale*
- *CPS Food Security Survey*
- *Demographic Information*
- *Economic Hardship Index*
- *Fat and Fiber Questionnaire*
- *Fragile Families*
- *HINTS*
- *International Physical Activities Questionnaire (IPAQ)*
- *Labor Force Statistics*
- *National Survey of Parents and Youth*
- *Neighborhood Cohesion Instrument*
- *NSLP*
- *Quality of Care*
- *Questions specific to FAMCO*
- *Revised Child Feeding Questionnaire*
- *Social Discrimination*
- *Some Practical Guidelines*
- *Survey of Aging and Adult Populations*
- *Teens and Privacy*
- *The Child Feeding Questionnaire*
- *The multidimensional scale of perceived social support*
- *YRBS Questionnaire*

To understand the financial stressors experienced by program family participants, and to indicate which areas of financial constraints most affect the overall well-being and stability of families, the twelve-question Financial Challenges questionnaire was developed. This questionnaire can attribute origins to the 1965 Cantril Self-Anchoring Striving scale (Cantril, 1965).

The Youth Risk Behavior Survey (YRBS) was formulated in 1990 to track six categories of health-related behaviors that contribute to the leading causes of death, disability, and social problems among youth and young adults in the United States (CDC, 2019). Specific questions within the YRBS around dietary patterns (i.e. how many fruits and vegetables a participant eats) and other potential factors affecting dietary behaviors were chosen for the purpose of this study.

The Perceived Stress Scale (PSS-4) used for this analysis was derived from the 14-item Perceived Stress Scale (Cohen, Kamarck, and Mermelstein, 1983), and aims to measure the degree to which individuals find situations in their life uncontrollable, overwhelming, and stressful. General concepts measured within the PSS-4 include employment, income, social support, and health, all of which are expected to predict perceived stress (Cohen & Williamson, 1988; Warrtig et al. 2013).

The general question, "how would you rate your health?" was created by Brook, Ware, and Davies-Avery (1979) to use as a fundamental tool in self-assessments of general health (Bowling, 2005), and was used in this report to better understand the reach of the social assistance provided by collaboratives.

The Multidimensional Scale of Perceived Social Support (MSPSS) was created to capture subjective feelings of social support from the areas of family, friends, and significant others (Zimet, Dahlem, and Farley, 1988). For the purpose of this report, the MSPSS is meant to examine the ways in which feelings of social support were cultivated as a result of interactions with collaborative services.

The Brief Resilience Scale (BRS) was developed as a means of assessing ability to bounce back from stress (Smith et al., 2008). This scale helps to examine the ways in which both household and family support increase resiliency above and beyond the influence of an increase in resilience resources; the scale was used throughout the course of collaborative intervention.

The National Survey of Families and Households (NSFH) was developed to increase understanding of the diverse composition of American families and households (Sweet and Bumpass, 1988). The current report used an adapted portion of the questionnaire labeled "Help given and received" which originally asked about childcare, transportation, housework assistance, and emotional support the primary adult received from the other adult. This scale allowed an understanding of the help caretakers receive and further, the reciprocity and quality of the relationship between adults.

Childhood Education Scale: Examining childhood education helps to identify collective parental perception of generational success within a family. Educational expectations within a family can determine how children succeed in school and if they pursue secondary education.

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22: ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS

The Senator Walter Rand Institute for Public Affairs (WRI) is a research center at Rutgers University-Camden that collaborates with community and university partners to conduct evaluations of programs and services, leverage data for action, and support the development of community-based initiatives. Using social science research methods ranging from data-motivated storytelling to complex statistical analysis, and guided by core values of curiosity and collaboration, the WRI specializes in transforming fractured data into actionable information. The WRI supports Rutgers' mission of research, teaching and service by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in Southern New Jersey.

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