

PASCALE SYKES FOUNDATION

COVID IMPACTS, SUPPORTING COLLABORATIVES

*A qualitative evaluation of collaboratives' work with
the Whole Family Approach during the COVID-19 pandemic*

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Senator Walter Rand Institute
for Public Affairs



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

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COVID IMPACTS, SUPPORTING COLLABORATIVES:

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The pillars of the Pascale Sykes Foundation's Whole Family Approach have been consistent and clear for over a decade: child well-being in school, family, and community; healthy relationships within families and with the community; family financial stability; and collaboration among all organizations helping families achieve their goals together.

With the dual shock of the COVID-19 pandemic and resulting economic hardship, the collaboratives long-engaged with the Whole Family Approach have adapted their work and their outreach to meet emergent needs, and have done so with the support and encouragement of the Foundation.

This crisis has required a range of organizational adaptations, and many of these may persist and become a permanent part of how collaboratives work. What will this look like? And how flexible and adaptable is the prevention-based Whole Family Approach at this time? How have collaboratives best used these tools and strategies with families to meet this moment?

This COVID Impacts, Supporting Collaboratives qualitative evaluation project was developed to explore these issues. The overarching research goal for the project was to examine the range of responses collaboratives have 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 and June 10, 2020**, researchers from the WRI interviewed twenty-seven staff members from eight collaboratives who work with the Whole Family Approach, and then derived eleven themes for analysis from the data. What follows is a summary of the project findings and the analysis of the data around each data-derived theme.

COVID IMPACTS, SUPPORTING COLLABORATIVES

SUMMARY OF FINDINGS

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. Collaboratives were quick to establish community partnerships and collaborate with other agencies involved with services. As one respondent explained, "I would say coming out of this, families' use of the Whole Family Approach, since this started, will help them get back to some kind of normalcy. They'll be able to support each other more." Another staff member noted that "the most effective piece of the Whole Family Approach with our families is having them know there's a support system for them...Knowing there are individuals that they can reach out to has been instrumental."

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. Families responded to the available virtual interaction options to varying degrees. Some found a respite in being able to communicate with people outside of their immediate 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. Collaboratives worked to address all these needs.

'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. In addition to providing learning resources to parents, collaboratives that work with students with disabilities have encouraged parents to directly advocate for adequate services. Services that collaboratives have always provided to students in-person have now gone virtual, and in some instances, these virtual services have become more accessible and wide-reaching.

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. As stated by one collaborative staff member, "It's navigating this whole new lifestyle through COVID."

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. Staff members have expanded their existing roles supporting families with health, financial, and academic needs, and now have transitioned to new remote service formats that still comprehensively provide support.

Family resilience

All collaboratives reported that families expressed stress, fear, anxiety, and new mental health concerns caused by the pandemic. These new stressors have added to the existing stressors that families already were facing, and staff members continue to seek and implement solutions to assist families.

Informal networks of communication and collaboration

Multiple examples from collaboratives reveal the use of new, informal networks for communication and collaboration, with staff members as the direct network links to resources. 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. Collaborative staff members noted they have been joining efforts with each other and with their organizations' leadership to find new resources, in an ongoing pattern of resource sharing.

Collaboratives' organizational responses/changes

Collaborative staff members continue to alter delivery of their services in a flexible manner to meet new needs as they arise. While much programming has shifted online, collaboratives noted instances where programming had to be discontinued or shifted online in a modified form. Collaboratives also noted the use of Foundation and other grant funds towards material purchases families need, which often included technology and associated equipment, payment for internet and related bills, and purchasing food.

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. Additional safety issues that have arisen include food security and transportation, housing, employment safety, and domestic violence.

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.

What are some examples of how the pillars of the Whole Family Approach have been useful for families during this time?

The theme of supportive networks and support systems echoed through the collaboratives' responses; staff members expressed that families were in a better position to handle this crisis because of familial ties and strong collaborative support. Others noted that the stay at home orders reinforced the focus on the family. One staff member pointed out that the Whole Family Approach has served as good guidance for collaboratives when considering the impact of this crisis on all members of a family and when planning assistance that addresses both individuals and families. And another explained that "Families partner together as a whole family to support each other emotionally and work better together, even with everyone home...The families really implemented it into their everyday lives and it better prepared them for this."

All collaboratives have been attuned to families' concerns around school and childcare, and their usual focus on child well-being helped facilitate the implementation of school-related supports for families, including communication with schools. Collaborative staff members incorporated new recreational activities in their one-on-one sessions and allow more time and space for children to process. Other collaboratives offered online tutorials and activities and included recreational material for children in their food deliveries when possible. Collaborative staff members noted that involvement with the Whole Family Approach prior to the pandemic made it easier for families to engage in healthy practices.

Staff members commented on the importance of mutual support among family members and noted that children have been supporting their parents to learn new technologies, and noted that families involved in the Whole Family Approach are better equipped to weather this crisis through their experience with goal-setting and problem-solving together. Others remarked that the Whole Family Approach budgeting and savings practices were particularly useful. As one staff member pointed out, "Crisis is always going to come to people in life. Following the basic steps of goal setting [and] applying an approach which capitalizes on family [and] community support, clear goal setting, and communication, strengthens anybody's ability to overcome challenges." Staff members saw families' application of this pillar in their ability to initiate contact with collaboratives to request assistance or references for resources. One staff member noted that families were acting with more independence, referencing instances in which families have initiated processes that previously required support every step of the way.

Collaboratives reported partnering with food pantries and local grocery businesses to secure food for families. Other staff reported closer communication with schools to facilitate the transition for parents and ensure children were on track academically. Several collaboratives also applied for funding from the Foundation to secure technology for families lacking resources to transition to online schooling. Collaborative staff members affirmed that families will be better able to support one another as they emerge from the pandemic and that families have a greater respect for the quality of time spent with their children -- and that their engagement in the Whole Family Approach facilitated opportunities for families to support each other emotionally.

How has the use of technology during this time changed your work and changed the families you work with?

Collaboratives overall have reached more families through the increased use of video and phone technology (i.e. phone calls, FaceTime, Google Hangouts, Zoom) and have been able to take services that used to happen exclusively in-person and extend them into remote platforms and in more individualized formats for families. Each collaborative has updated their website to include online resources for family health and student engagement. Collaborative staff members also expressed initial, and in some cases, recurring, challenges to connect with families and children due to lack of familiarity or comfort with operating virtual platforms and devices. The additional financial support provided early on by the Foundation during the pandemic allowed some collaboratives to provide technology to families in need, including families who might have previously only owned one iPad or one computer for the entire household.

Collaborative staff themselves expressed their own challenges with navigating certain virtual setups and processes, and generally offered one-on-one virtual assistance, to the best of their ability, to families needing assistance with technology. The deeply personal work between collaborative staff members and the families they serve has made the recent switch to entirely virtual communication awkward. In the past, staff members would be able to read the body language and social cues during one-on-one meetings which would help them determine how to best support individuals and navigate a conversation for the individuals' needs. Virtual communication has been helpful in maintaining relationships during COVID-19, but it is clear to collaborative staff members that families need much more in-depth support.

Collaborative staff also expressed how attitudes towards technology have shifted; as they themselves found meaningful ways to connect with families over virtual platforms (in individual or group settings), and used platforms for internal collaborative meetings and check-ins. Some staff reflected on how forced reliance on technology platforms during this time may shift future sessions or certain aspects of collaboratives' programming to virtual models. Families responded to the available virtual interaction options in varied ways. Some found a respite in being able to communicate with people outside of their immediate home (whether that be specifically collaborative staff, or other families or friends), others noted online sessions, classes or meetings too overwhelming or experienced them as an additional burden after working and/or simultaneously caring for children all day. And others struggled with the basic lack of technology in the home, with the logistics of the technology that was available to them, and with the complexities of digital platforms.

How has 'school being at home' during this time changed your work and the families you work with?

Collaboratives have employed a range of parental engagement strategies to meet the needs of families. School at home has forced parents to take on the role of teacher to their children, which has made them more involved with their child's schooling. Parents are more actively reaching out to collaborative staff for resources on how to help their child, and in many cases collaborative staff have taken on the role of educator, helping parents set up routines that best fit their child and how to navigate various challenges they are facing.

Many services that multiple collaboratives have always provided to students in-person have now gone virtual. In some instances, these virtual services have become more accessible and wide-reaching. For example, in the past, social and emotional learning (SEL) services in the classroom were inaccessible for parents to see and learn from, but now they are able to experience the behavioral models via virtual sessions which raises their awareness of those services and the behavioral practices which can help parents replicate at home. Small group meetings have transitioned well to virtual formats and have increased in attendance due to broader community access. But not all services have transitioned well to a remote format, as some collaboratives have experienced lower attendance or engagement during COVID.

Collaboratives can communicate more with parents than they did in the past, with increased weekly check-ins across technology platforms. Parents are not only checking in more regularly (via phone or video chat) but also being more vocal in seeking support for the new challenges they are facing with homeschooling and time with their children. As one staff member noted, "We don't know the answers yet, no one does, but I want them to be prepared if and when schools can provide answers, so everything has been documented at home."

Many families rely on the free or reduced breakfast and lunch their children get at school. Given the circumstances, schools have made these meals available for families to pick up from the school. Collaborative staff have been picking up and delivering these meals to families that are not able to do so themselves.

Parents are more engaged in student portals [provided by schools] and are seeking more online resources for how to keep their kids active and learning, and collaboratives engaged in educational work have been able to provide parents with references to several online resources (i.e. Boom learning, Noodle, online news, New York Times, etc.) to help parents to be better educators to their children.

Collaboratives that work with students with disabilities have encouraged parents to directly advocate for adequate services, as well as equipping parents with assessment tools to independently monitor their child's learning progress. These services and assessments are typically performed within the school by a team of special education specialists; to best prepare families for the incoming school year, collaboratives have supported parents to informally assess their children and seek remedial services when necessary. Some collaborative staff members have had to refocus their work to provide more support to families who have children with IEPs, to help them advocate to receive needed educational supports services.

Collaborative staff members have provided support to one another by exchanging technology tips, like how to use certain features of Zoom or Google Classroom. Although home visits have not been advised during COVID, some families are maintaining contact with collaboratives through virtual home visits; this is not as effective as in-person communication and connection but has helped to maintain relationships.

Staff members have also started to rely on online resource sharing, both with families and other staff, and where needed, have applied for funding to provide technology to families so that their children can complete their schoolwork. As one staff member explained, "The Pascale Sykes Foundation gave us a technology grant so that we can pay for internet for some families and also buy computers for

some families. We had one family where their kids were doing their homework from their mom's phone. You can't live like that. So technology and access to it has been huge." Collaborative staff members have also helped parents learn how to use and understand the technology that their children are required to use.

How has self-isolation/continual togetherness changed the families you work with?

One collaborative staff member shared that one parent worked with his children throughout the day and began his own work after the children were put to bed, as late as 11:00 PM. Older siblings have also filled this role to support their parents to keep younger siblings entertained or engaged in their school work. As stated by one collaborative staff member, "It's navigating this whole new lifestyle through COVID."

Families who work with the collaboratives experience a second wave of working with their children—the first wave is about working to get specific educational resources for their children for online learning, and the second wave is the ongoing uncertainty about how to keep their children occupied as they work from home, and how to keep children safe once parents return to work. As one staff member explained, "Learning how to communicate and time management is very important. There's a lot of pressure from society, jobs, themselves and families find it hard to give themselves grace. There's a big concern about what to do with the kids; it's hard to be together all the time."

Collaborative staff members shared that the families they work with have expressed an increase in anxiety as well as "cabin-fever" from being isolated at home. Several collaboratives report an increase in domestic violence cases and mental health needs among families. As a means of addressing any feelings of cabin-fever or anxiety, collaboratives have tried "to give some kind of interaction for families, just for their mental health, making sure they don't go too stir crazy, especially when they can't be outside or out and doing the things they normally would be doing."

What are some examples of how your staff have quickly adapted to changing roles during this time, and what impediments have they faced when trying to be flexible?

Collaborative staff have altered the work they do to meet the ever-changing needs of the families they serve. In some collaboratives, staff have primarily worked with the adults in the family but are now working more closely with the children. Staff members have helped children set up their technology for school and provided homework help, tutoring, and social support. And collaboratives continue to flex their service provision to family needs, adapting meetings and meeting focus/ goal areas to the shifting demands families are experiencing. As one staff member described it, "The first thing that changed was our delivery style."

Collaboratives noted their ability to pivot practices and resources to serve families, such as new efforts to ask families about transportation options and specific technology uses in their homes. Another staff member noted their collaborative's pivot to provide library resources to students as soon as libraries and related offices shut down. Another collaborative noted its response to the school shutdown by working to shift programmatic resources to provide a memorable celebration to graduating seniors.

Collaboratives have turned to alternative engagement ideas and tools. Examples of this adaptability include: moving a former summer program to a remote format; offering online tutorials; sharing websites, news articles, and government information; creating home kitchen classes, science experiments, and home exercise classes for kids; using dance videos; posting blogs for references “on how to talk to your kids;” starting a hotline families can call to ask about money, jobs, or family issues; giving out hotline numbers to other organizations for kids dealing with anxiety or depression; and starting weekly wellness checkups on families.

Collaborative staff members explained how the pandemic exacerbated and deepened food insecurity among families served, particularly in communities where transportation access is limited:

“We immediately had to shift our focus on food distribution...Most people who needed to use the food banks didn't have transportation. We partnered with local food banks that had to close their doors because they couldn't socially distance their operations. We got volunteers and started delivering food every week to families.”

“We've been getting families access to food through food banks. I point families to food banks and churches as places where they can get assistance. Some families may not be able to get food from food banks due to lacking documentation, like photo ID and proof of address, or because of transportation, so I personally have put down my name and picked up food for them.”

Staff members reported that for some of their families, the amount of food needed is difficult to sustain; to provide relief for families, several collaboratives have distributed grocery store gift cards, directed families to local food banks, or collected food themselves and dropped it off to families. Children have been particularly affected by food access since school buildings closed and they were no longer able to eat school breakfast and lunch. Staff members from several collaboratives expressed more community need for food security and expressed how fortunate they were to be able to pivot some of their funding and resources to create new community partnerships for food access.

Collaboratives staff members described various ways they engaged in outreach to families and how families engaged in outreach to collaboratives, noting that engagement was more frequent with some families, “but for the most part, the families will reach out to us and let us know what they need.” Staff members reported that some parents are checking in regularly, to talk about “life in general, work from home, kids.” Beyond programming, collaboratives have undertaken organizational-level responses and changed and restructured some elements of their operations. One collaborative staff member noted the organization’s ability to “step back” at this time and engage in strategic planning and consider other changes that had been discussed prior to the pandemic.

Collaborative staff members also acknowledged the importance of their own staff self-care as part of service delivery for families. Staff members have been facing not only their families’ struggles but also their own. Frequent staff meetings, informal check-ins, and mutual staff support were noted as the most useful practices for well-being within collaboratives. Collaborative staff members also reflected on the value of trainings offered internally by Pascale Sykes, including a mindfulness webinar. As one noted, “It starts with leaders making sure they are taking care of their wellness in what ways we can.”

Staff members described striving for a balance during COVID-19 by setting new boundaries to separate work life and personal life. One interviewee commented on supporting the resilience of the families they work with, but their words could also apply to the resilience of staff at all collaboratives facing challenges daily: “We can’t control the virus that’s here or that we have to stay at home or the failing economy, but we can control the response.”

How are collaboratives caring for families and supporting family resilience as they cope with new mental health needs and stressors during this time?

Collaboratives noted their intent to focus on framing their responses on what can be controlled, both now and beyond the current moment, and how efforts are geared towards what can be done together. As one staff member explained, “The concept of teamwork has been reinforced, and in a time when isolation might mean that all you have to depend on is your family, having a better relation with your family hopefully has allowed people to weather this.”

Staff members across collaboratives reported that families have expressed the onset of stress, fear, anxiety, and overall heightened mental health concerns. These concerns have presented for both adults and children in families, especially as home and school became the same space. In response to these new stressors, and in addition to the existing stressors that all families faced prior to the pandemic, staff members are finding creative solutions to assist their families. Every collaborative has increased communication with families and has worked to provide individualized resource recommendations to every family, along with wellness checks, where families can express any mental or physical health needs. This has allowed collaborative staff members to personalize supports for each family or individual.

The most pressing stressors for family mental health include anxiety and time management conflicts as families juggle responsibilities during this time. In response to this, collaboratives have worked individually with families to produce routines for both parents and children, including step-by-step daily schedules and at-home techniques for parents to facilitate work and play time for kids. Collaboratives have had the opportunity to match families with mental health resources available in the community, including telehealth options.

Collaboratives have expressed that it can be awkward to conduct virtual meetings with families while people are inside of their homes, especially while discussing high-stress topics. In response, collaboratives are able to utilize the long-term trust they have been building with families and/or communities to support families to feel safe. As one staff member noted, “I definitely think that the existing relationships and support systems that we helped to create for our families have been extremely helpful for them through this. They know they have us and each other to lean on.”

The fear of the unknown and uncertainty have taken a toll on families’ resilience, as most interviewees noted signs of depression and anxiety across all age groups. Adults are coping with personal financial stability within the plummeting of the national economy, as well as taking the lead on their children’s education and socioemotional needs. Children are externalizing their boredom and anxiety over the pandemic by acting out and neglecting schoolwork. Collaborative staff members have responded by using family check-ins to assess parents’ emotional state, and to work on coping skills with children, when possible.

The continued communication through check-ins and instructional programming provides a brief relief from social isolation and feeds the sense of connection, as pointed out by several staff members. This compassion and empathy have often been forms of support as essential as financial support.

Collaborative staff members shared that families caring for children with special needs and past trauma are particularly vulnerable, and in response, several collaboratives organized trainings in preparation for school IEP meetings in the fall. Staff members noted that children may regress due to the lack of remote learning accommodations for children and inconsistent therapy services, and in-home interventions have also been challenging for this group.

How have informal networks of communication and collaboration manifested during this time, and what are some examples?

Multiple examples from the collaboratives revealed the use of informal networks for communication and collaboration (printing materials for families, delivering documents and technology, sorting food donations, logging and managing food donations and curbside pick-up, etc.) Staff members have pointed to the importance of local connections to social services. One collaborative staff member noted the need for continued collaboration within the organization to identify what services are most significant and how to maintain family engagement, explaining that “There have been more personal connections and connections to community, schools, advisors, people we have good rapport with and how to best gather the information around the families we serve directly, and that’s how we’ve been able to develop the path we’re on.”

Collaborative staff noted they have been joining efforts with each other and with their organization’s leadership to find new resources, in a back-and-forth pattern of resource sharing. Other collaborative staff pointed to their fellow staff members as direct links to resources. Staff noted the ways that useful information stemming from other content specific programs, from social work circles, and from staff members’ other jobs was shared between groups. Collaboratives noted the instances of transferring and applying additional personal or outside professional knowledge to aid in collaborative work.

Collaboratives repeatedly emphasized the information sharing between staff members, between collaboratives, and among families. One staff member pointed out that collaboratives have already been doing this, but that the sharing of specific resources is happening more often and facilitates a larger pool of resources available to all collaboratives’ staff, which can then be shared with families: “If I’m using a resource they don’t have I give it to them and if they have something I don’t have, they share it with me. It’s nice to have that. They might not know how to do something but coming together as a unit and seeing and using all the resources we have together makes a difference.”

One staff member shared she used her skills in making “those visual guides or to do lists” to spread to families. Another staff member pointed to a blog “rich with resources” that was developed during this time. Another collaborative combined network information into a live document that lists all of the resources they find, and is accessible by all staff and families. Another staff member walks families through step-by-step [resource] guides over the phone, in addition to sending the guides to families. Another collaborative pulls articles and resources to put on their website, and redirects families to the website, in a constant exchange of information and ideas.

How have organizational responses in service provision, funding/resource sharing, and outreach been created or shifted to better support families?

Collaborative staff members noted that they continue to alter delivery of their services in a flexible manner to meet needs. One staff member noted a shift in their service provision from an academic focus to immediate service needs. They explained how the collaborative typically “thrives on interpersonal connections and face-to-face meetings,” and the collaborative’s response to the pandemic required a shift to meet “the four walls - food, shelter, clothing, transportation” and similar necessities.

Collaboratives have engaged in specific virtual programming to enable families to engage with the collaborative and other participants online, and have tapped into various sources and offered many alternatives and shifted engagement tools and activities for families. Programs have been developed with teens, parents, and children, and included family nights, womens’ groups/moms groups, “Spill the Tea Time” with children via FaceTime on Friday nights where children come and talk to each other, virtual story time (for younger children), homework help sessions, and educational sessions around Zoom etiquette.

Another collaborative staff member talked about efforts to serve families beyond their own collaboratives’ offerings, noting that “If what they need goes beyond the scope of our services we can give them, we refer them to another service like the unemployment office or another social service agency and then it’s out of our hands and the family lets us know how it goes for them.”

Collaboratives also noted the use of Foundation and other grant funds towards material purchases families need, which often included technology and associated equipment, payment for internet and related bills, and purchasing groceries. And respondents shared that funds from grants used during this time included sources such as large external foundation grants, existing Foundation funds, and additional small emergency grants. A pattern of flexibility emerged as collaboratives noted their ability to serve the existing and new needs of families during this time by flexing grant money, shifting budgets, and allocating funding to essential and immediate needs of families.

One collaborative staff member outlined how the extra money in the budget for food (typically used to buy snacks and dinners for family nights and afterschool programming) was repurposed and put towards buying groceries for families. One respondent noted the flexibility of \$250 mini-grants for families, noting the grant allowed the collaborative to help families pay whichever were the most pressing bills, and that same grant enabled collaboratives to give a \$100 gift card towards groceries to families. Some collaboratives have shifted to providing direct financial assistance, including covering families’ utility bills. As one staff member noted, “Nobody was well-prepared for what happened through all of this. But the relationships that we’ve had with these families have allowed us to work with them closely and serve their immediate needs through all of this. The close relationships we have with families allow us to anticipate their needs through these challenges.”

Families benefited from direct grants (provided by several collaboratives) to address basic needs such as food and utilities. In addition to continued food support, staff provided support accessing government assistance when possible, though exclusions in the criteria for assistance qualification and delays in the unemployment system limited the effectiveness of interventions in this area.

Collaboratives reported relying on a range of local resources during the pandemic to better support families, such as incorporating support of local churches more to help with food access for families. Collaboratives also pointed to an extension of outreach efforts beyond families. One collaborative staff member explained that they now reach out to teachers to ask them what help they may need, and which children they think need additional assistance. Another staff member noted the collaborative's outreach efforts to the entire school to let the families know the collaborative is there to support, and to "help other families that aren't our families."

How have families navigated formal social structures (external to the collaborative) and how have these structures supported or failed families, helped or created constraints?

There were multiple instances where larger systems and structures that impact families inadequately addressed needs and did not mitigate negative impacts stemming from the virus. For instance, a collaborative staff member attempted to notify the New Jersey Department of Health to place a complaint about an employer not following COVID-19 rules related to Personal Protective Equipment (PPE) and other guidelines, but the attempt led to far more cumbersome methods trying to report the violation. Another respondent chronicled the circuitous directions and lack of clarity from multiple doctors throughout her attempts to get tested for COVID-19. Some families have shared with their collaboratives that they are afraid of letting American Disabilities Act (ADA) service providers in the house and getting exposed to COVID-19. Other families involved with the Department of Child Protection and Permanency have experienced challenges getting their children to complete school assignments remotely. Staff members have helped these families by assisting them with task management, organizing team meetings with schools and relevant organizations, and helping parents evaluate options available to them.

Another respondent shared how a family member was waiting to know if they were going to be deported by the U.S. government, and in attempts to gain information and garner understanding of how the system was working, reached out to a collaborative staff member in hopes of connecting them to law enforcement officers. One respondent outlined an experience with the unclear process around charging for hospital stays, noting that New Jersey hospitals were not charging people who were admitted for COVID-related issues, yet families were concerned about not receiving hospital bills. Another collaborative staff member pointed to the challenges facing families without social security numbers, as the Department of Labor only serves people who have social security numbers. In explaining this roadblock, the staff member noted the funding from the Foundation as very helpful because it did not have that attached condition.

Employer decisions and structures affected families' choices around safety and well-being. One staff member who tried to contact the Department of Health about a safety violation (on behalf of a family they worked with) warned the employer directly and asked them to supply masks and gloves to employees. Another family member lost their job due to lack of transportation, but as an undocumented person, could not file a complaint.

How are collaboratives prioritizing their responses to safety issues that families are dealing with during this time?

The collaboratives' responses address not only the financial barriers of families in obtaining food, but also barriers related to transportation. Collaboratives have been working since the start of the pandemic to address urgent food security concerns by establishing initial contact with food pantries and then coordinating food delivery services. Staff members have used personal resources to obtain enough food for families, such as filling out requests using their own information or using their personal cars to drive families to the pantry. Several staff members reported advising families against skipping bills and rent payments, explaining that the accrued amounts would be more difficult to manage later.

Housing insecurity is also a rising concern, as many young adults lost housing as colleges closed, and it will continue to be if families fall behind on their housing payments due to job loss. Collaborative staff members expressed concerns about families' potential exposure to COVID-19 related to the financial pressure families experience to continue working; adults get exposed at jobs in supermarkets, factories, and farms, as well as through sharing rides with others in order to get to their place of employment. One staff member commented on the anxiety expressed by children regarding their parents being at risk of contagion. Teens old enough to work are also at risk, as they continue to work essential jobs at grocery stores and gas stations to help their families experiencing reduced hours and lay-offs. And a staff member shared that one student has been helping at the family business despite his own health complications.

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, and at least two collaboratives reported providing families with hand sanitizer, masks, and gloves when possible. Staff also reported using their own experiences to better advise families seeking testing, such as discussing symptoms and how to communicate effectively with healthcare providers. Staff members continue to advocate for the importance of testing towards individual and community health. As one noted, "it's not just a personal issue or a family issue, this is a community issue."

Collaborative staff members shared how families' have been trying to get information about the pandemic, and how they have worked to assure that the information families get is accurate: "We've been calling families and giving them step-by-step guidance about how to follow health recommendations and how to access resources. We try to gain reliable information and share it, and sometimes we use our experience." Collaboratives described their attempts to share accurate COVID-19 information through direct channels to families (newsletters, webinars), but also expressed barriers families faced to accessing this information (through lack of technology or internet access). Collaborative staff members reported that several families they worked with needed Personal Protective Equipment (PPE) and that PPE may not be provided by employers who require it for the workplace. One collaborative staff member chronicled her efforts to purchase masks for families but struggled to find a suitable supplier of masks and gloves.

Staff members also reported being alert to other potential threats to families during the pandemic, including concerns over domestic violence and home tensions increasing over the spring and summer. Another collaborative reported that families have been targeted for scams masquerading as job offers or outstanding bills. One staff member expressed concern that parents might have to decide between work and child supervision if school and summer activities do not resume. Several collaboratives mentioned are exploring options to offer activities for children or enlisting older siblings to care for younger ones. Most collaboratives, though, reported no clear solution to childcare issues, especially for families caring for children with special needs.

What are the ways that collaboratives' rapport with families has changed during this time at both the staff and organization levels?

Collaborative staff members have created more spaces for families to share their needs, and also noted that shifting from in-person communication to an entirely virtual format has presented barriers, specifically around accessing and using technology and individual families' openness to sharing information. Staff remain flexible and adaptive to meeting with their families and maintaining contact. To address technology barriers, collaborative staff report providing training to staff on how to use technology and working individually with family members to access technology and resources. Additionally, staff offer space for families to share aspects of virtual programming that have been successful and unsuccessful as time progresses.

Similarly, barriers to openness are acknowledged by staff members as a reflection of the rapport previously built with the family. There are interactions that point to a relaxing of traditional professional barriers, with families sharing and discussing wide ranges of current family needs, challenges and successes in varying detail and intimacy; previous relationships and rapport with families has increased comfort and inclination to reach out for help. In speaking about their relationships with families, collaborative staff members shared that some families view them as support networks and as "go-to" people in the families' lives, while others are hesitant to share information or engage in more personal conversations. As one staff member described it, "When talking to them directly there is a sense of pride at times, like 'hey, how are you,'; 'no, we're good.' We don't talk about the needs, we don't talk about the issues, about mental health. It's not part of the culture. They're not easily readily open to say, 'I'm losing it.' It's easier with some who I have a better repertoire, and some that are a little, I would think more hesitant to talk about things."

Despite barriers to communication, collaborative staff members maintain their relationships with families and continue to provide them with any support requested or needs expressed. Staff members serve as support systems, giving space for families to share their needs to the degree they feel most comfortable, and respecting the amount to which families communicate. And the smallest support, such as just being someone whom families can talk to outside of their immediate family, is beneficial during this time. As one staff member put it, "I feel like my role here is to maintain aspirations and motivation and keep families on track. I try to keep them with us. It can be challenging for families. I want them to focus on their dreams." This stance has helped to remove stigmas around help-seeking. Staff continue to work with families to modify or adjust their family plans to stay on track to achieving their goals and refer them to safe resources within the community that help them maintain goals (i.e., local businesses that are hiring).

Collaborative staff members continue to work to minimize any additional stress placed on families by creating succinct handouts or messages that have pertinent information regarding safety, community resources (i.e., foodbanks, churches, social service agencies), fraud, and COVID-19 related information. In addition to providing community resources, collaboratives provide families with technology or financial needs when they arise. Collaborative staff members continue to evaluate their virtual delivery of programs and services and the ways they support families' needs, and shared their plans for maintaining virtual meetings with families and students throughout the summer, taking into consideration best practices and listening to students' and families' needs.

Within organizations, the staff and leaders of every collaborative have described the ways they support one another, including increased weekly and daily meetings with each other where there is time to talk about their own new stresses. Some have created virtual social events, like trivia nights or happy hours, to connect with one another despite the social distance, because they recognize the importance of maintaining their bonds within the organization during the pandemic. As one staff member noted, "We're in a position where we're helping others, but we're also still in the position of needing help ourselves. When I meet with my staff, I ask them regularly if there is anything we, as a program, can do to help you or your families, before I begin to ask them about anything else."

COVID IMPACTS, SUPPORTING COLLABORATIVES

CONCLUSION

“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 cancelling 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-year occurrence, and don’t lose heart, and we’re gonna get through this.”

- Collaborative Staff Member interview, June 2020

Data collected through the U.S. Census Bureau’s Household Pulse Survey presents a stark national picture of the impacts of the pandemic on families -- using six key metrics -- since data collection began the week of March 13, 2020.

HOUSEHOLD PULSE SURVEY TOTAL U.S.



U.S. Census Bureau

<https://www.census.gov/data-tools/demo/hhp/#/table>

By week 10 of the pandemic, fully 50 percent of the adult population of New Jersey (about 3.5 million) had experienced an employment-related loss in income. These metrics underscore the continued uncertainty that families face and highlight the vital need for the direct work with families by the collaboratives supported by the Foundation. As this study shows, the impacts on families are ongoing, and will reverberate over the long-term. The new approaches undertaken by collaboratives will change how they work, plan, and grow far into the future as well.

The staff members who lent their voices to this study have risen to a wholly unprecedented challenge with patience, flexibility, and creativity. They have adapted resources and practices to meet the moment, and they have adapted themselves. The urgent needs of the families served -- needs ranging from education to food security to mental health to employment -- have re-shaped collaboratives' strategies, and the shift to virtual provision of services has re-shaped their engagement with families. And all of these shifts and changes have been operationalized within the Whole Family Approach model and have been effective in this crisis because the focus on family and the relationships between collaboratives and families have always been so central to the work.

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