

PASCALE SYKES FOUNDATION EVALUATION

COVID BREAKOUT REPORT

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STRENGTHENING FAMILIES INITIATIVE EVALUATION REPORT

OVERVIEW

This report provides updates on the Senator Walter Rand Institute for Public Affairs (WRI) research activities, findings, and next steps in the evaluation of the Pascale Sykes Foundation's implementation of the Whole Family Approach in nonprofit collaboratives in Southern New Jersey. From June 2021 to December 2021, WRI completed data collection and analysis for three reports. WRI completed an analysis of quasi-experimental data collected during the COVID-19 pandemic from both participants supported by collaboratives implementing the Whole Family Approach and a comparison group recruited from the community from March 2020 to March 2021 to understand the ways in which subjective well-being, child well-being, health, financial stability, and health relationships changed throughout the first year of the COVID-19 pandemic. Results indicate that supports provided to participants were essential to those families' success, finding that families who worked with collaboratives implementing the Whole Family Approach had more stable social supports and increased levels of financial stability throughout the pandemic.

INTRODUCTION

This report provides updates on the Senator Walter Rand Institute for Public Affairs (WRI) research activities, findings, and next steps in the evaluation of the Pascale Sykes Foundation’s implementation of the Whole Family Approach in nonprofit collaboratives in Southern New Jersey. This report builds upon previous work and continues to describe how families are impacted by the Whole Family Approach. 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. The Whole Family Approach employs organizational collaboration among service providers to support families in defining and achieving attainable goals while fostering a dual-adult support model to enhance child well-being, family financial stability, and healthy family relationships. These data are also useful in assessing changes in service provision and changes in organizational collaboration over time.

The context of the COVID-19 pandemic’s effect on people across the nation, including families in Southern New Jersey cannot be ignored or understated. Given the widespread economic impacts of the pandemic on families, two focused studies have been completed and provided in this report: The Family Strengthening Network Family Advocacy Evaluation and the Whole Family Culturally Responsive Approach Evaluation (WFCRA). This report takes a new approach to examining the breadth and depth of qualitative and quantitative data collected for these focused studies that relate directly to the Whole Family Approach. In addition, data has been analyzed to assess the direct pandemic influence and the Whole Family Approach function from March 2020 to March 2021. Quantitative data has been organized along the three pillars of the Whole Family Approach: 1) child well-being, 2) healthy relationships, and 3) financial well-being.

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METHOD AND SAMPLE DEMOGRAPHICS

WRI staff 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 highlights 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. This plan in return is especially appropriate considering the on-the-ground nature of the collaboratives and their real-world application of the Whole Family Approach solidifying its reputation and standing in the community

We analyzed whether there are significant differences between target and matching families and we examined the target families being served in more depth than in previous reports. We provide findings showing that in certain areas target families had significantly more growth over time. Matching families help us determine whether observed changes within target families can be explained by the intervention, or whether observed changes are potentially caused by other factors affecting an entire community or region (such as sudden regional or national economic changes).

DEMOGRAPHICS OF FAMILIES MARCH 2020 TO MARCH 2021

GENDER

	Target N=22		Matching N=101	
	A1	A2	A1	A2
Male	12.50% (n=1)	87.5% (n=7)	17.24% (n=5)	82.76% (n=24)
Female	64.29% (n=9)	35.71% (n=5)	66.67% (n=48)	33.33% (n=24)

AGE

	Target		Matching	
	A1	A2	A1	A2
Min = 24	Min = 24	Min = 27	Min = 21	Min = 21
Max = 54	Max = 54	Max = 67	Max = 69	Max = 71
Mean = 34.70	Mean = 34.70	Mean = 45.91	Mean = 43.54	Mean = 43.63

RACE/ETHNICITY

	Target	Matching
Black/African American	45%	38.68%
Hispanic/Latino	5%	6.60%
White	45%	54.72%
Asian or Pacific Islander	5%	0.00%
Native American/American Indian	0.00%	0.00%
Other	0.00%	0.00%

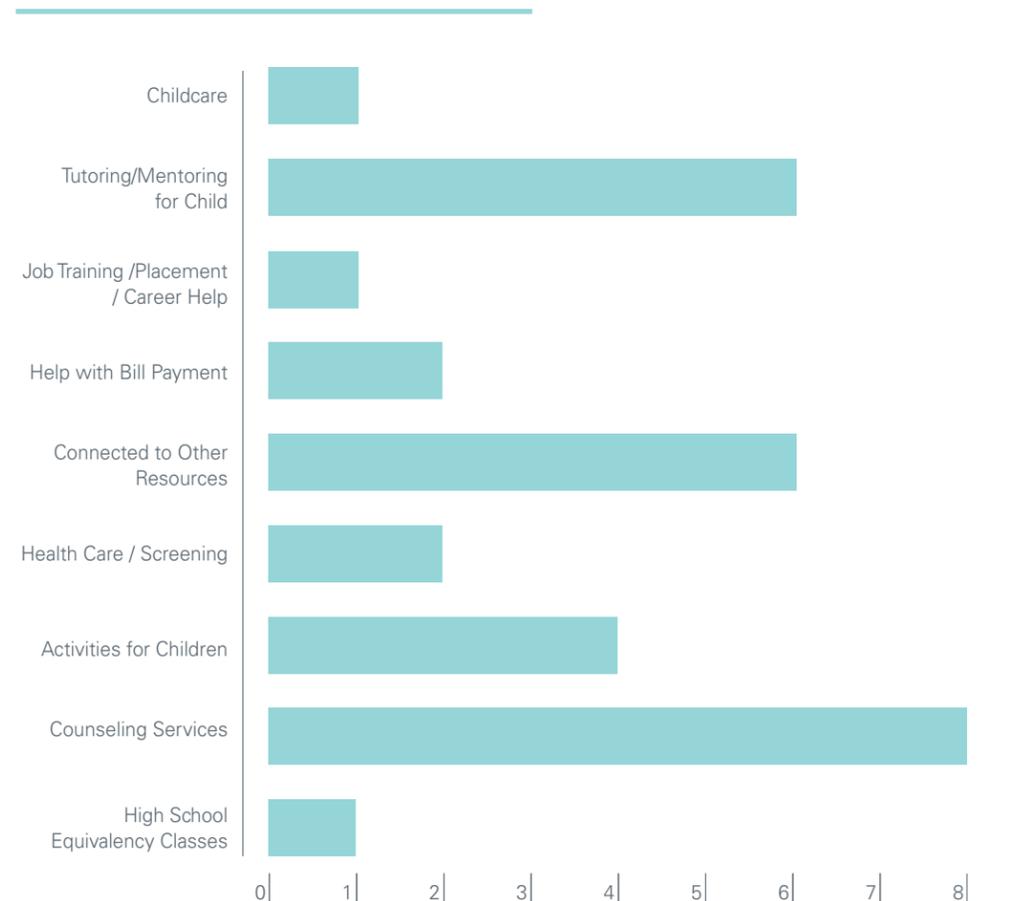
INTERPRETING THE DATA

March 2021. Significant and notable findings are presented here and include analyses to determine impact from the COVID-19 pandemic. All analyses were conducted using STATA MP 16 or SPSS. When interpreting the data, this descriptive analysis and frequencies over the two-year span, we are able to interpret and describe 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 an inference, which is using data from a sample group to make generalizations. Other descriptive statistics will be reported on, including but not limited to the measure of central tendency such as the mean and the spread of scores known as the variance.

RESULTS

Satisfaction and interaction with the work the collaboratives engage in were very high. For example, 100% of all target families would contact their collaborative in the future if they ever needed help and refer family or friends to their services. One family stated the desire to “have more family fun nights when this virus is over” and approximately 75% of target families indicated getting regular or frequent contact calls or emails from their advocate/caseworker during the first year of the COVID-19 pandemic.

SERVICES THE AGENCY/COLLABORATIVE PROVIDE YOU AND YOUR FAMILY



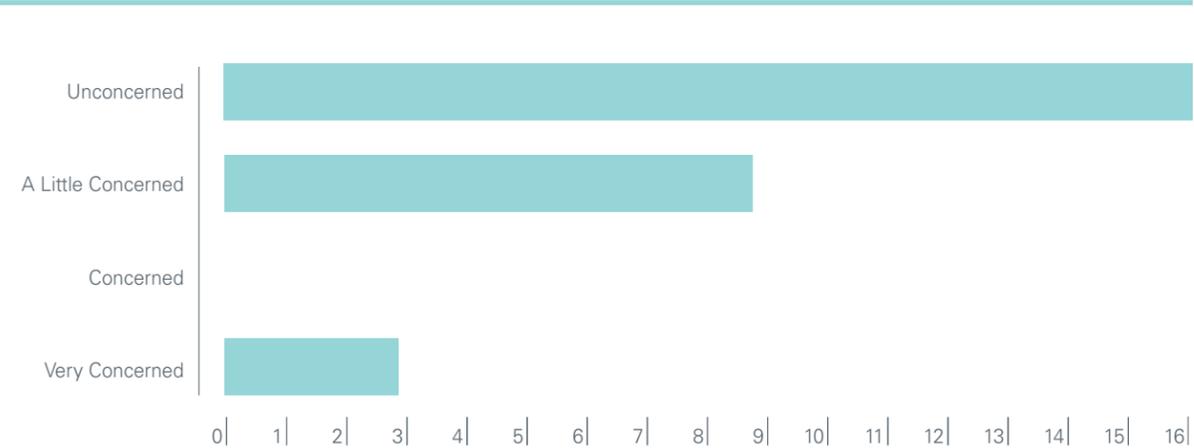
This chart underscores what services each target family utilized when working with their collaborative; the majority utilized tutoring/mentoring services, counseling services, child activities, help with bill payment, and connecting to other outside resources.

While 100% of all participants from March 2020 to March 2021 stated that they did not have anyone outside that household that contributed to their monthly rent or household bills during the onslaught of the COVID-19 pandemic 15% of adults had to borrow money from friends or family to pay bills. Knowledge of the cost of monthly house/apartment utilities was overall low, with 45% of target adults not knowing what the cost of their electric bill is each month and 55% of target adults not knowing their monthly gas bill cost. 55% of Target adults have a car payment due each month, with the average monthly bill being \$425 per month. Approximately 50% of target households received free food or meals, and 100% of these households reported being food-secure. 15% of target adults could not pay their rent or mortgage in full, yet no family was subsequently evicted.

CHILD WELL-BEING AND HEALTH

Obesity in children is recognized as a national health problem and children living in more socioeconomically disadvantaged circumstances experience worse health outcomes than their more advantaged peers (Ogden et al. 2010). Parents who encourage their child’s participation in healthy behaviors such as physical activity has been found to be associated with the parental perception of their child’s weight. Research has found if a parent does not accurately perceive their child’s, they may be less inclined to encourage healthy nutritional choices and physical activity, and for overweight and obese children, in particular, parental support and active involvement in the treatment of obesity leads to the best weight outcomes (Tschamler et al. 2010). The majority of adults rated their child’s weight at the right weight (76.19%) Majority of target adults have little to no concern about their children eating too much and gaining weight when parents are not around them (76%).

LEVEL OF CONCERN ABOUT YOUR CHILD BEING OR BECOMING OVERWEIGHT

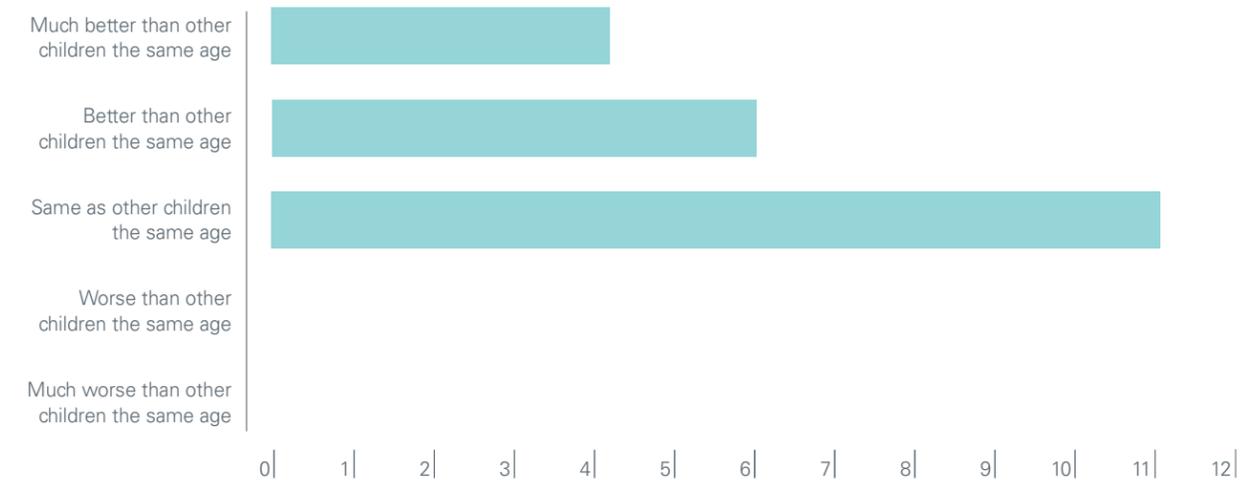


Majority of target adults are unconcerned about their child being/becoming overweight.

Rating for the perception of child’s health was positive, with target adults reporting their child’s health is very good (61.90%) or excellent (38.10%). The majority of target adults rate their child’s weight at about the right weight (76.19%), slightly underweight (14.29%), or slightly overweight (9.52%). Approximately 24% of target adults are concerned about their child needing to diet to continue to maintain a desirable weight. During the pandemic, 43.48% receive free breakfast during the school year, and 8.7% also receive free breakfast during the summer. Additionally, 37.5% receive free lunch during the school year, and 16.67% receive free lunch during the summer.

Parental involvement has emerged as an important topic in education and has been found to impact other aspects of life for families. The education choices made by teens/adolescents have direct consequences not only for individuals but also for the whole of society is a critical phase of the education process for families (Jeynes, 2000). Target adults during the pandemic indicated the majority of their child's grades are mostly A's (61.90%) mostly B's (28.57%).

TARGET ADULTS RAITING OF OTHER CHILDREN OF THE SAME AGE COMPARED TO THEIR OWN CHILD'S HEALTH



The majority of adults rated their child's health about the same or better than other children, no parents rated their child's health as worse than others.

Degree attainment was also ranked of high importance, with 100% of all target adults reporting that finishing high school is very important and is important for obtaining life goals, while 87.5% reported that it was important in the child's eyes to finish school, with 12.5% reporting that their child does not feel it is at all important to complete high school. College degree attainment was also found to be very important by 87.5% of target adults, and they rated the likelihood of their child attending college as somewhat likely (37.5%) or completely likely (50%).

HEALTHY RELATIONSHIPS AND WELL-BEING

The Multidimensional Scale of Perceived Social Support has been widely used in both clinical and non-clinical populations, and a number of studies (Zimet et al. 1990) have found that social support functions as a buffer for psychological distress, and a lack of social support may lead to adverse outcomes such as depression, emotional distress, and adverse health/psychological impact due to stressful life experiences among (Bacs-Dermott et al., 2010).

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT, TARGET

	Mean	Std. Deviation	Variance
There is someone with whom I can share my joys and sorrows.	5.55	1.56	2.45
There is someone in my life who cares about my feelings.	5.5	1.6	2.55
There is someone around when I am in need.	5.45	1.53	2.35
My friends really try to help me.	4.95	1.63	2.65
My family really tries to help me.	5.25	1.73	2.99
My family is willing to help me make decisions	5.2	1.83	3.36
I have someone who is a real source of comfort to me.	5.5	1.86	3.45
I have friends with whom I can share my joys and sorrow.	5.15	1.71	2.93
I get the emotional help and support I need from my family.	5.25	1.64	2.69
I can talk about my problems with my friends.	5.25	1.81	3.29
I can talk about my problems with my family.	5.2	1.78	3.16
I can count on friends when things go wrong.	4.95	1.69	2.85

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT SCALE

1	2	3	4	5	6	7
Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree

40% of target adults ranked their ability to successfully bounce back after hard times. While 20% of adults identified having a hard time making it through a stressful event during the first year of the COVID-19 pandemic. 100% of all target adults identified having some sort of health care coverage, and 100% of all target adults however met their children's needs with seeing a doctor despite any costs. Yet, 15% of target adults identified having the need to see a doctor for themselves but could not because of the financial cost. Doctor checkup/routine visits were high overall among target adults with 80%, and 90% visitation rate for their children for the year before the pandemic.

NEIGHBORHOOD AND TRANSPORTATION

The majority of target families (82%) that had to get somewhere drove their car, while public transportation was the lowest with only 5% of people taking public transportation during the first year of the pandemic, at the time no one indicated using the Pascal Sykes transportation shuttle. Members from both collaborative staff and families indicated that they prefer in-person contact. Not only are there still many families who face technological challenges, but also physical check-ins are perceived as higher quality and more beneficial to the rapport between collaboratives and families.

How safe from crime do you consider your neighborhood to be?	
Not safe at all	4.55%
Slightly safe	9.09%
Quite safe	45.45%
Extremely safe	40.91%
How do you think your neighborhood compares to other neighborhoods in the area?	
Much better	13.64%
Better	36.36%
Same	45.45%
Much worse	4.55%
Worse	0.00%

Overall, 86.36% of target family adults indicated that they felt their neighborhood was safe from crime, and 50% of those adults also stated that their neighborhood was better or much better than neighborhoods in the area. Neighborhood satisfaction in previous research has been found to partially mediate the relationship between neighborhood characteristics (e.g., safety, cost, space) and well-being (Cao, 2016).

CONCLUSION

This report investigated the average changes in subjective well-being, child well-being, health, financial stability, and healthy relationships with families working with Southern New Jersey collaboratives during the first year of the COVID-19 pandemic. While subjective well-being did not change significantly between March 2020 through March 2021, results showed higher variability in areas such as relationship support with family, the importance of child education attainment, and free lunch or breakfast. This study further examined associations of financial stability, and services families utilized when working with their collaborative; the majority utilized tutoring/mentoring services, counseling services, child activities, help with bill payment, and connecting to other outside resources. The support collaboratives provide was essential to the family they support. Overall, the study findings imply that well-being during the COVID-19 pandemic for families who are working with collaboratives was found to have stable social support outside the family and an increased level of financial stability.

This study has some limitations that will be addressed in future research. First, despite the variety in the distributions of age, gender, and race, the sample size is still low but will continue to expand as research progresses. Families during this time were most likely impacted by the pandemic in ways the current report may not fully capture but will capture in months to come, future research will conduct more focused studies with specific populations. All of the surveys were assessed with self-report questionnaires, which may raise concerns about self-report bias. The present study showed that average levels surrounding the three pillars were stable between March 2020 and March 2021. Future research will analyze data on the pillars across multiple years, before, during, and post the COVID-19 pandemic.

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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.

For more information, about the Strengthening Families Evaluation, please contact Ross Whiting at ross.whiting@rutgers.edu

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