Building and Strengthening Communities Through Culturally Responsive Inter-Agency Collaboration in Southern New Jersey

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Abstract

Organizations working with immigrant families navigate circumstances related to families' cultural background, personal resources, and social connections by engaging in culturally responsive practices. Immigrant families experience linguistic, cultural, and policy challenges in search for resources available to them in the United States, often through minimal social connections (Furman et al., 2009; Suárez-Orozco et al., 2012). Inter-agency collaborations help immigrant families navigate these barriers (Vanek et al., 2020) by coordinating programming and case management to streamline the support available to families. This study documents the challenges and social-delivery practices that immigrant Hispanic families and agency collaborators must navigate in the Southern New Jersey region. Through interviews with 15 agency staff members and 21 Hispanic immigrant families these agencies served, researchers gathered insights into service providers' reflections on their work and families' perspectives on the assistance they received. Family caregivers spoke candidly about their struggles to find employment, childcare, and other services in Spanish, learn English, and balance family obligations in the U.S. and in their home countries. In turn, agency staff shared their experiences with prejudice from locals towards immigrants, on leveraging formal and informal resources to assist their families, and on identifying funding sources that do not require their clients' immigration status. Interviews also revealed that participants' ability to rely on each other as families, providers, and communities bolstered a sense of support and community engagement.

Immigrant[1] communities face significant obstacles when searching for social resources due to their inexperience with local systems and resources in their new environment, lack of social support networks, job dissatisfaction, mistrust of the healthcare system, and immigration policies (Furman et al., 2009). Hispanic[2] immigrant families often experience limited employment opportunities, labor transmigration, inadequate health services, social isolation, and discrimination (Suárez-Orozco et al., 2012). Hispanic immigrants tend to report a decrease in their mental and physical health after migration (Torres & Wallace, 2013), and they are less likely to seek medical treatment, engage in preventive care, and obtain specialty care (Ornelas et al., 2020). Furthermore, individuals often experience isolation and limited social support networks due to communication challenges related to language barriers and the deterioration of family connections back in their home country (Dillon et al., 2013).

The Hispanic population in New Jersey has increased by almost half a million people since 2010, accounting for 21.6% of the total state population in 2020 (United States Census Bureau, 2021). The Southern New Jersey region specifically has seen an increase in Hispanic presence. As of 2018, Spanish was the language most spoken in Southern New Jersey homes after English, accounting for 59% of language access needs in the region (New American Economy Research Fund, 2020). Southern New Jersey encompasses a total of eight counties[3] with urban, suburban, and semi-rural municipalities spread over a

[1] The term *immigrant* is used throughout this article to refer to individuals who have immigrated into the United States. This term does not imply or assume documentation status.

[2] *Hispanic* is used throughout this article in reference to individuals of Latin American and Spanish heritage whose native language is Spanish.

[3] Southern New Jersey, while it bears no official definition, is a regional term that comprises the geography and culture of the eight counties that sit in the southern part of New Jersey. These include Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties.

vast area. Work opportunities in the fields of agriculture, manufacturing, and hospitality attract immigrant workers to the region (Heldrich Center for Workforce Development, 2022). However, unlike more populous areas in the northern part of the state, Southern New Jersey lacks a reliable, accessible transportation infrastructure, which complicates access to healthcare, food security, and employment for low-income residents (Senator Walter Rand Institute for Public Affairs, 2019a, 2019b, 2022a, 2022b, 2022c, 2022d, 2023). Community-based organizations can support this population by providing direct services and being a connector to additional services. Community-based organizations can simplify immigrants' access to healthcare, inform them about their rights, support the growth of their social ties and resilience (Ornelas et al., 2020), and contribute to their sense of inclusion in the community (Vasquez Guzman et al., 2020). Agencies may also choose to partner with other organizations in the area to form collaborations based on the sharing of resources and support for common overarching goals (Alter & Hage, 1993). These inter-agency collaborations can facilitate resource sharing among organizations, strengthen connections among providers in the area, help clients navigate resources (Held et al., 2018), and increase access to services for vulnerable populations (Kothari et al., 2022).

Inter-agency collaborations that exhibit culturally responsive practices may be more effective in helping diverse populations. Advocates for individuals with limited-English proficiency recommend the incorporation of multilingual interpreters and staff from comparable cultural backgrounds (Vanek et al., 2020), and providers recommend interventions and programming adapted to the target population's primary language and cultural preferences (Suarez-Orozco et al., 2012). For this reason, effective social-service agencies working with Hispanic immigrant populations consciously engage in culturally competent and responsive practices.

Studies examining social-service agencies that work with diverse populations have concluded that cultural responsiveness is a continuously evolving mindset and practice at the individual, family, organizational, and community levels that requires both staff and client communication and understanding (see Chow & Austin, 2008; Calzada & Suarez-Balcazar, 2014; Held et al., 2018). At its core, cultural competency refers to the practice of awareness and sensitivity towards groups and the culture(s) that influences them (Colon, 1997). More recently, scholars have questioned the feasibility of achieving cultural competency by debating the most appropriate terminology and who has the authority to determine adequate competency (Greene-Moton & Minkler, 2020). For the purposes of this study, we use *cultural competency* to describe the ability to acknowledge, recognize, and respect differences in people's perspectives and norms; and we use *cultural responsiveness* to refer to the implementation of cultural competency to adapt policies and interventions to account for people's circumstances and needs in ways that are mindful of their cultural background and context. Within this study, we sought to identify the ways in which inter-agency collaborations implement culturally responsive techniques to meet the needs of the families they serve.

Methods

Background on the Research Relationship

The Senator Walter Rand Institute for Public Affairs (WRI) is a research center at Rutgers University–Camden that conducts multidisciplinary community-focused research and evaluation that connects to public policy and practice issues in Southern New Jersey. The study discussed in this article originated from a ten-year program evaluation conducted by WRI for the Pascale Sykes Foundation (PSF)'s Strengthening Families Initiative. The background of the overall longitudinal evaluation for PSF is critical to understand the importance of the study in this article and the development of the partnership between community organizations and the research team.

The PSF's Strengthening Families Initiative (Initiative, henceforth) provided social-service agencies with funding to form inter-agency collaborations with other organizations in the area with the aim of streamlining services for families seeking to improve their financial situation and overall well-being. Each of these inter-agency collaborations of social-service agencies, referred to as Collaboratives[4], were composed of three or more agency partners that provided complementary services and resources to advance families' goals. Each agency had developed its own focus and actively provided community services prior to joining the Initiative; yet the collaboration allowed them to join their resources rather than compete for funding, and guide families more efficiently through addressing their needs. Families would enroll in case-management

services with one agency in the Collaborative, which recommended services offered by other agencies within the Collaborative.

Based on families' needs, the Collaborative could connect families with additional external services while keeping the case-management service at the Collaborative, thus centralizing the family's services in the community. Table 1 provides an overview of the focus, partnerships, and services of each of the Collaboratives included in this current study. The four Collaboratives shown in Table 1 were chosen for this study as they were actively offering services to Hispanic families at the time of the current study: Families in Motion, Unidos para la Familia, Families to College, and Stronger Families. These Collaboratives had been working with Hispanic immigrants in their respective areas for an average of four years (see Table 1).

Over the ten years of the program evaluation, the relationship between community organizations and the research team evolved to identify opportunities for partnership. The research team attended the monthly meetings of each Collaborative to learn about their goals, resources, and needs. Researchers' active participation was key to developing rapport—asking about programs, attending community

Table 1. Overview of Collaboratives' Partnerships and Services

Collaborative	Focus	Types of Partners (Agencies Within the Collaborative)	Example of Services Offered	County of Service in New Jersey
Families in Motion	Family financial stability, physical wellness, civic engagement	Hispanic Family Center, business development coaches, literacy and ESL[5] course providers, advocacy organizations	ESL classes, family activities, nutrition classes, citizenship classes, virtual programming (COVID-19)	Gloucester, Cumberland
Unidos para la Familia	Educational continuation, employment capacitation, community engagement, immigrants	Churches, local universities, community businesses, local government	ESL classes, HSE/GED classes, community activities, counseling services, legal counseling, food drive and delivery (COVID-19)	Cumberland
Families to College	Academic and career advancement, secondary school students and caregivers	Arts and music center, STEM exploration centers, local government	Prep classes for standardized tests, college tours, financial aid guidance, college application assistance	Cumberland
Stronger Families	Family relations, community engagement	Community centers for congregation, Family Success Centers, local police force	Community activities, Police Athletic League (PAL) programming, service referral	Salem, Cumberland

[4] *Collaboratives* will be the term used to refer to each of the four groups of inter-agency collaborations; that is, a group of agencies working together to coordinate their service delivery in their community.

[5] ESL (English as Second Language) is used in this article instead of the more current ELL (English Language Learner) to match the terminology used by Collaboratives in their programming.

events, and seeking to understand individuals' motivations for engaging in social service-delivery work. Researchers' demonstration of interest in the Collaboratives' work and communities led to conversations around nuanced challenges and different problem-solving approaches that each Collaborative faced. Consequently, researchers and Collaboratives began exploring ways in which these challenges could be better understood through research that could highlight effective practices and guide solutions.

The study in this article was conceived from informal interactions with staff serving Hispanic communities as well as researchers' observations during data collection for the Initiative's evaluation with Hispanic families. The research team discussed the research questions with the Collaborative staff to assess Collaboratives' agreement with the study's focus and approach. During the creation of the interview protocols, the research team incorporated areas of interest identified by the Collaboratives, such as common long-term goals for families, satisfaction with services, and program suggestions. These activities aligned with recommendations for engaging in community-based research (Brush et al., 2020) and were a natural extension of the established partnership between the Collaboratives and the research team. These areas were important to the Collaboratives as they had not had the opportunity to explore their culturally responsive practices in a formal capacity prior to this study. Given the time and energy demands of the social work conducted by Collaboratives, the research team clarified that the current study would be a separate, optional research study from the overall evaluation. Each staff member's participation would be voluntary and compensated.

The research team for the current study was led by a native Spanish-speaking, full-time researcher from the overall program evaluation who had an established rapport with the Collaboratives' staff and some of the caregivers who participated in the current study. Other research team members were part-time research assistants who contributed at different stages of the study. At least one bilingual research assistant was involved in the study at any given time.

Development of Research Instruments

This study used qualitative research methods to explore the ways in which inter-agency collaborations in Southern New Jersey shape their service delivery to work with immigrant Hispanic families. Research supports the use of qualitative methods such as interviews and focus groups when conducting research with immigrant Hispanic populations because oral communication is more likely to bypass challenges related to literacy and it facilitates incorporation of the cultural proclivity for *personalismo* and storytelling (Conner, 2004; Delgado-Romero et al., 2018). The research team utilized semi-structured interview protocols to be conducted with Collaborative staff and one family caregiver who had received the Collaboratives' services. The research team developed two different protocols:

- Staff Interview protocol: Consisted of questions about outreach, service coordination, systemic challenges, building rapport with families, staff qualifications, and Collaborative's community impact. Questions were developed in English by a bilingual researcher and two English-speaking researchers.
- Caregiver Interview protocol: Consisted of questions about their experience arriving in Southern New Jersey, their goals and successes, challenges faced, experiences with the Collaborative, and support networks. Questions were developed directly into Spanish by a bilingual researcher and reviewed for comprehension by another bilingual researcher who spoke a different Spanish dialect.

Recruitment

To obtain the most current data, the criteria for caregiver interview participants was specified as head of households 18 years and older who had migrated from South America, Central America, the Caribbean, or Mexico, engaged with the Collaboratives during the most recent three-year period (2018–2021), and who still resided in the Collaboratives' area of service at the time this study was conducted. All participants were compensated with a $50 Visa gift card. The research team worked with Collaboratives' staff to identify caregivers eligible for the study, and the research team reached out directly to potential participants. Bilingual research team members reached out to caregivers via phone using a script in Spanish that mentioned the researchers' connection to the family's Collaborative, explained the study purpose, and provided a summary of the topics for the interview.

Collaborative staff who were 18 years and older were also invited to participate in the study

with an email template in English. Staff who participated were compensated with a $50 Visa gift card. As with caregivers, all participants were assured of the confidentiality of their data. As a result, 15 Collaborative staff and 21 Spanish-speaking immigrant caregivers participated in this study (see Table 2).

To ensure confidentiality, only minimal participant characteristics were recorded. Language refers to participants' language preference during the interview. County indicates the county of primary engagement with the Collaborative for caregivers and staff.

Data Collection and Analysis

Staff and caregiver interviews were conducted from June 2021 to August 2021. Caregiver interviews were conducted via phone call in Spanish by a native Spanish-speaker research team member. Staff interviews were conducted in English or in a combination of English and Spanish, depending on the participant's preference, and over Zoom. Two different sets of interview questions were created for caregivers and Collaborative staff, available both in English and Spanish. Interviews lasted an average of 45 minutes. Data were recorded via note taking by a research team member.

Data collected was analyzed by reviewing the transcripts among the research members and identifying themes that emerged from the discussion, then identifying the themes within the transcripts to determine which were more prominent in the data (Glaser & Strauss, 1967). Overarching themes were broken down into codes using NVivo 12, a qualitative data-management and analysis software. Codes were also created in correspondence to each of the interview questions. Research team members met throughout the coding process to reach agreement on the final codes that were then used for analysis. Appendices A, B, and C consist of caregiver questions, Collaborative staff interview questions, and the original codebook, respectively.

Findings

Family Dynamics and Values

Interviews revealed that each member of the family had expectations set upon them by themselves and each other. Furthermore, these expectations were influenced by their background, their current environment, and the goals they set to achieve. All caregiver participants were female and self-identified as the maternal figure in the household. Most participants were responsible for house chores and childcare. As the primary caregiver, participants were responsible for making family appointments, answering school calls, supervising family nutrition, monitoring the family's physical and mental health, planning recreational opportunities, and supporting children's academic performance.

Table 2. Participant Characteristics

		Caregiver Participants (N = 21)	Collaborative Staff (N = 15)
Gender			
	Female	21	10
	Male	--	5
Language			
	Spanish	21	1
	English	--	11
	Both	--	3
County			
	Cumberland County, NJ	16	8
	Gloucester County, NJ	4	5
	Salem County, NJ	1	2
Role			
	Collaborative Staff (coaches, advocates, and instructors)		15

Most caregivers mentioned a male partner who provided the primary or sole income of the family, although there were exceptions in which the female partner was a business owner or the only working caregiver. Participants rarely voiced an expectation for male partners to engage in home and childcare duties due to the physically demanding nature of many of their jobs; nevertheless, there were also instances in which male partners took over house chores and childcare when the female caregiver was ill or enrolled in educational programming, showing flexibility in the traditional gender roles in favor of long-term goals and the overall wellbeing of the family.

Children were also said to have their own set of responsibilities corresponding with their age. Caregivers expected their children to focus on school: "Their job is school; my job is housework." Caregivers expected older children to help with chores and to translate for adults not proficient in English and viewed bilingualism as an important advantage for their children. Participants encouraged academic diligence, prompted professional aspirations, and sought opportunities for children's skill learning and advancement. Some caregivers viewed their children's futures in contrast or as improvements of their own, justifying the efforts they allocate to raising their children.

> That's why I tell [my sons] to study a lot, so that they're someone in life. I don't want them to be a moron [*una mensa*] like me. I want them to know both English and Spanish. I make them study Spanish.

Caregivers emphasized the importance of pursuing financial and physical security and success for their family members. For instance, several participants wanted to buy a house for themselves or their relatives, own a business, or see their children becoming professionals. Collaborative staff noted that immigrant families tend to put the needs of their relatives abroad above their own goals as well. For instance, one caregiver said she had lost a large amount of her savings for a house because she had to send money to her mother for medical needs. Another caregiver shared that she had to send regular payments to a relative who lent her the money to migrate. Personal sacrifices such as engaging in arduous physical labor or postponing personal goals were justified against the possibility of a more comfortable future for their children. One caregiver tolerated living in high-crime areas with frequent shootings because she considered that the abundance of opportunities for their family outweighed the potential danger.

> Here, there are no barriers. I like it because I've found work. I have peace. [In my country], one lives in distress that your child might join a gang [*amras*]. That's possible here too but I feel it less. Because here they go to school, and if they don't want to go to school, they can go to work. But there, there isn't any work, so they get into bad things. … Since I don't go out, I don't worry about crime, because I don't get involved with bad people. I feel like it's safe.

Caregivers who worked long hours often sacrificed time with their families. Most male partners were said to work up until nighttime most days and being too tired to engage with the children. One male caregiver worked during the day and switched childcare duties with the female caregiver in the evening when it was her turn to go to work, rarely spending time all together. Some families mentioned specific efforts to spend time together, such as going grocery shopping together or having meals together. One caregiver said that she and her toddler brought food to her partner at work so they could spend time together as they ate. Other caregivers identified spending more time with their families as one of their goals. As one caregiver who had achieved her goal of managing her own business shared:

> We've focused a lot on working, but I want more balance. I want to take vacations with my children. I want to go camping with them. Take them to the zoo. Spend more time as a family. Over the last year I spent it focused on work, so there was not much recreation with them. … I don't want to have that kind of life because my son one day will leave for college. I want to enjoy them.

Agency Collaboration and Services

Collaboratives offered families access to workshops, classes, and training sessions that aligned with their recreational, personal, and professional interests (see Table 2). Although each Collaborative had its own mission and focus, all offered programming to support education, build financial skills, navigate services and benefits, and engage with the community. These services

were provided due to the overall lack of resources in the region, and some were in high demand even if duplicated. For instance, Collaborative staff reported that English Language Learning (ESL) and the High School Equivalency (HSE)/GED courses were offered throughout the year and often had a waitlist. Indeed, one of the Collaboratives offered the only HSE/GED program in Spanish in Southern New Jersey. Recreational events were catered to all ages so the whole family could participate; as noted by a Collaborative staff, "Family events are most well-attended because a lot of times [families] don't get to spend time together."

Collaborative staff agreed that teamwork among individual staff, partner agencies within the Collaborative, external agencies, and community partnerships were key for their success because those connections increased the services accessible to their family clients. Given that each agency had developed its own service delivery prior to joining the Collaborative, one agency in the Collaborative could specialize in educational programming while another offered entrepreneurship guidance; similarly, one staff member could organize family nights and college tours while another coordinated the after-school program. Staff with specialized skills (e.g., language, counseling, course certifications) offered programming that prioritized enrollment of families involved with any of the agencies within a Collaborative, and often extended invitations to community members not yet involved with the Collaborative.

> Once we assign a family to the Collaborative, the [case manager] might realize that something the family is saying might be better for [an external agency]. If a family is interested in college, we'll say, "We have this program and let me see if I can sign your child up for this thing." We do try to keep everyone somewhat abreast of the other projects so that when they are digging through their resources, that comes to mind.

Working together also allowed staff to draw on others' expertise to address situations. Two Collaboratives designated time at their monthly all-staff meetings to highlight challenges or developments in particular family cases. Participating staff said that this practice facilitated the exchange of information and resources to support families with exceptional needs or achievements. Collaborative participants expressed the importance of task sharing and task delegation during operations. Concentrating on teamwork and clear task delineation proved vital for efficiency, communication, and strategy adjustments across agencies and within Collaboratives. One supervisor explained that she supports her case managers by personally checking in with families when she has the opportunity.

> Sometimes it takes "Hey, are you okay? How can I support?" follow-up calls. … If I call a family and they say they haven't heard from the [case manager] in two weeks, then that's a problem. I tend to follow up with [the case managers], not to micromanage but as a way of knowing that we're doing what we need to do.

Outreach and Trust

Collaborative staff indicated that building rapport and trust with families was critical to devising a goal plan that would be feasible and that aligned with the family's desires. Staff earned families' trust through consistent communication, responsiveness to families' concerns and interests, and respect for their priorities. Goal setting was led by families, but staff often structured the process by asking more about their motivation, helping them connect short-term goals to long-term goals, or prompting specific goals based on general family interests and programming available. A staff member commented on this process: "Many of the families think very short term for today or the day after tomorrow. We have to make them realize that their goals are not for tomorrow—they are for the next year. That is a challenge."

The most common goals reported across interviews were learning English, completing secondary education, increasing income, starting a business, owning a home, and providing children with opportunities for education and socioeconomic advancement. Collaboratives were conscientious of the demand of these goals, and thus expanded high-interest programs such as ESL and financial literacy workshops. Collaboratives also developed information sessions about topics of interest, such as applying for a state driver's license and pathways to citizenship. Caregivers explained their goals in terms of achieving independence:

> I'd like to have better opportunities and be able to communicate with others because it's frustrating not being able to understand. Like, if I go to the DMV,

> I have to ask for help. So, I do want to learn English to be able to communicate with others.

Staff often coach families during situations that require interactions in English or with government staff by modeling and translating for families. To encourage families' search for independence, staff prompt families gradually to be the ones leading interactions in English and advocating for themselves.

Collaboratives hired staff who could relate to families through similar language, backgrounds, and lived experiences. Collaborative participants viewed staff's ability to relate and connect with families based on common experiences as highly valuable. Rapport-building occurred during intake, check-ins with families, and at community events, the latter of which allowed families to engage with staff in socially driven activities. During intake meetings, Collaborative staff set a casual, personable dynamic and do not push beyond the information families are willing to share. One staff member explained, "When they feel more comfortable, they tell me everything they need. This is my best way to get everything for them." To help families feel more comfortable, staff sometimes shared their own experiences immigrating or dealing with barriers as a Hispanic person.

> [I build rapport] by giving them examples of things I've gone through. For example, a client was not doing well financially, so I told them about my own story and how my family struggled financially when they first came here. At first, we were all in a little car. I tell them, "Your kids are going to be happy you took them out of a bad situation."

Collaboratives use a variety of strategies for outreach and retention of families. Some staff work in schools, others organize activities in the community, and most advertise programming over printed and virtual media. Collaboratives indicated that the main source of recruitment of Hispanic families comes from word-of-mouth; families who had positive experiences with the Collaboratives tend to bring in new families. Most importantly, Collaborative leadership intentionally sought out potential front-facing staff from within the community they would serve to foment trustworthiness and connection between the organization and the community.

> There is a motivating factor of "here is someone [where] I'm aspiring to [be], who has walked my journey or at least is from my culture." There is a motivating factor and credibility that has answers to questions they are not even asking.

Collaborative staff shared that communication changed with the COVID-19 pandemic. Collaboratives responded to the need for keeping in contact by implementing surveys to track families' needs, text messages and WhatsApp groups to share resources, and other technology tutorials. Phone calls and Zoom meetings became the most frequent and safest way to conduct check-ins and programming, although caregivers and staff expressed a preference for connecting in person. Nevertheless, consistency was identified as the most important element of staff communication before and after the pandemic. Examples included regular outreach efforts, answering inquiries in a timely manner, encouraging openness while patiently respecting boundaries, and offering help even when no specific concerns have been shared. As one staff shared:

> With new families, it all comes down to consistency. If I say I will get them info, I try to follow up with them soon after. I invite them to my monthly family events. What I say I'm doing, I follow through, and show them I'm here for them.

Formal and Informal Resources

Participants reported using a variety of resources and strategies to address challenges related to housing, transportation, childcare, and employment. Collaboratives offered workshops for families aiming to improve their finances, buy a house, or obtain their driver's license as they became eligible for these opportunities. Some caregivers indicated that they normally would not attend evening programming because they did not have a trusted person with whom to leave their children, but the fact that Collaboratives offered childcare made their participation possible. Similarly, the expansion of virtual programming bypassed some barriers to in-person attendance, particularly commuting time and transportation, so more families could attend ESL and HSE/GED classes. Families also utilized academic support available to their children, such as tutoring through after-school programs and Individualized Education Plans (IEPs) at school. Although school support services were

available to all children, families often needed help navigating the school system. Collaborative staff assisted by accompanying caregivers to IEP meetings or acting as school advocates, but caregivers also mentioned receiving help from teachers who made sure that students were getting their class materials during the months of online schooling and who attempted to discuss matters with caregivers in Spanish, even if it required Google Translate.

Families often were ineligible for government benefits such as unemployment and affordable medical insurance, and many did not have the background or documentation to seek the services of employment agencies or get formal technical training. Staff shared that other members of the community could be information resources for childcare, employment, or housing opportunities. Housing availability for immigrant families was reported as limited due to the documentation and payments required upfront and because many did not qualify for housing assistance programs. To afford housing, some families shared housing with non-relatives and strangers. With transportation, families who had one car had to split its use between the work commute, medical appointments, and errands. Some caregivers took off work so they could use the car for transportation to appointments, but others had to wait for the car to become available. Walking, public transportation, taxis, and medical riding services were reported to be insufficient, costly, or unreliable, so caregivers opted for asking acquaintances to drive them, often at a price, or to arrange rides with Collaborative staff rides when possible.

Collaborative staff participants indicated that the families' mental health needs have increased since the COVID-19 pandemic, both due to environmental stressors and to a higher awareness of mental health. It was shared by a caregiver:

> I was thinking, maybe looking for a way to get counseling for my children. My husband has alcohol problems. He can't help me the way I wish he could. That's why I work double. My husband doesn't want to go to rehab. He's still working, he does both [working and drinking]. I want counseling for all three of us. I haven't found anything. … For my children [I want counseling] in English, but for me in Spanish.

Although the lack of Spanish-speaking counselors was a persistent issue across interviews, some participants reported being able to access services in Spanish through Collaborative staff's network. One Collaborative offered counseling services in Spanish through a temporary volunteer counselor. Some staff members would use their personal connections to identify services in English for the children. Staff members also provided mental health support informally by being active listeners to caregivers or starting conversations around mental health care. Some caregivers spoke candidly to the need for mental health care, but staff members pointed out that many families do not disclose that information easily. Collaborative staff echoed this:

> Specifically, back to Spanish-speaking families, there is a tendency to not want to air your dirty laundry and not want to get in—they come in with a problem but there is another problem they don't want to bring up—but I think with the number of our Hispanic families … maybe it's a little tougher [*un poquito más fuerte*] for the Hispanic families. That can make life coaching and management a little more difficult.

Managing Prejudice

> In my opinion, understanding the local culture is a challenge. People need to forget everything they know about the country. [Immigrants] form a third culture here. It's different—Collaboratives need to understand where the families come from. … I've learned that they tend to think that it's one big thing and monolithic, and Hispanic culture is so different.

The statement above is representative of the Collaborative staff members' concerns. Both staff and caregivers reported examples of discrimination from authority figures and personnel at local government organizations. Examples included threats of violence from non-Hispanic neighbors, dismissal of concerns due to a language barrier, and denial of assistance based on race. A caregiver shared her experience reaching out to the police:

> If there's an issue, it's tough to call the police. I once called the police for something, and I spoke in my [broken] English and they said, "I don't speak with

> Hispanics." People don't call the police when they don't have papers because they're afraid.

Collaborative staff noted that they had experienced poor treatment, incomplete directives, and lack of assistance when they tried to intervene for caregivers as well.

> The day I was there to translate, the [government worker] was like, "I need an ID from [caregiver]," and then said "a U.S. ID" and asked if it was real. She was like, "How do you know?" I was like, "Oh my God, here's my ID." Not only with me—she was trying to find a mistake or something on every single paper.

Participants also shared situations in which immigrant families expressed feeling vulnerable. Although not asked directly, all caregivers mentioned coming from a Latin American country, mostly Mexico, and some participants disclosed having an uncertain immigration status. Both Collaborative staff and caregivers explained that families' sense of insecurity around their immigration status led them to be more protective of their personal information and suspicious of programs that required identification, address, social security number, or individual taxpayer identification number (ITIN). According to staff, services such as food pantries, ESL programs, and scholarships for college-bound children could require this information depending on their funding source. Basic financial cornerstones like opening a bank account for savings or building credit to buy a house were perceived as potential threats by some families as this information would make them identifiable, trackable, and consequently vulnerable to investigation or deportation.

Concerns of deportation or discrimination extended to basic services. At work, caregivers experienced low pay, limits to advancement opportunities, ineligibility for employer benefits, and trepidation at taking personal time off for family emergencies or sickness. Collaboratives addressed this by informing families of the rights they were entitled to regardless of documentation. When seeking medical care, caregivers expressed feeling misunderstood or dismissed by healthcare providers when there was a language barrier or lack of insurance, and some participants even chose to visit their home country for medical care as they found it more effective and validating of their concerns. This concern extends to situations in which families are victims of a crime that requires them to press charges. Two caregivers reported that they were robbed by acquaintances aware of their vulnerable immigration status. In this situation, families were afraid to contact the police directly until Collaborative staff offered to help them navigate the process.

Creating Community

Collaborative staff and caregivers identified the family unit as the strongest source of social support, but caregivers also mentioned Collaborative staff as personal connections in their life that they considered strong and important. A staff member shared that once rapport was established, families were more likely to reach out to case managers for access to food and clothes, assistance with paperwork and technology, help with translation and making appointments, and finding mental health and special needs services. Initially, families hesitated to ask for help with services, but exchanging personal stories about immigration and goal achievements with Collaborative staff appeared to allow families to accept sympathy and compassion from them and others. Caregivers expressed gratitude towards Collaboratives for their continued support as language and cultural interpreters while navigating school systems, community resources, and advocating for Spanish-speaking community members rights:

> They are always there for us, for any doubt we had they were always there supporting us. To be honest, I appreciate them because honestly there are a lot of organizations that will help us but then it ends up costing a lot, but that's understandable. I have seen that with this organization a lot of resources are free.

In turn, staff celebrated successes by holding graduation parties or issuing certificates, and extended their role as ongoing community support by reassuring families that they could continue their participation in Collaborative activities and receive their support as new challenges and goals manifested, pointing out that they "are trying to build a community, building those relationships and connecting, when people really trust you and know you well."

Collaborative staff also placed emphasis on the relationships families formed with their

community. Many subscribed to the ethos that their work impacted not only families but the communities in which they lived. The creation and protection of spaces for families to relate and connect with staff and each other allowed for deeper social support networks to develop. Events organized by Collaboratives served as opportunities for families to interact through entertainment, food, and common goals. For instance, support group meetings for caregivers allowed them to pose questions, exchange strategies, share grievances, and find comfort with others in similar situations. Similarly, families who frequented places of worship reported finding comfort and hope from their faith and the community that shared it. Religious communities also provided support in practical ways, such as food drives, assistance with bills, and connections to resources. Lastly, some families demonstrated their care and active role in the community by offering to contribute food to events, helping clean local parks, assisting with food drive deliveries during the pandemic, or taking on roles as mentors or advocates within the Collaboratives themselves. In the words of one participant:

> I am very thankful to them. … I love this service, and I'm very thankful because of that type of service for the community. I say if I can provide my small grain of salt so I can keep being in these services. … I have always admired everything they do because I know they work for the community.

Collaboratives also demonstrated awareness of their role as community builders. Besides offering programming that appealed to families and conducting monthly check-ins, these Collaboratives demonstrated cultural responsiveness in their awareness of their families' need for a community and a sense of belonging. As stated by a Collaborative staff member:

> If I can define it, in short what differentiates [us] from other things in the community—I would say the sense of belonging. [We] have helped families to feel like they belong to somewhere and are part of somewhere.

Moreover, in the process of creating a community for their families, Collaboratives sought to strengthen their local community. That is, Collaborative staff expressed an understanding that the services offered to Hispanic immigrant families benefited the overall community through the development of skills, access to resources, and fostering family relationships and well-being:

> A strength is that there is a large Spanish-speaking community so there is an ability to build the group together, and there is a lot of potential for that group to lead the area because they can lead the community, but getting people to change isn't easy. The work is getting people to come together and maximize everyone's strengths for the region … that's why we are here to bring groups together that haven't been working together that have a lot to offer. It could make a big impact on the region.

For those community members who have taken on leadership roles within their communities, their actions become a source of pride for themselves and their close ones. Moreover, models of community engagement can have a positive impact on future generations, as expressed by a staff member,

> Sometimes I feel like a superhero with my work. My baby said, "You're superwoman." When we do the food deliveries, and I would take her with me and I guess everyone in her class found out what I was doing and she said, "Mommy, I'm so proud of you." She's four—it feels really good to me because I know I'm setting a good example for her.

Conclusion

The findings indicate that the Collaboratives helped Hispanic families cope with challenges, pursue their goals, and develop social support within their communities through a wide array of workshops and services that would otherwise be missing in the Southern New Jersey region. Organizations like Families in Motion, Unidos para la Familia, Families to College, and Stronger Families have provided critical support to these families by offering targeted programming, navigating gaps in the system, and guiding them through opportunities to achieve their goals. Many caregivers expressed gratitude towards Collaborative staff for their services, although there are many systemic barriers that continue to impact the well-being of Hispanic families.

There are limitations to this study that must be highlighted. To begin, our sample was limited in various ways: we only interviewed female caregivers; most caregivers were partnered with the father of their children so that we had fewer perspectives from single parents, blended families, and other adults living in the home; representation was highly skewed towards a single county. Future studies should recruit more varied perspectives to obtain more comprehensive findings. Also, interviews were conducted virtually during the second summer of the COVID-19 pandemic. Although the impact of the pandemic was not the focus of this study, participants' responses indicated that they were still experiencing losses and changes due to it. It is possible that their perspectives may be different after the pandemic was declared over in March 2023. A follow-up study could explore participants' perspectives post-pandemic.

Notwithstanding these limitations, we believe there is significant value in learning from the experiences of the Collaborative staff and caregivers. The inclusion of bilingual staff who came from the same communities as these immigrant families facilitates the development of trust between them. The staff's patience and respect for families' boundaries allowed for the service dynamic to be led by the families with the support from the staff. The Collaboratives focused their resources towards addressing gaps that they could alleviate, such as financial literacy, language education, and resource navigation. However, other systemic gaps were identified during interviews, such as the lack of affordable and reliable childcare, absence of accessible transportation in the region, crime and violence in some areas, and challenges in securing funding for undocumented immigrants. Future research should explore the impact of these systemic gaps on other vulnerable groups, especially those experiencing a combination of barriers due to the intersection of their identities (e.g., race, gender, sexuality). Additional community supports such as schools, faith-based organizations, the philanthropic sector, the private sector, and legislators should be included in future studies to better understand the fiscal and policy barriers impeding the development of an equitable, culturally responsive service system.

Lastly, future research should also continue exploring what valuable research partnerships with community organizations look like. The research questions and methodology of this study were developed by the research team, and yet this study would not have been possible without the input from Collaboratives, their staff's facilitation in connecting the research team with family participants, and the trust they granted the research team while sharing their lived experiences. This study was successful due to each party's understanding of their roles and the potential symbiosis between them. The mirroring of the Collaborative's culturally responsive work in the study's methodology points to the importance of prioritizing rapport and trust in community research. Similarly, the ability for research to demonstrate positive outcomes of work done in the community can create avenues for these organizations to pursue more resources and direct their efforts to evidence-based practices.

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Appendix A
Caregiver Interview Questions

1) Antes de empezar, ¿Todavía está con [*Collaborative name*]? ¿Y en qué pueblo vive?
First, are you still working with [Collaborative name]? And what town do you live in?

2) ¿Me puede contar un poquito acerca de cómo usted y su familia llegaron a NJ?
Could you tell us a little about your experience when you and your family first came to the NJ area?

3) ¿Cómo es la rutina semanal de usted y su familia?
What does your typical weekly routine look like for you and your family?

4) ¿Qué es algo que espera conseguir para usted y su familia? (¿Tiene alguna meta que le gustaría realizar con su familia en el futuro? ¿Alguna meta para usted específicamente?)
What is something you hope to achieve for you and your family? (Is there a goal you would like to complete with your family in the future? Any goal for you specifically?)

5) ¿Qué tipo de dificultades ha pasado cuando trata de proveer para su familia?
What are some challenges you have experienced as you try to provide for your family?

6) ¿Quién le ha ayudado a sobrepasar dificultades aquí?
Who has been helpful in overcoming challenges while you're here?

- ¿Cómo ha sido su experiencia con los servicios de manejo de casos (como los servicios que le ofrece [case workers's name, if available and needs clarification])?
What has been your experience with the case management services (such as those offered by [name, if available and needs clarification])?

- ¿Cómo se puso en contacto con [Collaborative name]?
How did you hear about the [Collaborative name]?

7) ¿Me puede contar acerca de algo sobre lo que se siente orgulloso/a durante su tiempo aquí?
Could you tell me about something you feel proud of during your time here?

8) ¿Qué tipo de actividades le gustaría ver más en su área?
What type of activities would you like to see more of in your area?

9) ¿Algo más que quiera compartir con nosotros?
Anything else you would like to share with us?

Appendix B
Collaborative Staff Interview Questions

1. What is your role at [Collaborative]?
2. What is your favorite part of working with families? *icebreaker*
3. What does your intake process for new families look like? What are the steps?
    - How do families discover [x] Collaborative?
    - What is the process of assigning families to caseworkers?
    - How do you get families connected to resources?
    - What percentage of those families require Spanish-speaking services?
    - How many Spanish-speaking families do you work with?
4. From an organizational perspective, what qualities are important in your staff so they can best help families? (never asked like this, but has come up as the questions below)
    - What qualities do you look for in front-facing staff?
    - What kind of training do you provide staff that works with families?
5. What sort of things are important to gain families' trust? How do you build rapport with these families?
6. How do you work with families to determine their goals/needs? How do you determine when their goals have been achieved or their needs met?
    - What is a typical timeline for how long you work with a family?
7. What are some barriers particular to these families in achieving their goals?
    - What are some challenges that families are reporting or encountering when they start working with you?
8. What are some challenges or barriers you encounter while searching for ways to support families?
    - How have you obtained resources or information to address some of these challenges in the past?
9. What are some of your most well-attended programs and events? And what makes them popular?
    - What programs and events do you wish would get more attention from families? Why do you think this is not the case?
10. What do you think is the impact of [Collaborative] on the community?
11. Anything else you would like to share?

Appendix C
Original Codebook

Themes	Subthemes	Definitions	Examples from Transcripts
Goals		References to things families want to achieve (might be concrete things like a house or more abstract like a good future for their children)	Buying a house, finding a better job, learning English
	Goal-Setting	(Mostly Collaboratives) Discussion about how to set goals with family, challenges, strategies	Respecting families' aspirations, breaking down larger goals into smaller ones
Successes		Statements about family achievements or sources of pride for families	Students getting their GED, families buying a house, just making it through adversity, children (if attributing children's success to themselves)
	Goal Achievement	(Mostly Collaboratives) Discussion about determining that a goal has been achieved	
Activities		References to activities families want to do or find interesting or/and Collaboratives offer	
	Personal Interest	Recreational, family-oriented, workshops/classes (not obviously offered by Collaboratives)	Craft workshops, sports
	Collaborative Activities	Classes, workshops, programs offered by Collaboratives (as per the context of the transcript)	ESL classes already offered
Communication		References to frequency or method of communication between families and Collaboratives; challenges during COVID	Social media, Zoom, difficulty with follow-ups
Independence		Mentions of wanting to do things on their own, not relying on others, or trying new things; staff talking about wanting families to be self-reliant; challenges to independence	Wanting to learn English and not need a translator, filling out documents on their own, fear of doing things wrong
Safety		Mentions of feeling safe or unsafe	Being helped by the police, violence in the neighborhood, domestic violence, COVID-19
Discrimination		Feeling unwelcome, disrespected, neglected due to language, cultural, or ethnic background	People giving an "attitude," refusing to help, or acting threatening towards families or Collaborative staff helping them

Appendix C
Original Codebook (continued)

Themes	Subthemes	Definitions	Examples from Transcripts
Homemaking		Mentions of taking care of the home and family	Spending the day cleaning, cooking
	Childcare	Caring for children, finding alternative childcare, as barrier to other activities	
Language Barrier		References to language being an obstacle to obtaining services, getting help, or gaining a skill	Challenges communicating with staff, not having opportunities to practice English, thinking things would be better if they knew English
Medical Care		Statements about challenges with the medical system in the U.S., use of alternative medicine, distrust of healthcare	Challenges finding a provider, seeking care abroad, health insurance
	Mental Health	Mental health services, illness, concerns	Living with depression, alcoholism in the family, seeking counseling
School		References to the opportunities and challenges with the school system and their children's education	
	Resources	Services and assistance provided through the school	Getting meals, counseling, Spanish translation
	Barriers	Obstacles receiving services, getting special accommodations	Miscommunication, IEPs not followed, unable to get in summer school
	Virtual School (Children)	Adaptations and challenges around virtual school (children) during COVID-19	References to virtual schooling for children (including technology struggles)
Transportation		Statements about wanting/ having a car, transportation challenges, driver's license	Having to walk to places, getting a ticket for having a foreign license
Technology		Mentions of computers, internet, virtual learning (adults and children)	Not enough computers in the home, lack of Wi-Fi access, discouraged to enroll in online classes
Housing		Housing situation, housemates, rent, utilities	Rent being too high, difficulty finding housing
Financial (in) Stability		Statements about financial status, saving money, financial commitments, stress about finances	Attempts to save money, spending decisions, income
Employment		Statements about jobs and their work environment	Farm work, job security, distance, lack of benefits, discrepancy between preparation and work

Appendix C
Original Codebook (continued)

Themes	Subthemes	Definitions	Examples from Transcripts
Social Supports	Personal Connections	References to and emotional reliance on and support given to/received from family, friends, and acquaintances	Pride over children's success, guidance from friends
	Collaborative	References to services offered by the Collaboratives and case managers, emotional reliance on staff	Case managers assisting with paperwork, gratitude expressed toward Collaborative staff, being there for families as long as needed
	Collaborative Rapport	References to relationship with staff, strategies to gain families' trust, losing their trust, or families feeling comfortable or uncomfortable reaching out to staff	Comparing staff to family, not wanting to inform staff of a broken computer, sharing personal experiences to connect with families
	External	References to support from other social service agencies	WIC, assistance with bills from church, advocacy organizations that are not the Collaborative
Familial Obligation		Mentions of duty or responsibilities to one's family (here or abroad), putting family's needs over one's own	Caring for family members, working for children's future, family roles
Community Commitment		Mentions of a sense of duty, responsibility, or caring for others in the community (not family), putting other's (non-family) needs over one's own	Delivering food for others, case managers stepping outside their role to help
	Civic Engagement	Mentions of civic duty to the country or community: voting, volunteering, citizenship, caring for the physical space	Recycling, people volunteering with Collaborative, classes on voting
	Collaborative Impact	Statements about Collaboratives' impact on the community at large	Creating a community in the region, raising awareness, improving people's lives
Belief Systems		Faith-based activities, religion, church, gratitude to God	Going to church, "Thank God that . . ."
Resourcefulness		Statements about creative problem-solving or bending the rules to obtain help	Using personal contacts to find jobs that hire without documents, using YouTube to figure out technology, finding grants/resources for undocumented families
Other		Other important information that does not fit in the codes	
Other	Noteworthy Quote	Any quotes you feel are memorable or important	