



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Danny TK Avula MD, MPH
Commissioner

December 29, 2022

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

Members, Virginia General Assembly

FROM: Danny TK Avula MD, MPH

SUBJECT: Annual Report on Two Generation/Whole Family Pilot

The attached report is submitted pursuant to Item 347.A. of the 2022 Appropriation Act, which states:

4. Out of this appropriation, \$1,125,000 the first year and \$1,125,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided for competitive grants to Community Action Agencies for a Two-Generation/Whole Family Pilot Project and for evaluation of the pilot project. Applicants selected for the pilot project shall provide a match of no less than 20 percent of the grant, including in-kind services. The Department of Social Services shall report to the General Assembly annually on the progress of the pilot project and shall complete a final report on the project no later than six years after the commencement of the project.

Please contact me if you have questions.

DA:kc
Attachment

cc: The Honorable John Little, Secretary of Health and Human Services

Report to the
Virginia General Assembly
On the Two-Generation/Whole
Family Pilot Project for 2021/22

Executive Summary

The FY2020, FY2021, and FY2022 Virginia State budgets included funding for the Community Action Two-Generation/Whole Family Pilot Project and appropriated \$1.125 million annually from the Temporary Assistance to Needy Families (TANF) block grant. The goal of this pilot project is to test and evaluate concepts and specific interventions that represent two-generation or whole family approaches that move families out of poverty in a variety of communities throughout the Commonwealth. The Virginia Department of Social Services (VDSS) intends to evaluate the pilot project and disseminate information about the results and impact of this multi-generational approach over a five-year period, releasing information and progress on the pilot annually. It is hoped that this pilot project will accelerate the development of two-generation or whole family strategies by increasing knowledge about what families need and what works.

In FY2020 VDSS developed a program design and Request for Applications (RFA) that was built on supporting pilot projects in Community Action Agencies (CAA) of varied size, capacity, and geographic locations. VDSS developed a program design that set the following priorities/goals:

- Support selected families in achieving self-sufficiency;
- Utilize family coaching models and family coaches to ensure that the pilot project receives dedicated support for families at each of the selected agencies throughout the project;
- Document and learn from activities and outcomes achieved by parents, children, and families in different locations around the state;
- Increase knowledge of the barriers families face and the cost of helping families overcome the barriers and achieve their goals; and
- Replicate, improve, or expand pilot activities that work in future years.

Accomplishments in the first three years of the Virginia Two-Generation/Whole Family Approach Pilot Project implementation include: the selection of six pilot sites through a competitive Request for Application (RFA); hiring of family coaches at each site; developing specific agency whole family program designs; enrolling families; providing a customized mix of services and supports to children and their parents, and collecting data.

Just as the pilot sites began enrolling families in March 2020, Virginia communities began feeling the impact of the COVID-19 pandemic. It is important to note that many planned services, such as continuing education efforts for parents and early childhood education for young children, were delayed, scaled back, or paused—and remained so throughout 2021. Families with school-age children experienced significant challenges, including needing to delay employment and job searches due to lack of childcare. All six pilot sites adapted services in response to needs driven by the pandemic.

Early in the pandemic, essential supports such as food and other nutritional assistance were critical as food insecurity escalated with more family members at home for meals and incomes reduced or eliminated due to reduced hours or unemployment. As families experienced a range of challenges, mental health services for parents and their children became very important.

The National Community Action Partnership (NCAP) assisted the pilot sites in navigating through shifts in service delivery and refinement of design plan elements brought about by the pandemic. Despite the unpredictability of the circumstances, each of the pilot sites engaged in several impressive innovations to continue support for their customers. In addition to leveraging technology to maintain engagement, sites found creative ways to use project funding to meet families' needs during the pandemic and recovery.

As schools, businesses, and communities have reopened and recovered the pilot sites have expanded the scope and scale of their efforts, including enrolling more families, hiring more coaches, and expanding partnerships.

Key tactics used to support the initial and ongoing implementation of the six pilot sites include providing intensive technical assistance on various aspects of designing and implementing a whole family approach, training related to intake and outcome tracking tools and best practices, and frequent peer sharing and learning meetings.

Even with a health and economic crisis raging, the sites were able to complete their first-year plans, and they have retained and continued their work with the original families during the second and third years of the pilot project.

At the conclusion of the third year, 124 households and a total of 435 persons have been enrolled in the pilot project. In the third year, sites collected data on family demographics, services, and outcomes. In 2021 NCAP collected customer satisfaction information from approximately 33% of participating families. This quantitative and qualitative data indicate that despite the pandemic sites have been able to retain families and help them move forward as evidenced by the following results:

- Sixty-five percent of households/families participating are single-parent, female-headed households. Preliminary data (some income data not yet reported) indicates 68.64% percent of households/families were below 100 percent of poverty at program entry (with 33.2% below 50 percent of poverty).
- Sixty-six percent of families are working or have recently worked and are attached to the labor force. Over half of the families participating in the whole family approach pilot are working to make ends meet so education and skill training need to be structured to adapt to the constraints and realities of working families.
- It appears employment as an income source is increasing over time for the households in the pilot. Preliminary results indicate at entry 58.73 percent of households had employment income, and the most recent number available is 66.37 percent, an increase of 7.64 percent.
- Families complete a Life Scale Assessment that looks at functioning across 16 domains. Initial analysis of a comparison between the first and last assessments administered indicates that average scores increased in every domain. The largest gains are seen in the employment/income, financial management, community involvement, childcare, and education/job skills domains. Many of the sites have provided employment-related supports, financial empowerment training, and credit repair, which may have contributed to the increases in the employment/income and financial management domains. Pilot sites have also provided social capital building

- opportunities and mental health supports, which may have helped to increase families' feelings of connectedness to others in the community.
- All six pilot sites have been recording outcomes for families. Three of the six pilot sites have identified a total of six families completing the whole family pilot experience. Thirty-one family cases have been closed due to non-participation, and eleven cases have been closed because the family moved and was unable to participate or the children were removed from the family. Seventy-six families remain in the pilot receiving services.
 - Additional data collection and analysis is needed, but it is clear both families who have completed the pilot and those that remain have secured living-wage jobs, obtained certifications, secured reliable transportation, improved credit and financial well-being, improved mental health and family functioning, and prepared children for kindergarten.
 - In 2021 a customer satisfaction survey was completed by 33% of families. One question asked families to assess whether their current feeling of empowerment (defined as a strong feeling or belief that they can control the trajectory of their lives to achieve personal goals) was greater than when they started the program. The average response was 2.8 (Scale: 1 = not true; 2 = somewhat true; and 3 = very true). This feeling of power and autonomy is a critical driver or component of economic mobility.
 - The customer satisfaction survey also asked families to use a sliding scale (0 = unsatisfied, 100 = extremely satisfied) to indicate their level of satisfaction of services received while participating in the pilot. Respondents indicated a resounding 92.8% satisfaction rate.
 - The flexible funding is being utilized by the pilot sites to help families achieve their unique goals. A total of \$132,712 in transportation-related items—including fuel, car payments, car insurance, car repair, and car inspection and registration—has been provided by nearly all sites. Five sites have provided housing-related supports in the amount of \$105,301. In most cases these and other financial supportive services have helped families secure or maintain work and/or school goals.

Though challenged by COVID-19 related issues, the six Two-Generation/Whole Family Approach Pilot Project sites have established the conditions for families to advance and improve their well-being. As sites advance deeper into implementation of their whole family approach, data continues to be analyzed, and as families have more time to recover from the pandemic and pursue their goals, the pilot project will begin to reveal more answers about what works, where it works, for whom it works, and why.

Report to the Virginia General Assembly on the
Two-Generation/Whole Family Pilot Project for 2021/22

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Report on Two Generation/Whole Family Pilot

November 2022

Background & Report Mandate

The Virginia Community Action network has worked to identify and incorporate evolving practices for providing services and achieving substantive outcomes for families. One of the most promising and expanding approaches nationally is the Whole Family (or Two-Generation) Approach. Whole Family seeks to use comprehensive case management and coordinated, focused agency service delivery to address the needs of the entire family, rather than individual members of the family. To this end, opportunities for the Virginia network to develop practical implementation knowledge of, and build the capacity of the network to pursue, the approach have been priorities for the network. In FY 2020 and 2021, the Virginia General Assembly provided funding for a pilot project for the Whole Family approach. This report provides information on the pilot project to date.

Item 347.A.4. of the 2022 Appropriation Act provides:

"Out of this appropriation, \$1,125,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided for competitive grants to Community Action Agencies for a Two-Generation/Whole Family Pilot Project and for evaluation of the pilot project. Applicants selected for the pilot project shall provide a match of no less than 20 percent of the grant, including in-kind services. The Department of Social Services shall report to the General Assembly annually on the progress of the pilot project and shall complete a final report on the project no later than six years after the commencement of the project." The Two-Generation Whole Family Pilot Project was included in the 2020 and 2021 Appropriation Acts as well, with the same mandate. This report will cover the period from July 1, 2019 (Pilot Project Beginning) to June 30, 2021 (with focus on the 2021 Program Year)."

Virginia Two-Generation/Whole Family Pilot Project Implementation

Pilot Overview

The Virginia Two-Generation/Whole Family Pilot Project was created to test and evaluate child, parent, and family-focused strategies to alleviate multi-generational poverty in a variety of communities throughout the Commonwealth. It is hoped that this pilot project will accelerate the development of two-generation or whole family strategies by increasing knowledge about what families need and what works.

Supporting pilot projects in CAAs of varied size, capacity, and geographic locations, VDSS seeks to achieve the following results:

- Support selected families in achieving self-sufficiency;

- Utilize family coaching models and family coaches to ensure that the pilot project receives dedicated support for families at each of the selected agencies throughout the project;
- Document and learn from activities and outcomes achieved by parents, children, and families in different locations around the state;
- Increase knowledge of the barriers families face and the cost of helping families overcome the barriers and achieve their goals; and
- Replicate, improve, or expand pilot activities that work in future years.

During the first three years, the six pilot sites participating in the Virginia Two-Generation/Whole Family Approach Pilot Project have focused on hiring family coaches at each site, developing and implementing agency-specific program designs, enrolling and serving families, collecting data, and tracking outcomes. Key tactics used by the VDSS and the NCAP include providing intensive technical assistance on various aspects of designing and implementing a whole family approach, training related to intake and outcome tracking tools and best practices, and frequent coaching calls and peer sharing and learning meetings.

Starting in February 2020 the pilot sites worked diligently to enroll families and begin providing supports. Enrollment results are as follows:

- September 30, 2020: 61 families enrolled, representing 81 adults and 131 children under the age of 18
- September 30, 2021: 91 families enrolled, representing 123 adults and 200 children under the age of 18
- September 30, 2022: 124 families enrolled, representing 166 adults and 269 children under the age of 18.

Pilot Implementation Timeline

To assist the selected pilot sites in their capacity-building and implementation efforts, NCAP developed a multi-pronged system of learning and support to resource the pilot sites over the course of the project. NCAP's peer learning model leverages ongoing research, training, and technical assistance rooted in service integration and key elements of a whole family approach—such as education, economic mobility, health, housing, mental health, and social capital.

Through this framework, the sites have achieved the following implementation milestones in Years 1, 2, and 3 of the project:

- Hiring and training at least one coach at each pilot site (four agencies have added additional family-centered coaching positions);
- Participation in an extensive training and T/TA engagement schedule, including monthly cohort meetings, weekly and monthly coaching calls, EmpowOR trainings, and knowledge-building webinars;
- Development of individual agency design plan theories of change and logic models for all six sites;

- Development of the tools for sites to use to measure family progress, including the Life Scale and Family Success Plan;
- Administering the Life Scale and Family Success Plan on a regular basis (projected target is quarterly for each family);
- Development and deployment of a whole family approach database, with all six sites making progress on tracking family data through the EmpowOR system; and
- Initiation of data walks to assess family progress and project results.

Program Design

The pilot sites are strategically leveraging program designs that are informed by the [Ascend at the Aspen Institute Two-Generation Approach](#) model and the [Community Action Economic Mobility Building Blocks](#) framework. Both emphasize building family well-being by working with children and the adults in their lives together. The result of these interventions is improved outcomes for parents, children, families, and communities.

Two-Generation/Whole Family Approach Selected Pilot Sites

The agencies selected to participate in the pilot (to date) include:

Agency	Central Office Location	Localities Served
Hampton Roads Community Action Program	Newport News	Chesapeake, Newport News, Hampton, Portsmouth, Norfolk, Virginia Beach, Suffolk
The Improvement Association	Emporia	Sussex County, Surry County, Greensville County, Brunswick County, Dinwiddie County
New River Community Action	Radford	Floyd County, Giles County, Montgomery County, Pulaski County, Radford
People Inc.	Abingdon	Buchanan County, Dickenson County, Russell County, Washington County, Shenandoah County, Clarke County, Warren County, Page County, Frederick County, Culpeper County, Fauquier County, Rappahannock County, Prince William County, Bristol, Manassas, Manassas Park
Thrive Virginia	New Kent	Caroline County, Charles City County, Hanover County, King and Queen County, King George

		County, King William County, Spotsylvania County, Stafford County, Fredericksburg
STEPS, Inc.	Farmville	Amelia County, Buckingham County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County

Pilot Site Profiles

Hampton Roads Community Action Program (HRCAP)

Hampton Roads Community Action Program (HRCAP) is a non-profit Community Action Agency that has been serving the residents of Southeastern Virginia for over 50 years. HRCAP is a key contributor to the economic stability of individuals, families, and the community of the greater Hampton Roads area. Guided by their mission “to improve lives by providing optimum services and mobilizing resources that strengthen our communities”, HRCAP’s primary goal is to disrupt the conditions and causes of poverty in the service area by providing education, employment, emergency assistance, health and housing programs that enable low-income individuals and families to escape the grip of generational poverty and find a path to social and economic mobility.

HRCAP serves the following cities: Chesapeake, Newport News, Hampton, Portsmouth, Norfolk, Virginia Beach, and Suffolk.

HRCAP’s Whole Family Approach Design

Serving a largely urban and industrial area of the state, HRCAP came to the pilot with a wealth of experience in providing robust educational, workforce development, and housing supports for their community. They also facilitate the largest Head Start program in Virginia. Through doing this work, they realized that investing in a whole family approach posed a unique opportunity to streamline services and increase impact for families.

HRCAP’s whole family approach vision is to create pathways of change for families by setting life goals, generating an individualized household plan of action to achieve goals. HRCAP achieves this vision through coordinated intake processes and family assessments to get a better look at the interconnected needs of families. Engaging in this process supports families on their path to family stability.

After completing a family assessment, pilot participants are engaged through the coordinated provision of over 23+ programs and services.

In 2021–2022, HRCAP has added whole family approach concepts and strategies to all agency job descriptions. HRCAP is supporting increased provision of family-centered coaching by braiding and blending federal, state, and local resources. Several new services and supports were added in 2021–2022 in response to family needs, including: virtual in-home cooking classes with

accompanying food delivery service by DoorDash; physical health and wellness coaching for families; and quarterly credit review sessions with families by a certified coach.

Key outcomes for the pilot include:

- Living wage employment
- Post-secondary educational attainment
- Increased family financial stability
- Establishing a savings account
- Strengthened family connections
- Increased capacity to handle stress/trauma
- Improved health and wellness
- Housing stability
- Increased planned births
- Increased language, literacy, and mathematics for children (ages 0–18)
- Increased school readiness and achievement
- Debt reduction

The Improvement Association

The Improvement Association (TIA) is a non-profit Community Action Agency that mobilizes community resources to provide comprehensive initiatives and services in several localities in rural Southside Virginia including Sussex County, Surry County, Greensville County, Brunswick County, and Dinwiddie County. Since its creation in 1968, TIA has served as the catalyst that enhances the quality of life in communities through comprehensive initiatives, advocating change, and empowering people to become self-sufficient. TIA comes to the Virginia whole family approach pilot with 50+ years of experiences in facilitating change for residents in their community from prenatal through adulthood.

TIA’s Whole Family Approach Design

Leveraging over 80 years of experience with family supportive services across the members of their guiding coalition, TIA is primed for the opportunity to direct more resources and attention to families within their service area that require an intentional level of coaching and support to break the cycles of poverty within their community. Serving families in a largely rural area means that resources are oftentimes quite few and far between, so supports need to be robust, coordinated, and intentional to give families the best chance to access opportunities for economic mobility in their community.

TIA’s whole family approach vision is families are empowered to achieve their dreams as they ascend out of poverty on the stairway of success. TIA’s pilot prioritizes families living at or below 200% FPL in the Greensville/Emporia area. Pilot participants have access to a network of 12 wraparound services and supports, grounded in workforce development, postsecondary education, and Head Start.

In 2021–2022 TIA has engaged in education, coaching, generational wealth-building, and parenting enhancement programs for families so they can strengthen family finances and relationships with others in their family.

Research shows that positive parenting helps children to do better in school and have fewer behavioral problems and stronger mental health. A two-generation parenting coach empowered families to take an approach to child-rearing that emphasizes expanding their child(ren)'s life and capabilities while supporting their sense of happiness. Parents learned the importance of making children feel special and wanted, thus allowing them to feel joy and have a desire to do good things that ultimately motivates them to do well and to behave well. Parenting classes were provided for a period of six weeks to all whole family approach parents.

TIA enhanced their focus on providing a range of financial education and empowerment services to families. Additionally, special programs were established with Southside Virginia Community College, Penn Foster High School and online GED programs to aid parents to reach educational goals.

Key outcomes for the pilot include:

- Increased self-sufficiency, power, and autonomy
- Increased educational attainment
- Improved school readiness
- Access to quality and affordable childcare
- Increased certifications/specialized fields
- More positive parenting behaviors
- Job readiness
- Access to living wage employment
- Access to safe and affordable housing
- Increased economic mobility
- Access to reliable transportation
- Improved physical, social, and emotional well-being
- Improved parent/child interactions

New River Community Action

Serving four counties in rural southwestern Virginia, New River Community Action (NRCA) is a private Community Action Agency with over 50 years of presence in the community. NRCA's mission is to promote and support the well-being and self-reliance of individuals, families, and communities. To do this work, NRCA works with some of the most vulnerable populations within their community to improve lives through emergency assistance, Head Start, Virginia CARES, CHIP, housing and homelessness, and VITA programming. NRCA services the following localities: Floyd County, Giles County, Montgomery County, Pulaski County, and Radford.

NRCA's Whole Family Approach Design

NRCA joined the pilot project with previous experience in connecting early childhood education and workforce development services for parents and children. Their goal for participating in the project is to build their organizational capacity to remove program silos and create a

customizable set of services for each family. NRCA has invested in a robust inter-departmental referral system to help ensure that clients are comprehensively connected to services across the agency.

NCRA's whole family approach vision focuses on families in Giles and Pulaski Counties that are enrolled in either CHIP or Head Start. After meeting with the Family Navigator and developing a set of personalized parent, child, and family goals, pilot participants can be connected to almost 20 programs and services to ensure that their families have opportunities to reach their full social, health, educational, and economic potential as they work to achieve their goals.

In 2021–2022, NRCA focused on orienting new staff to the whole family approach. Additionally, the agency standardized policies, procedures, and processes to support family accountability, developed criteria for graduating families, and developed a wait list for referrals. In early 2022 they received approval to add an employment specialist to their whole family approach team for the 2022–2023 fiscal year.

Key outcomes for the pilot include:

- Family income
- Family financial stability
- Education level
- Diploma, degree, or certification
- School readiness
- Rewarding career
- Positive parenting behaviors
- Medical and dental home
- Mental health and social-emotional well-being
- Housing stability
- Transportation stability

People Inc.

People Incorporated has one of the largest Community Action Agency service areas in the state of Virginia, providing supports to the Counties of Buchanan, Clarke, Culpeper, Dickenson, Fauquier, Frederick, Page, Prince William, Rappahannock, Russell, Shenandoah, Warren, and Washington, and the Cities of Bristol, Manassas, and Manassas Park. Established in 1964, the mission is to provide opportunities for economically disadvantaged people to reach their goals to enhance their lives, their families, and their communities.

People, Inc. 's Whole Family Approach Design

People, Inc. came to this pilot project with the unique experience of having participated in a prior whole family approach cohort funded by the Annie E. Casey Foundation that was facilitated by the National Community Action Partnership. Through that 2-year initiative, People, Inc. developed a framework to support children and parents together. As they continued along the journey of organizational culture shift towards more intentional and coordinated services for

families, People, Inc. committed to continuing their efforts to break down programmatic silos to more effectively serve families using the no-wrong-door approach. Utilizing the wide array of services that the organization currently provides to families, their extensive capacity building efforts to optimize impact, and their strong network of community partners, People, Inc. is well positioned to engage in intensive work to improve the lives of families in their community through a whole family approach.

People, Inc.'s whole family approach vision is to help families live with dignity and a true sense of belonging, building futures and realizing their hopes and dreams for themselves, their families and their communities. Their pilot project seeks to prioritize the needs of young families, targeting families with parents aged 28 or younger with children 0-7 living at or below 200% FPL. Families are assessed and develop a personalized Empowerment Plan that assist them in achieving self-identified goals.

In 2021–2022, People, Inc., added an additional whole family approach coach and expanded the pilot into new areas of their service system. People, Inc., also pursued the following key activities in 2021–2022: Increased training and capacity of whole family approach coaches to provide financial coaching to families; adopted use of the CLIFF dashboard and planner developed by the Federal Reserve Bank of Atlanta, which helped coaches as they worked with families to set goals and plans for financial independence; and utilized People, Inc.'s Pathways to Empowerment Vehicle Loan Program to provide families with reliable transportation.

Key outcomes for the pilot include:

- Improved school readiness
- Increased economic stability
- Increased income
- Increased assets
- Increased education level
- Increased resiliency
- Improved parent/child relations
- Increased social capital and community engagement

STEPS, Inc.

STEPS, Inc. is the Community Action Agency serving six rural counties - Amelia, Buckingham, Cumberland, Lunenburg, Nottoway, and Prince Edward - in south central Virginia. STEPS has served the community since 1976, providing job training and employment to persons with disabilities. The organization was designated as a Community Action Agency in 2014 and remains dedicated to creating a stronger community through housing, education, workforce, and economic development for individuals and families in their community.

STEPS' Whole Family Approach Design

STEPS is dedicated to “Moving Lives Forward” and fulfilling their mission to truly impact their clients. To do this most effectively, they committed to undertaking the systemic improvements needed to ensure that their service delivery model places families along the best pathway for success. STEPS' whole family approach vision is passionate, dedicated staff working in

collaboration with families and communities to move lives forward. STEPS has a goal to break down department silos and shift to a transformative model of service provision to provide a more inclusive, individualized, quality experience for clients and produce measurable results in moving the whole family toward sustainable self-sufficiency. The target population for this effort was identified as Head Start families within their eight-county service area. Following an intake assessment and family goal-setting, pilot participants have access to a set of 15 wraparound programs and services to help move parents and children forward together.

In 2021–2022, STEPS leadership and coaching team continued their whole family approach journey by helping families readjust to returning to work and school after the COVID-19 closures. In 2021–2022, STEPS was able to hire a second Family Navigator (coach), allowing STEPS to increase family enrollment in the whole family approach. Leadership arranged for additional training for the coaching team in mental health first aid and trauma-informed care so that navigators could be better positioned to support families. In addition to regular coaching sessions, families were invited to attend a monthly virtual meeting, which created space for the coaches and families to provide updates, ask questions, express concerns, and provide ideas and insights to the cohort. STEPS whole family approach coaches continued efforts to coordinate with Head Start staff so that services for families could be integrated for maximum benefit of the parents and children.

Key outcomes for the pilot include:

- Financial stability
- Increased education level
- Increased work/trade skills
- Work readiness (resume, interview, dress)
- Increase independence
- Gain/sustain employment
- Obtain necessary insurances
- Legal compliance
- Improved living environment
- Increase connection to community
- Medical & dental care/preventative
- Mental health – self regulation,
- Improve parent child interactions
- School success/attendance
- Childcare
- Healthy baby
- Improved parent child interactions

Thrive Virginia

Thrive Virginia is a private Community Action Agency with a service area encompassing over 2,000 square miles including the counties of Caroline, Charles City, Hanover, King George, King & Queen, King William, New Kent, Spotsylvania, Stafford, the City of Fredericksburg, and the Town of West Point. Their work is anchored in collaboration - working with community-

based partners to create pathways to self-sufficiency for individuals and families within the agency's diverse service area.

Thrive Virginia's Whole Family Approach Design

In 2019, Thrive Virginia (formerly known as Quinn River Community Action) engaged in a major reorganization of their work and presence in the community. In addition to their rebranding, Thrive Virginia also committed to transform their service delivery model from one that approaches services through a siloed approach to one that is integrated, and customer centered. Engaging in a whole family approach provides Thrive with a roadmap to help families overcome the economic and social barriers to success that often accompany rural areas.

The central goal in Thrive Virginia's whole family approach is to revitalize the Charles City community by supporting the well-being of families so that they can reach their fullest potential. They seek to provide a more intentional system of wrap-around supports for TANF eligible families in Charles City County with young children (ages 0-5). Working in close collaboration with community partners, such as Rappahannock Community College, services for families centered around improving post-secondary and childhood education outcomes to build families' resiliency for success. Families also receive access to transportation support, housing assistance, financial empowerment in coordination with 10 other services and programs that will be provided through a "no wrong door" approach.

In 2021–2022, Thrive Virginia has continued to transition to a whole family approach service model across the agency. All direct service staff are trained in coaching basics. The agency is moving to a structure based on domains that correspond with the whole family approach design and includes the following departments: health and wellbeing, economic empowerment, early childhood education, family coaching, and intake and emergency financial assistance. Where possible, the agency is working to adopt presumptive eligibility. The agency has adopted a no-wrong-door approach to intake, and all customers entering Thrive Virginia through the intake department for financial assistance are offered a coach. Services are tailored in the pilot to concentrate on financial stability, job stability, and mental/behavioral health counseling for children and their parents.

Key outcomes for the pilot include:

- Increased income/job stability
- Economic stability/emotional well-being
- Less psychological distress/enhanced home learning environment
- Employability and access to community resources
- Children will meet developmental milestones & see improved social adjustments in school and community
- Financial stability and basic needs met continuously.
- Safe, stable, and affordable housing
- Increased ability to build financial assets and increased self-confidence
- Enhanced physical and mental well-being and parent-child interaction
- Increased involvement in community activities and connection to other families.
- Gain/sustain maternal employment and reduced economic hardships
- Increased budgeting skills and financial stability

Deploying a Life Scale Assessment

Assessing parent, child, and family strengths and challenges is critical to helping families identify goals and their path to improved economic stability and security. The National Community Action Partnership worked with the pilot sites to consider existing assessment tools being used by the agencies and other two-generation/whole family approach experts. The pilot sites agreed to adopt a family assessment scale used by Garrett County Community Action Committee (GCCAC), Inc., one of the pilot project's subject matter experts who has been engaged in the Two-Generation approach for several years. The Life Scale assessment is a critical tool that informed a large portion of program design efforts that took place with the pilot sites in the first year of the project. Drawing on GCCAC's extensive experience in whole family approach efforts, the Life Scale highlights several key domains for children, parents, and families. In addition to serving as an intake tool for the family coaches, the Life Scale also supports aspects of evaluation and the performance management framework. Development of this tool began in March 2020, as the pilot sites began to define their desired project outcomes and enroll families. Intensive technical assistance calls and virtual site visits that were conducted in April 2020 helped to refine a set of core parent, child, and family outcomes that will be used to track family success across the cohort.

In year three the pilot sites continued to work with families and assess their progress each quarter using the Life Scale Assessment. At the time the assessment is conducted coaches also work with families to update and adjust their goals. Additional quality control procedures are being formulated to make sure that quarterly assessments are completed.

Engaging Families

Two-generation/whole family approaches are anchored in equity, rooted in community, and fueled by the lived experience of those engaged in services. Families are the experts in their own lives, and elevating and incorporating their experiences, dreams, and desires in program and policy design demonstrates a commitment to honoring this truth. Authentic engagement of families can take place through a multitude of methods, and pilot agencies have devised various mechanisms for ascertaining family voice. One example of this is Head Start's Parent Policy Councils, during which parents are invited to provide feedback and recommendations to improve program structure and service provision. The pilot sites convene families for a range of activities that provide opportunities for families to interact together and with agency representatives and share feedback on their experience with the pilot.

Integrated Services for Parents, Children, and Family

Research on integrated programs that combine services that intend to support both child development and parental economic security indicates for services to be successfully integrated, they need to be intentionally aligned and coordinated, high quality and intensive, and built on parents' and children's mutual motivation.¹ High quality can be distinguished by the use of

¹ Sama-Miller, Emily Christine Ross, Teresa Eckrich Sommer, Scott Baumgartner, Lily Roberts, and P. Lindsay Chase-Landsdale (2017). Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security. OPRE Report # 2017-84. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services Page xxii.

curriculums, research or evidence informed practices. Intensity may be defined as dosage, duration, and range of services. Services with a higher dosage and longer duration may be more likely to help families achieve positive outcomes.

The six pilot sites continue to work on integrating a range of high-quality services with a mix of intensity levels. The design and flexibility of the Virginia Two-Generation/Whole Family Approach Pilot Project helps to ensure the duration needed to achieve successful outcomes. High quality and longer duration services for parents such as Head Start, Early Head Start and Healthy families create the core of many child-focused services. Skill training, housing supports, mental health counseling, and coaching are common parent focused services for the six pilot sites. Family coaching and parenting training are common family supporting services. Family coaching, supported at all six pilot sites provides the vehicle to coordinate a powerful, customized mix of integrated services that builds on the strengths and capabilities of each family and delivers just the right mix of services to all members of the family.

Management Information System

To have an efficient and effective system to manage client data, the pilot sites worked together and with the technical assistance provider to develop a Virginia Whole Family Pilot Project management information system solution. EmpowOR Outcomes & Results, developed by CSST Software, LLC, in collaboration with GCCAC, is a database that has been designed for and used by organizations providing comprehensive services. Four of the six pilot agencies were existing users of EmpowOR. A whole family approach “plug-in” was added to track the families served in the Virginia pilot project. Two sites that were not already using EmpowOR had a steeper learning curve to entering client data.

The database provides a tool for the sites to collect and manage client demographic, service, and outcome information. Agencies use the database to manage case notes, family goals, and quarterly Life Scale Assessment results that help the families and coaches identify progress and areas for future growth.

The establishment of this database in year one created critical infrastructure essential to the implementation, effectiveness, and growth of the pilot in the six agencies and beyond. Considering the challenges with the COVID-19 pandemic, the agencies made great progress in setting up the whole family approach “plug-in” and beginning to enter client-level data.

In Year 2, the sites and the technical assistance provider have focused on using the data for management decisions and to improve services for customers. Data walks with individual sites, VDSS, and NCAP were held in Spring 2021 to check the quality and completeness of the data, and begin to make meaning of it. All parties learned a great deal, and agencies worked on improving data quality after the data walks. However, further data analysis is needed at the site level to better understand what is working for families and what program conditions may need to be added, adapted, or abandoned.

In Year 3, the sites began work on a series of automatic data dashboards for use by coaches, managers, agency leaders, and VDSS. The purpose of the dashboards, which were developed by the individuals that use the data, is to make information on family progress readily available to

coaches for use with families and for other staff to review as they make program design and improvement decisions.

Pilot Site Peer Learning and Technical Assistance

During the first project year, the pilot sites had 31 training and engagement opportunities facilitated through a combination of virtual and in-person convenings. Efforts during the first half of the project prioritized developing participant understanding of whole family approach model program design, individual/family assessment tools, and building a shared vision of the design plan amongst each site's guiding coalition.

Training and technical assistance that was provided during the second half of year one prioritized outcome tracking, data collection, and assessment of the levels of support that families might need in response to the prolonged nature of the pandemic. Due to the pandemic pilot sites were forced to not only adapt their originally proposed service delivery strategies but also to consider ways to deepen engagement with enrolled families. As a result, coaching call discussions highlighted strategies and service delivery areas such as trauma-informed care and navigating the back-to-school transition for families. Coaches were also engaged in additional consideration on intake, outcome tracking, and coaching practices with best practices and lessons learned from subject matter experts from Garrett County Community Action Committee. Sites had the opportunity to learn from Aroostook County Community Action Program (ACAP), a CAA with a well-established whole family approach. In addition to these technical assistance meetings, project participants were also engaged via 13 knowledge-building webinars that were facilitated as part of the Partnership's National Webinar series.

In Year 2, pilot sites had 27 virtual engagement opportunities with peers, Partnership staff, and peer experts. Pilot sites also received multiple individual training and technical assistance calls and data walk discussions. Virtual training topics included engaging family voice, equity, organizing data and outcomes, peer support groups, and benefit cliff resources. Virtual data walk meetings were held with each agency to review reports on demographics, Life Scale assessment results, goal planning and outcomes. These meetings identified areas for project improvement. Virtual technical assistance meetings were also conducted to discuss pilot implementation, and highlighted topics such as organizational culture change, increasing community-based partnerships with institutions like community colleges, equity, and additional training needs.

Sites also received technical support through a Virtual Whole Family Approach Institute, which covered whole family approach building blocks, understanding racialized trauma, considering system-level racial inequities, engaging family voice, family assessments and goal setting, organizational culture and systems change, and building leadership. Some agencies were connected to members of a new Peer Expert Corp and were provided additional resources on agency-specific topics of interest. Agencies were provided access to additional conference trainings and webinars on Family-Centered Community Change, Homelessness, and Child Tax Credit.

In Year 3, pilot sites had 21 virtual engagement opportunities with peers, NCAP staff, and peer experts. These virtual opportunities included an orientation with new coaches and a meeting with the executive directors of the pilot sites. NCAP continued support for the coaches via regular opportunities for peer support and learning. Pilot site leaders and other agency team members

had opportunities to convene nearly each month to learn and share their experiences. These learning and peer opportunities helped new coaches deepen their knowledge of whole family approach concepts more quickly and helped pilot site teams learn how to adopt whole family approaches across the agency.

Pilot Site COVID-19 Informed Responses and Innovations

A key takeaway from the continuing response to the COVID-19 pandemic is the importance of the systems and structures that are needed to move our communities and our society forward. During the pandemic CAAs across the nation went above and beyond to ensure that the needs of families and individuals were met in a safe and inclusive setting. Yet despite the nimble response of service providers, the increased level of need because of the pandemic has unearthed gaps in many of systems and practices that potentially prevent families from achieving their version of success.

Despite the uncertainties of the pandemic, all six pilot sites have maintained a high level of participation and engagement with their enrolled families. Across the pilot, investments in technology and other supports were possible due to the flexibility built into the original design of the Two-Generation/Whole Family Approach Pilot Project. The pilot project resources provided sites with the means to quickly respond to the needs of their families. Nearly all sites used funds to purchase laptops, tablets, and internet services for families to keep them connected with coaching and educational services via virtual platforms.

Below are examples of innovations that pilot sites deployed over the course of years one, two, and three of the pilot, leveraging a combination of funding from the pilot and existing agency resources, to meet the needs of families during this extended period of uncertainty.

Hampton Roads Community Action Program (HRCAP)

In response to needs observed with families, HRCAP provided mental and behavioral supports and counseling to families. HRCAP rapidly contracted with a Licensed Clinical Social Worker (LCSW) to provide virtual mental health sessions to the families enrolled in their whole family approach pilot. Parents participated in peer support groups as well as individual counseling via Zoom. In 2021, HRCAP staff also partnered with community healthcare providers to provide education on vaccinations for the community.

The Improvement Association

The TIA whole family approach team partnered with a clinician to support families in developing coping practices, tools, and resources during the pandemic. TIA maintained virtual engagements and continued to leverage virtual platforms throughout the pandemic. TIA managed to maintain a high level of family engagement due to their intentionality around leveraging virtual platforms and scheduling flexibility to meet the needs of their families in the context of COVID-19.

New River Community Action

Through their Head Start and CHIP program, NRCA staff worked during a large portion of the pandemic to provide door-to-door drop-offs of learning resources, including, but not limited to, laptops, printers, and curated engagement activities for children. In addition to technology and educational materials, NRCA tapped their stock of diapers and wipes from their multiple Head Start sites to distribute to families in need. NRCA remained open met with families with limited access to internet services in rural areas. In 2021, the agency has also assisted families with school supplies and other educational materials.

People Inc.

In March 2021, People Incorporated offered free virtual income tax preparation to individuals who fall within a certain income/tax bracket. Staff and volunteers helped clients set up virtual appointments and guide them through the process of submitting documents. People Inc. also helped to address the digital divide by helping their community access internet services. The agency set up accounts and paid for six months of internet service for clients who had been impacted by the pandemic through the loss of a job, reduction of hours, and other demands brought on by young and school aged children in virtual learning, etc.

STEPS, Inc.

Most families in the STEPS pilot program have been engaging virtually, although some meet in-person for housing support or to utilize available office space. The STEPS team has succeeded in maintaining and moving the program forward despite COVID-19 challenges and continues to brainstorm ways to meet with families face-to-face outside of the traditional office setting.

Thrive Virginia

In 2020 and 2021 Thrive Virginia transitioned to a hybrid model of meeting with families both virtually and in person.

Family Demographics

The design of Virginia's pilot project emphasizes quality over quantity and directs the agencies to work comprehensively with a small number of families to maximize learning and results. VDSS indicated they expected each agency to work with 5 to 15 families in the first year. Pilot sites recruited families from programs across their agencies such as Head Start, Early Head Start, Healthy Families, and crisis assistance. Agency enrollment numbers range from 13 to 29 households. CAAs started engaging and enrolling families in late February 2020 and in most cases met their target goals within a couple of months. To date the pilot sites have enrolled 124 households representing 435 individuals. Average household size ranges from 3.3 at STEPS to 3.9 at Hampton Roads Community Action Program. Out of the individuals served, 62 percent of the people served are female, 36 percent are male, and 2 percent are unknown or not reported at this time. Of individuals participating, 39 percent are adults over the age of 18, and 7 percent of individuals are adults ages 18–25.

Based on the data available, 65 percent of families are represented by single parent-female households and 21 percent of families are two-parent families. Sixty-one percent of the people served are persons of color and 5 percent of individuals reports Hispanic or Latino for ethnicity.

Opportunities Going Forward

One of the main challenges brought on by the COVID-19 pandemic has been a compounded lack of access to critical supports as a result of both public safety measures and an overwhelming surge in need. Not just parents or children but families *as a whole* need to be met in this time with access to reliable, safe, and effective services that will build their resiliency for the near future and beyond.

The COVID-19 pandemic proved a critical challenge for the first and second years of the pilot. It is important to note that some planned services such as education and training efforts for parents and early childhood education for young children have been delayed, scaled back, or paused. Families with school-age children have experienced significant challenges including needing to delay job searches until childcare can be arranged. All the agencies have been engaged in providing supports as well as crisis services to families during these very challenging conditions. Essential supports such as food have been critical as food insecurity escalated with more family members' home for meals and incomes reduced or eliminated due to reduced hours or unemployment.

The COVID-19 pandemic also required notable revisions to the initially proposed learning agenda for the pilot sites, with key engagements like in-person technical assistance visits being re-designed or postponed. Extensive effort was provided by the Partnership to assist the pilot sites in navigating through both the shifts in service delivery and refinement of design plan elements that were brought about by the pandemic

In April 2020, the implementation team began convening weekly calls with the family coaches from each of the agencies to conduct joint problem solving on how to continue service provision as the COVID-19 pandemic restricted sites' ability to provide physical services for families. These calls served to provide up-to-date research and information, resources, and tools for family coaches to use to continue supporting families, and a forum for support and collaboration across the members of the pilot.

In September 2021, the implementation team conducted an anonymous customer satisfaction survey. In response to the survey, respondents shared how the COVID-19 pandemic has impacted themselves and their families related to employment, income, internet accessibility, virtual learning, health and wellbeing, and the pursuit of educational goals. When asked if the pandemic impacted household employment, 74% of respondents responded "Yes", while 25.9% of respondents answered "No". Respondents cited a lack of childcare, facilitating virtual learning for school-aged children, job loss, fatalities resulting from COVID, caring for household members infected with COVID, mental health needs, etc.

Similarly, families' income was also impacted because of the pandemic, whereas 15.4% of families indicated they experienced an increase, 53.9% of families experienced a decrease, and 30.8% experienced no change in their income during the pandemic. Families who suffered from income loss resorted to alternative means to make ends meet for themselves and their families. Others were not as fortunate and shared experiences where their hours were cut back due to low demand and closures, childcare needs, geographic locations, etc. Supports like stimulus

payments and the childcare tax credit were a tremendous financial support and helped to supplement many of the services provided through the pilot project.

Access to reliable broadband services has proven to be the key to productivity and continuity in the wake of the pandemic; however, equitable accessibility of internet services has proven disparate for families in rural communities and for those with low to moderate incomes. Pilot agencies, as described in the Innovations section of this report, stepped in to bridge the gap when physically possible.

By assisting with broadband accessibility, pilot agencies were not only able to help families access virtual learning for school-age children, telehealth visits and attending to other personal matters, but families were also positioned to access services offered through the pilot project. These services included, but were not limited to, credit/financial coaching courses, relationship courses, home budgeting, mental health classes, renter's courses, parenting courses, health and fitness courses, and home ownership courses. Coaches have also leveraged text messages and emails as methods to maintaining effective communication with families throughout the pandemic. The pandemic has had major implications for health and wellbeing across the country. This is especially true for families with low incomes, as data has consistently demonstrated. The mental and emotional wellbeing of families participating in the pilot program is no exception. When asked if respondents or their children have received counseling or mental health supports during the pandemic, 55.5% expressed some level of need for supports. Of this number, 33% were offered services with the remaining 22% having been unable to access services due to limitations and other barriers. Pilot sites have prioritized mental health by arranging for families to connect to virtual mental health services. The same remains true for physical health, as 22% of respondents expressed having experienced some level of health-related issue resulting from the pandemic. These mitigating factors present additional barriers to families' ability to stabilize and advance socially and economically.

The pandemic has slowed and even halted some norms across the country; however, families are resilient and have remained steadfast in pursuit of their personal and professional goals. When asked if they, themselves, or other adults in their family pursued educational goals during the pandemic, 50% of respondents answered "Yes", 27% of families were offered educational supports but chose not to participate, and 23% of families were not able to access services due to availability. Educational pursuits noted by respondents included GED attainment, homebuyer's courses, and other upskill training programs.

From interviews with the coaches and the responses from the customer survey the following challenges, barriers, and opportunities have emerged for the pilot sites and families during the first two years of the pilot that have corresponded with the pandemic.

- *Early delays in pilot site family enrollment efforts due to family coach recruitment and hiring and COVID-19.*

Due to delays in the onboarding of their family coaches, a few pilot sites were delayed in getting families enrolled before stay-at-home orders were issued for the state. While the sites have overcome this hurdle, maintaining intensive engagement and enrollment continues to require focused attention for all the agencies.

- *Lack of broadband access in more rural service areas limited opportunities for intensive engagement.*

Several of the pilot sites serve particularly remote and rural areas. Existing issues around technology and internet access were exacerbated for some sites as public safety measures required the vast majority of services to be conducted virtually. Thrive Virginia in particular faced significant challenges providing virtual services during the pandemic as a lack of broadband access in St. Charles County prevented them from connecting to families via virtual meeting solutions. Thrive Virginia has continued to work to stay connected to families through phone calls and has been largely successful, but lack of adequate broadband services continues to place limits on engagement and services for families.

- *The economic impacts of the pandemic exacerbated existing issues with affordable housing.*

The coaches have continued to report families experiencing signification and ongoing difficulties locating affordable housing. This appears to be a greater issue in agencies that serve rural places. Several coaches reported having to place families in hotels while housing was located; some families even reported being pressured by their landlord to purchase the home they were renting or vacate. In several cases the families had difficulties finding housing in rural places near work or training opportunities.

- *Increased need for behavioral health services.*

Family coaches reported that families needed support from a mental health professional to address behavioral health issues. In response to these needs several sites contracted with a LCSW to provide counseling for families. Agencies innovated and partnered with behavioral health providers and arranged virtual services to be provided to families in-group and individual settings.

- *Delays in building agency guiding coalitions.*

Remote operations and responding to immediate COVID-19 situations prevented pilot site leadership from strengthening and advancing their guiding coalitions. A guiding coalition is important to helping an organization make changes to integrate services and pursue a whole family approach.

- *Delays in maintaining engagement with local partners*

Shutdowns of all non-essential businesses and ongoing business disruptions have posed challenges for pilot sites that were relying on services from community partners as a key piece of their whole family approach offerings. Several pilot sites were planning on partnering with community colleges or Head Start agencies, which had to be delayed if not paused entirely as organizations and businesses continue to adjust in response to the pandemic.

Other Operational Challenges and Barriers

Pilot sites also experienced a few operational challenges as they launched their whole family approaches in years 1, 2, and 3. For the most part their challenges were common to any new project or organizational change, and considering they were launching during a pandemic they did very well in overcoming the challenges. The following issues emerged for the sites over the three-year period.

- *Adjustments in the timeline for hiring family coaches.*

A couple of agencies had a bit of delay or hired and did not retain their initial coach. This resulted in a little slower enrollment, but these challenges have been overcome.

- *Getting accustomed to data entry through the EmpowOR platform and building capacity to analyze the data.*

All the sites had a learning curve with the new whole family approach plug-in. Agencies are still adjusting to the process of entering data and using it to manage and improve. Two agencies were new to EmpowOR and needed additional time to begin to enter client data in the system. Agencies are becoming familiar with the reporting capacity of EmpowOR and gaining experience on how to produce and analyze the data. Some agencies are struggling with staffing capacity related to data entry and data analysis.

- *Issues with family enrollment, intake, and assessment.*

Certain practices like the Life Scale assessment took time to develop and agencies missed issuing the assessment at initial enrollment. Coaches have been working with families to complete assessments for all families to establish a baseline. Data quality and completeness still needs improvement and additional attention in certain instances so that a complete understanding and analysis can be completed.

- *Access to affordable, quality childcare.*

Childcare access is an ongoing challenge for families. Families in rural areas seem to experience difficulties finding childcare near work and home. COVID-19 has only exacerbated existing childcare difficulties. Agencies report that parents are relying more on kinship care during the pandemic.

- *Difficulties with maintaining safe, reliable transportation.*

People living with low incomes have great difficulty affording and maintaining private transportation; therefore, access to an efficient, affordable, and safe public transportation system is a key factor in their transition out of poverty. However, in many of the pilot site communities, public transportation is either not available where the jobs are or not available at all; therefore, access to a car is paramount for retaining employment, food security, and other essential goods and services. Even when public transportation exists, moms with multiple children have difficulty getting children to care and themselves to work using public transportation. In a few of the pilot sites, some remote and mountainous areas create

significant challenges for families with no private car. Because transportation is such a critical need, the coaches sought many different types of solutions and were extremely creative in their joint problem solving with families.

- *Challenges with power and autonomy.*

Family coaches indicate that some parent's sense of their ability to influence their environment and act on their own decisions was potentially blocking them from achieving their goals and making progress. Family coaches have worked to help folks increase and adopt a mindset that they can change and grow. Based on results from the customer satisfaction survey it appears family's belief in their ability to achieve their goals has greatly increased as they have continued participating in the pilot project.

- *Maintaining relationships with families as coaching staff change*

In 2021–2022 several of the original coaches were no longer engaged with the pilot sites. New coaches filled the roles and in some sites additional coaches were added. Customers indicated that establishing relationships with the new coaches took time.

Creating Conditions for Evaluation Accountability

Disseminating information about successful models so they may be replicated and adopted across the Commonwealth requires outcomes be identified, tracked, and reported. Pilot sites also need data on progress, so they know what is working and where they need to improve. The evaluation and accountability approach utilized for the pilot project is a results-based performance management framework. This framework will provide actionable information for the pilot sites as they seek to pursue continuous improvement and for VDSS to use as they consider replication of the pilot.

Effective evaluation methods begin with a clear and concise design plan that incorporates a theory of change (TOC) and a logic model(s). Agencies were assigned the task of creating a whole family approach theory of change. They were asked to identify elements such as what their vision was for families they serve and what assumptions they had about the circumstances the families face and what could be done to improve those circumstances. This process inspired pilot sites thinking about “big picture” ideas, not just about what service they would offer to families. Sites were challenged to consider what they felt could change (both short term and long term). Once they started identifying the unique outcomes they could see happening with the families – then they were asked to consider services, activities, steps in the process to achieving the outcomes. They were asked to consider the connections.

Using the theory of change format, connections were made between participation in a service or activity and the relationship to improved family well-being.

Future considerations and actions for remaining project timeframe

The first three years of the pilot project have produced many findings that will be examined and analyzed as the pilot moves forward. Key observations are outlined below.

1. ***When the pilot began, severe poverty (income below 50% FPG) and the material hardship that comes with it was present for fifty-two percent of families in the pilot. As the project has continued the entry level income has increased and currently 32.2 percent of families are below 50 percent of FPG upon entry.***

Poverty can cause negative child outcomes, especially when it begins in early childhood and continues for a large share of the child's life. The importance of supporting parents in their efforts to create safe environments and nurturing relationships cannot be overstated. Material hardship in a family may create stress that negatively impacts future child outcomes. Strategic investments in young children and the adults who care for them affect long-term physical and mental health as much as they affect early learning. When access to essential resources and supportive relationships is secure, the building blocks of both resilience (e.g., self-regulation and adaptive skills) and wellness (e.g., well-regulated stress response systems) are strengthened.

Poor outcomes are not inevitable but are more likely if we do not adequately support children and families experiencing persistent hardships or challenges. We must consider how support and resources can best be utilized to help families create home environments and relationships that are stable and nurturing.

Pursuit of educational opportunities and advancement for children and parents can be significantly challenging when basic needs are not met, and hardship creates long-term stress. These realities and possible remediation efforts warrant further consideration for the pilot families.

2. ***Most parents are working, and skill and educational training must adapt to their needs.***

In each of the three years of the pilot it appears around 60 percent of families are working or have recently worked and are attached to the labor force when they begin. Most of the families participating in the whole family approach pilot are working to make ends meet so education and skill training need to be structured to adapt to the constraints and realities of working families. Parents need training and educational schedules that work with work schedules. Parents may also need training opportunities that are high value, but shorter term so they can move into jobs with family supporting wages more quickly.

3. ***Family coaching and flexible funding supports provide a vital role in meeting families where they dream, not just where they are.***

Families have unique and varied strengths and areas for improvement where they can benefit from support and assistance. The pilot project's provision of family coaching along with the flexible use of financial assistance has helped support families in ways that has increased family stability and created conditions for families to advance and to continue to plan into the future. Flexibility to address family needs like assisting with the purchase of a washer and dryer can go a long way to reducing stress and giving families peace. Assisting with a rental payment, gas for an automobile, repairing a front door, clothes or other work necessities can be a pivotal factor in securing or maintain a job or persevering in a training or education program. Prioritizing family engagement activities and family support services help to build social capital and motivate children and parents to dream beyond their current conditions.

It is difficult to measure in a quantitative manner, but initial observations indicate the family coaches have provided person-centered services that have observed individual family needs and responded to them. Family coaching and a range of flexible financial assistance appear to have helped the pilot families navigate the initial months of the pandemic and perhaps prevented families from falling into deeper crisis and poverty. Pilot sites feel they have served as a back stop for families during this unprecedented health, social, and economic crisis. Customer survey feedback affirms how strongly families feel about the support they have received from their coach.

Sites have used the 2Gen/WFA pilot funding to meet a wide array of needs and braided funding with other services and supports to best meet each family's needs.

4. ***Virtual service delivery is possible, but extensive support is needed to remove barriers.***

At the outset of the COVID-19 pandemic all six sites shifted to a virtual service delivery model. Virtual services continue at varying levels. In addition, two sites have provided behavioral health services in a virtual format provided by a LCSW. Virtual peer meetings have also been hosted to connect families and reduce social isolation during the pandemic. The sites have reported that families have mostly responded positively to the virtual service delivery when connectivity was not a barrier.

The sites went to extensive effort and cost to reduce any technology or internet access issues. It appears the sites were able to maintain relationships and retain families during this first year even through the pandemic. Sites have reported that virtual service delivery can reduce transportation barriers and travel costs for families as well as save the agency time and travel costs. Coaches have reported that due to reduced time traveling to home visits (especially in the very rural and/or mountainous locations) they have more time to plan and provide support to families. Less travel does save time, but there are concerns about potential loss with no face-to-face interaction.

The agencies have indicated some concern about the future success of virtual service delivery. Most of the families the sites worked with during the pandemic were families they had engaged with pre-pandemic. There had been initial face-to-face contact in the early days of the relationship. Sites have indicated concerns about recruiting or delivering services to families if face-to-face opportunities are not available, especially at the beginning when family coaches and families are building a relationship.

Agencies continue to grapple with how to continue successfully supporting families through a mix of in person and virtual services. Some services are more beneficial in-person while other services can remain in a virtual setting. Agencies and whole family approach teams are in the process of staff transitions, policy changes, and necessary adjustments as the communities move into COVID-19 pandemic recovery.

Future Actions

1. Further identification and refinement of measurement tools and assessments is needed to make sure that reliable and valid tools are being used to measure outcomes and results outlined in the theories of change and logic models.
2. Data analysis capacity is needed at the site level to inform what is working and to help sites use and understand their data so decisions can be made to continue improving the interventions and document learning for future replication. For example, improved data quality and data capabilities will help identify the level of income change families are achieving.
3. Provide training and tools for benefit cliff planning.
4. Support pilot site efforts to collaborate with local DSS agencies.
5. Support pilot site efforts to collaborate with schools and early educators to track child progress and outcomes.
6. Support pilot site efforts to scale whole family approach across organizations and externally with others in the pilot site communities.

CONCLUSION

The accomplishments of the first and second years, which were challenged by COVID-related issues, have set the conditions for families to advance and improve their well-being. During the third-year sites have scaled up their whole family approaches, hiring additional coaches and training more staff.

The goal of this pilot project is to test and evaluate concepts and specific interventions that represent two-generation or whole family approaches that move families out of poverty in a variety of communities throughout the Commonwealth of Virginia. With the support of VDSS and NCAP, the six pilot sites engaged in various tactics to develop their two-generation/whole family approach design plans and to begin to test them with children, parents, and families.

At the conclusion of the third year, 124 households and a total of 435 persons have been enrolled in the pilot project. In the third-year sites have continued collecting data on family demographics, services, and outcomes and enrolled new families. Quantitative and qualitative data have been collected over the last three years and indicate that despite the pandemic sites have been able to retain families and help them move forward as evidenced by the following results:

- Sixty-five percent of households/families participating are single-parent, female headed households. Preliminary data (some income data not yet reported) indicates 68.64% percent of households/families were below 100 percent of poverty at program entry (with 33.2% below 50 percent of poverty).
- Sixty-six percent of families are working or have recently worked and are attached to the labor force. Over half of the families participating in the whole family approach pilot are working to make ends meet so education and skill training need to be structured to adapt to the constraints and realities of working families.

- It appears employment as an income source is increasing over time for the households in the pilot. Preliminary results indicate at entry 58.73 percent of households had employment income and the most recent number available is 66.37 percent, an increase of 7.64 percent.
- Families complete a Life Scale Assessment that looks at functioning across 16 domains. The first assessment and last assessment were compared and initial analysis of progress to date indicates average scores have increased in every domain. The largest gains are seen in the employment/income, financial management, community involvement, childcare, and education/job skills domains. Many of the sites have provided employment related supports, financial empowerment training, and credit repair which may have contributed to the increases in the employment/income and financial management domains. Pilot sites have also provided social capital building opportunities and mental health supports which may have helped to increase families' feelings of connectedness to others in the community.
- All six pilot sites have been recording outcomes for families. Three of the six pilot sites have identified a total of 6 families completing the whole family pilot experience. Thirty-one family cases have been closed due to non-participation and eleven cases have been closed because the family moved and was unable participate or the children were removed from the family. Seventy-six families remain in the pilot receiving services.
- Additional data collection and analysis is needed, but it is clear both families who have completed the pilot and those that remain have secured living wage jobs, obtained certifications, secured reliable transportation, improved credit and financial well-being, improved mental health and family functioning, and prepared children for kindergarten.
- In 2021 a customer satisfaction survey was completed by 33% of families. One question asked families to compare their feeling of empowerment to achieve personal goals when they started to their current feeling. The average response was 2.8 (Scale 1= not true, 2=somewhat true, and 3=very true) representing a strong feeling or belief that they can control the trajectory of their lives. This feeling of power and autonomy is a critical driver or component of economic mobility.
- The customer satisfaction survey also asked families to use a sliding scale (0 = unsatisfied; 100 = extremely satisfied) to indicate their level of satisfaction of services received while participating in the pilot, respondents indicated a resounding 92.8% satisfaction rate.
- The flexible funding is being utilized by the pilot sites to help families achieve their unique goals. A total of \$132,712 in transportation related items including fuel, car payments, car insurance, car repair, and car inspection and registration has been provided by nearly all sites. Five sites have provided housing related supports in the amount of \$105,301. In most cases these and other financial supportive services have helped families secure or maintain work and/or school goals.

As sites advance deeper into implementation of their whole family approach and more data becomes available, the project will begin to reveal more answers about what works, where it works, who it works for and why.

