



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Danny TK Avula MD, MPH
Commissioner

December 29, 2023

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 provides:

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 Littel, Secretary of Health and Human Services

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**Virginia Department of Social Services
Annual Report on Whole Family/Two Generation Pilot Project
July 1, 2022-June 30, 2023**

Executive Summary

The FY2020, FY2021, FY2022, and FY2023 Virginia state budget years included provisions for the Community Action Two-Generation/Whole Family Approach 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 five years, releasing information and progress on the pilot annually. It is the Department's intent 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 sizes, capacities, 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 sites 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 four 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) process; 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 on family progress.

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 a 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. 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 various challenges, mental health services for parents and their children became very important.

The VDSS technical assistance provider, the National Community Action Partnership (NCAP), provided extensive effort to assist pilot sites in navigating through shifts in service delivery and the refinement of design plan elements brought about by the pandemic. Despite the unpredictability of the circumstances, each pilot site 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.

The support provided by the family coaches has helped families gain a foothold on more solid ground that positions them to move forward with sufficient time and continued support. Family progress does take time, and that was even more true during the unprecedented global pandemic and economic challenges that hit in early 2020, just as the pilot sites were starting their work with families. Even with health and economic crises raging, the sites were able to complete their first-year plans, and have retained and continued their work with many of the original families during the subsequent years of the pilot project.

At the conclusion of the fourth year, 149 households¹ and a total of 530 persons have been enrolled in the pilot project. In the fourth year, sites collected data on family demographics, services, and outcomes. Quantitative and qualitative data indicate that despite the pandemic

¹ For the purposes of the pilot, participants define the members of their family, and no prescribed definition that individuals be related by blood marriage or adoption is required. In this report, the term families or households may be used.

arriving just as the pilot was launched, sites have been able to retain families and help them move forward, as evidenced by the following results:

- Over the four-year period of the pilot, 57.05% (85) of the 149 households enrolled increased their earned income.
- Income changes for 140 households were analyzed by looking at income at entry and when families exited or at the time of the most recent income review for families still enrolled. Family income increased to an average of \$21,589 annually, an increase of nearly \$9,700 from starting levels. This increase was statistically significant. Income changes were also analyzed for closed cases, families still enrolled, and families who started with zero income. By subsample, the average change in income ranged from \$7,557 to \$15,038. This analysis also demonstrated that nearly all the increases came from earned income.
- Fewer families are experiencing severe poverty and the material hardship that comes with it. At program entry, 57.72% (86) households were below 50% of the Federal Poverty level (FPL). Analysis of the most recent income data indicates that currently, 37.41% (55) households are below 50 percent. Seventy-two households are still participating and will have another year to continue to increase their income.
- Families complete a Life Scale Assessment that looks at functioning across 16 domains. The first and last assessments were compared, and an initial analysis of progress to date indicates that average scores have increased in every domain. The largest gains are seen in the employment/income, community involvement, childcare, education/job skills, and financial management domains.
- Families have achieved various outcomes, including securing living wage jobs, obtaining certifications, securing reliable transportation, improving credit and financial well-being, improving mental health and family functioning, and being kindergarten ready.
- All six pilot sites have been recording outcomes for families. Five of the six pilot sites have identified a total of 27 families completing the whole family pilot experience. Fifty family cases have been closed due to non-participation. Seventy-two families remain in the pilot receiving services.
- 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 93% satisfaction rate.
- The pilot sites utilize flexible funding to help families achieve their unique goals. A total of \$74,702 in WFA pilot funding was used to support transportation-related items, including fuel, car payments, car insurance, car repair, and car inspection and registration. Six sites have provided housing-related supports in the amount of

\$118,418. In most cases these and other financial supportive services helped families secure or maintain work and/or school goals.

Though challenged by COVID-19 related issues, in the first few years of the pilot, 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 the final year of 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.

**Virginia Department of Social Services
Annual Report on Whole Family/Two Generation Pilot Project
July 1, 2022-June 30, 2023**

Report Mandate and Background

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

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.

Item 356(4) of the 2020 Appropriation Act first provided that a portion of funds from the TANF block grant would be used for competitive grants to community action agencies. The Two-Generation Whole Family Pilot Project was included in subsequent budgets, with the same mandate. This report covers the period from July 1, 2019 (Pilot Project Beginning) to June 30, 2023 (with focus on the 2022 Program Year).

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.

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 sizes, 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 sites 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 four 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 VDSS and the National Community Action Partnership (NCAP), the technical assistance provider, 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, frequent coaching calls and peer sharing and learning meetings.

Starting in February 2020, the pilot sites worked diligently to enroll families and begin providing support. 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.
- August 5, 2023: 149 families enrolled, representing 201 adults and 327 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 one through four of the project:

- Hiring and training at least one coach at each pilot site (five sites 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 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 sites selected to participate in the pilot include:

Agency	Central Office Location	Localities Served
Hampton Roads Community Action Program	Newport News	Chesapeake, Newport News, Hampton, Portsmouth, Norfolk, Virginia Beach, Suffolk, Saluda, Yorktown, Poquoson City, Gloucester County, Essex County, Mathews County, King and Queen County, King William County
The Improvement Association	Emporia	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

Agency	Central Office Location	Localities Served
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
STEPS, Inc.	Farmville	Amelia County, Buckingham County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County
Thrive Virginia	New Kent	Caroline County, Charles City County, Hanover County, King and Queen County, King George County, King William County, New Kent County, Spotsylvania County, Stafford County, Fredericksburg, Town of West Point

Pilot Site Profiles

Hampton Roads Community Action Program (HRCAP)

Hampton Roads Community Action Program (HRCAP) is a regional non-profit organization that has served the residents of Southeastern Virginia for over 50 years. The agency expanded its service area to the Middle Peninsula in late 2022. 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 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, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Saluda, Yorktown, Poquoson, and the counties of Gloucester, Essex, Mathews, King and Queen, and King William.

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 support for their community. They also administer 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 and 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 2022–2023, HRCAP opened the first Whole Family Approach Innovation Lab in the Commonwealth of Virginia. The Innovation Lab will provide additional supports for families such as a game room, clothes closet, indoor farmstand, diaper depot, food pantry, peer support, training rooms, and health and wellness resources for the entire family. HRCAP expanded its Whole Family Community Coalition to include public libraries, private businesses such as Chick Fil A, and mental health professionals. Additionally, in 2022-2023, HRCAP focused on the cross delivery of services to K-12 students enrolled in whole family programming.

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 (TIA)

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. 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 experience in facilitating change for residents in their community, from prenatal through adulthood.

TIA serves the City of Emporia and the following counties: Brunswick, Dinwiddie, Greensville, Surry, and Sussex

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. Serving families in a largely rural area means that resources are often 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.

TIA's whole family approach vision is that families are empowered to achieve their dreams as they ascend from poverty on the stairway of success. TIA's pilot prioritizes families living at or below 200% of the Federal Poverty Level 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 2022-2023, TIA aimed to maximize family-supporting employment, education, and vocational enhancement, to empower families with the financial aptitude to combat poverty and build a cohesive family unit. Generational wealth-building provided by a financial literacy counselor was a significant focus with various financial capability topics offered to families, including savings, debt reduction, budgeting, acquiring life insurance, and land/home buying. TIA arranged for families to participate in family counseling by securing access to a facilitated licensed clinical social worker who helped families, single parents, and married couples, to establish wholesome, loving, and healthy family relationships and autonomy. Engagement with two-parent families helped strengthen family cohesiveness and safety to build self-confidence in children and help them excel in education and extracurricular activities.

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 (NRCA)

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, whole family approach, and VITA programming.

NRCA services the city of Radford and the following counties: Floyd, Giles, Montgomery, and Pulaski.

NRCA's Whole Family Approach Design

NRCA joined the pilot project with previous experience 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 clients are comprehensively connected to services across the agency.

In 2022-2023, NRCA's whole family approach has expanded to focus on families in all five service jurisdictions who have demonstrated a readiness for change within another NRCA program. The whole family approach seeks to use a combination of case management, coordinated agency services, and family-centered coaching to address the needs of the entire family and to assist families with reaching their goals. The whole family coach utilizes comprehensive coaching and continuous encouragement to help families overcome barriers to implementing a goal-based work plan that focuses on advancing economic mobility, with a special emphasis on education, job skills, and financial stability.

With the previous year's success of the Whole Family Pilot Project, in 2022-2023, NRCA expanded the whole family approach to the wider agency to move towards consistently providing holistic family support to all consumers through the implementation of central intake. By working in tandem with other organizational programs, NRCA will utilize the specialized services of each to improve consumer goals and agency outcomes while also reducing duplication of services within the organization. NRCA's process will streamline service delivery with an emphasis on placing control back in the hands of the consumer.

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 Incorporated

People Incorporated (People, Inc.) has one of the largest Community Action Agency service areas in the state of Virginia. People Inc.'s service area includes counties and communities in southwest Virginia, the Northern Piedmont, Northern Shenandoah, and Greater Prince William areas. In addition to being a Community Action Agency, People Inc. is a Community Development Corporation and operates programs and strategies that are designed to move people and communities into the economic mainstream. Established in 1964, their mission is to provide opportunities for economically disadvantaged people to reach their goals for enhancing their lives, their families, and their communities.

People, Inc., provides services to the cities of Bristol, Manassas, and Manassas Park and the following counties: Buchanan, Clarke, Culpeper, Dickenson, Fauquier, Frederick, Page, Prince William, Rappahannock, Russell, Shenandoah, Warren, and Washington.

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 NCAP. Through that two-year initiative, People, Inc., developed a framework to support children and parents together. As they continued along the journey of organizational culture shift toward 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, its extensive capacity-building efforts to optimize impact, and its 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 below seven years of age living at or below 200% of the Federal Poverty Level. Families are assessed and develop a personalized Empowerment Plan that assists them in achieving self-identified goals.

During 2022–2023, People Inc.’s whole family project continued to increase its presence in the expanded whole family service area. Family coaching staff provided the following activities and information to build financial literacy skills and capabilities: financial literacy training; monthly budget creation assistance; training and information on banking; saving tactics to increase financial stability; and age-appropriate money and banking for children. Health and wellness were also a focus. Families were offered a multi-week nutrition course and referred to local counseling services. Monthly, families participated in group activities around diverse subjects such as outdoor safety, home organization, goal planning, creativity, and literacy to expand their social circles and learn new skills. Families participating in the Pathways to Empowerment Vehicle Loan Program were able to purchase a new vehicle with the assistance of the savings match offered by People Inc.’s whole family project. This purchase allowed families to maintain steady employment and attend necessary medical appointments.

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)

STEPS, Inc. (STEPS) is the Community Action Agency serving six rural counties in south central Virginia. Through housing, education, workforce, and economic development, STEPS seeks to build a stronger community and empower community members to move their lives forward. 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.

STEPS serves the following counties: Amelia, Buckingham, Cumberland, Lunenburg, Nottoway, and Prince Edward

STEPS’ Whole Family Approach Design

STEPS is dedicated to “Moving Lives Forward” and fulfilling its mission to truly impact its clients. To do this most effectively, the organization has committed to undertaking the systemic improvements needed to ensure its 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 aims to break down

department silos and shift to a transformative model of service provision to provide a more inclusive, individualized, high-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 the 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 2022-2023, STEPS continued to increase family enrollment with the help of coaching staff and a guiding coalition. During this time, coaches also evaluated families for program graduation based on each household's goal completion and their progress toward economic security and stability. Coaches continued training in family-centered coaching, trauma-informed and supportive care, mental health first aid, and CPR to remain well-equipped with the best techniques and methods to support their families. In addition to regular coaching sessions, STEPS offers educational and employment skill-building workshops, mental health support, self-care, and financial empowerment. STEPS partners with local agencies to showcase techniques for building financial stability, credit repair, savings, and managing debt. STEPS has also continued to work with and support families to further their education by partnering with local universities and colleges. STEPS has worked closely with parents and local schools to support the educational progress of the children enrolled in whole family. STEPS' whole family approach coaches have continued efforts to coordinate with Head Start staff so services for families could be integrated for the maximum benefit of the parents and children, allowing for an increase in parent-child interactions and strengthening of the family as a whole.

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 (formerly known as Quinn River Community Action) is a private Community Action Agency with a service area encompassing over 2,000 square miles. Thrive Virginia is dedicated to supporting and uplifting communities, using a whole family approach to help families fighting poverty overcome barriers to their success. Thrive Virginia's approach involves identifying the factors that undermine a family's overall well-being, then working with the family to solve problems, access new resources, and sharpen existing skills. Thrive Virginia provides a mix of services and supports that help adults and children maintain stable housing, pursue educational and employment success, develop financial assets, and maintain health and well-being within the agency's diverse service area.

Thrive Virginia serves the city of Fredericksburg, the Town of West Point, and the following counties: Caroline, Charles City, Hanover, King & Queen, King George, King William, New Kent, Spotsylvania, and Stafford.

Thrive Virginia's Whole Family Approach Design

In 2019, Thrive Virginia engaged in a major reorganization of their work and presence in the community. In addition to its 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 Virginia with a roadmap to help families overcome the economic and social barriers to success that often accompany life in rural areas.

The central goal of Thrive Virginia's whole family approach is to revitalize the Charles City community by supporting the well-being of families so they can reach their full potential. The organization seeks to provide a more intentional system of wraparound supports for TANF-eligible families in Charles City County with young children below the age of 5. Working in close collaboration with such community partners as Rappahannock Community College, services for families center around improving post-secondary and childhood education outcomes to build families' resilience for success. Families also receive transportation support, housing assistance, financial empowerment, and a coordinated response to crisis intervention.

In 2021–2022, Thrive Virginia transitioned to a whole family approach service model across the agency. All direct service staff are trained in coaching techniques. The agency is moving to a structure based on domains that correspond with the whole family approach design and includes the following departments: Community Engagement, Coordinated Services, Early Childhood Education, Economic Empowerment, and Health and Well-being. The agency has adopted a no-wrong-door approach to intake, and all customers entering through the centralized intake process are asked to complete a short survey to determine their interest in programmatic assistance. If the customer affirms their interest, presumptive eligibility is determined, and the customer is then either enrolled in one of the agency's programs or is offered a resource referral. Within the pilot, support services are tailored to concentrate on financial stability, job stability, and mental/behavioral well-being 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 and 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 determine their path to improved economic stability and security. NCAP worked with the pilot sites to consider existing assessment tools being used by the sites and other two-generation/whole family approach experts. The pilot sites adopted 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 Assessment highlights several key domains for children, parents, and families. In addition to serving as an intake tool for 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 conducted in April 2020 helped to refine a set of core parent, child, and family outcomes that are being used to track family success across the cohort.

In year four, 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 sites have devised various

mechanisms for amplifying 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 intended to support both child development and parental economic security indicate that 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.² High-quality can be distinguished by the use of curricula, 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 children 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 a vehicle to coordinate a powerful, customized mix of integrated services that build on the strengths and capabilities of each family and delivers just the right mix of services to each family member.

Financial Assistance

Families have unique and varied strengths and areas for improvement where they can benefit from support and assistance. Flexibility to address family needs, like assisting with purchasing a washer and dryer or repairing a front door, can go a long way to reducing stress and giving families peace. Assisting with rental payments, gas for an automobile, clothes, or other work necessities can be a pivotal factor in securing or maintaining a job or persevering in a training or education program. Sites have used the WFA pilot funding along with other funding meet each family’s needs. Table 1 provides a summary of the financial assistance and support provided.

² 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.

Table 1. Financial Assistance to Families from July 1, 2022, to June 30, 2023

Financial Assistance Categories	HRCAP	TIA	NRCA	People Inc.	STEPS	Thrive VA	Total
Transportation (fuel, car payments, insurance, car repairs, inspection, registration)	\$3,602	\$14,816	\$14,878	\$3,511	\$23,023	\$14,872	\$74,702
Housing (rent, mortgage, utility, repairs)	\$55,142	\$15,676	\$21,248	\$3,306	\$12,170	\$10,877	\$118,418
Food and Other Household Items	\$730	\$20,069	\$5,949	\$846	\$850	\$4,082	\$32,527
Family-Centered Activities (mental health counseling, other family support)	\$1,285	\$14,905	\$0	\$2,397	\$0	\$5,522	\$24,110
Workforce Development & Education training, job support, tuition, student debt)	\$1,419	\$0	\$6,169	\$3,705	\$1,212	\$0	\$12,505
Child Care	\$900	\$2,250	\$4,622	\$0	\$0	\$1,561	\$9,333
Technology & Equipment (internet, laptop, tablet)	\$822	\$0	\$1,130	\$1,316	\$996	\$0	\$4,264
Other (dental, school supplies, etc.)	\$0	\$0	\$2,104	\$211	\$8,750	\$0	\$11,065
Total	\$63,899	\$67,716	\$56,101	\$15,292	\$47,002	\$36,914	\$268,924

Management Information System

To have an efficient and effective system to manage client data, the pilot sites worked together 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 sites 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 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. Sites 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 sites and beyond. Considering the challenges with the COVID-19 pandemic, the sites made great progress in setting up the whole family approach “plug-in” and beginning to enter client-level data.

In year two, the sites and the technical assistance provider 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 to begin making meaning of it. All parties learned a great deal, and sites 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 years three and four, the sites worked on a series of automatic data dashboards for use by coaches, and 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 among each site’s guiding coalition.

Training and technical assistance 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 GCCAC. Sites also 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 NCAP's National Webinar series.

In year two, pilot sites had 27 virtual engagement opportunities with peers, NCAP 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 sites were connected to members of a new peer expert corps and were provided additional resources on agency-specific topics of interest. Sites were provided access to additional conference trainings and webinars on family-centered community change, homelessness, and the Child Tax Credit.

In year three, 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 every month to learn and share their experiences. These learning and peer-sharing 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.

In year four, pilot sites had 11 virtual engagement opportunities via monthly Peer Sharing & Learning Meetings. Additionally, coaches from each site engaged in eight coaches' calls, and NCAP introduced bi-monthly virtual convenings for executive directors and CEOs to provide more pointed, position-relevant content and support to the pilot sites. These virtual engagements included training in various areas, including data management & quality improvement practices, executive skills development as a coaching tool, activating customer voice, and blending &

braiding resources for long-term sustainability. Pilot sites also benefited from focused technical assistance calls and data walks throughout the year.

In addition to these virtual engagement opportunities, in year four, pilot sites participated in two in-person convenings. All six sites joined NCAP for a pre-conference session at the Virginia Community Action Partnership's Poverty Summit in the fall of 2022. Several WFA coaches were also spotlighted during a special panel discussion during the convening. In June 2023, the pilot sites coordinated with NCAP to highlight family success stories as part of the national Whole Family Approach Institute in Washington, DC.

Pilot Site COVID-19 Informed Responses and Innovations

A key takeaway from the response to the COVID-19 pandemic is the importance of the systems and structures needed to move our communities and our society forward. During the pandemic, CAAs across the nation went above and beyond to ensure 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 due to the pandemic has unearthed gaps in many systems and practices that potentially prevent families from achieving their version of success.

Despite the uncertainties of the pandemic early in the pilot, all sites 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 respond quickly to the needs of families. Early in the pandemic, nearly all sites used funds to purchase laptops, tablets, and internet services for families to connect them with coaching and educational services via virtual platforms.

Below are examples of innovations that pilot sites deployed in years one and two of the pilot, leveraging a combination of funding from the pilot and existing agency resources, to meet the needs of families during the pandemic and early days of the recovery.

Hampton Roads Community Action Program (HRCAP)

In response to needs observed with families, HRCAP provided mental and behavioral support and counseling. 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 (TIA)

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 programs, NRCA staff worked during a large portion of the pandemic to provide door-to-door drop-offs of learning resources, including 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 and met with families with limited access to internet services in rural areas. In 2021, the agency also assisted families with school supplies and other educational materials.

People Inc.

People, Inc., offered free virtual income tax preparation to individuals who fell within a certain income/tax bracket. Staff and volunteers helped clients set up virtual appointments and guided 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 whom the pandemic had impacted 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.

During the pandemic most families in the STEPS pilot program engaged virtually, although some met in person for housing support or to utilize available office space. The STEPS team succeeded in maintaining and moving the program forward despite COVID-19 challenges by meeting with families face-to-face outside 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 sites to work comprehensively with a small number of families to maximize learning and results. VDSS indicated they expected each agency to work with five 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 15 to 35

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 149 households representing 528 individuals. The average household size ranges from 3.3 at People Inc. to 3.9 at Hampton Roads Community Action Program. Out of the individuals served, 62.21% are female, and 37.7% are male. Of the individuals participating, 38.1% are adults over the age of 18, and 6.6% of individuals are adults ages 18–25.

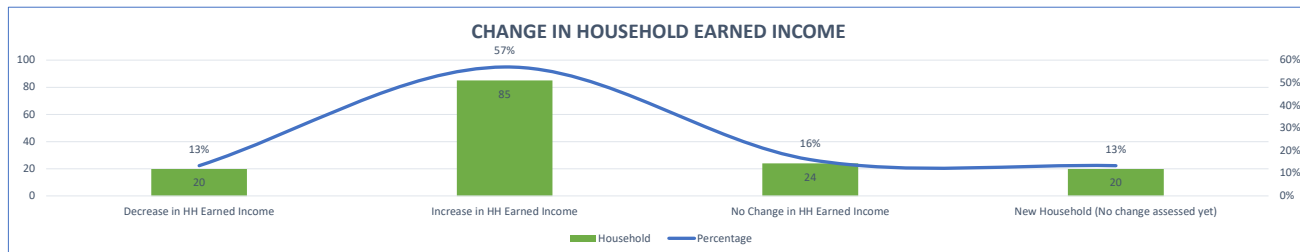
Family composition includes, 67.11% of families are represented by single-parent-female households, and 22.15% of families are two-parent families. Sixty-two percent of the people served are persons of color and 4.17% of individuals enrolled report Hispanic or Latino ethnicity.

From the data available, we know at least 74.11% of the adults (age 18-60) in the pilot have a high school diploma/GED or less. This is significant in that living wage jobs often require higher skill or education levels. The education levels as outlined below—combined with the fact that most adults in the project work or have worked recently—are important factors to consider as strategies for expanding skills or promoting advancement in the workplace are identified.

Changes in Employment and Income

Family income and employment information are collected at enrollment. At least quarterly, income and employment changes are updated by the coaches and recorded in the management information system (MIS). As noted in Chart 1, over the four-year period of the pilot, earned income information has been recorded for 149 households enrolled (including both closed and open cases). Of these 149 households, 57.05% households have increased earned income, 13.42% households decreased earned income, 16.11% have no earned income change, and 13.42% households have not been in the pilot long enough to have progress assessed (less than 3 months). Seventy-two of the 149 households enrolled are still participating and will have one more year in the pilot to achieve their goals.

Chart 1. Change in Household Earned (Wages) Income (N=140)

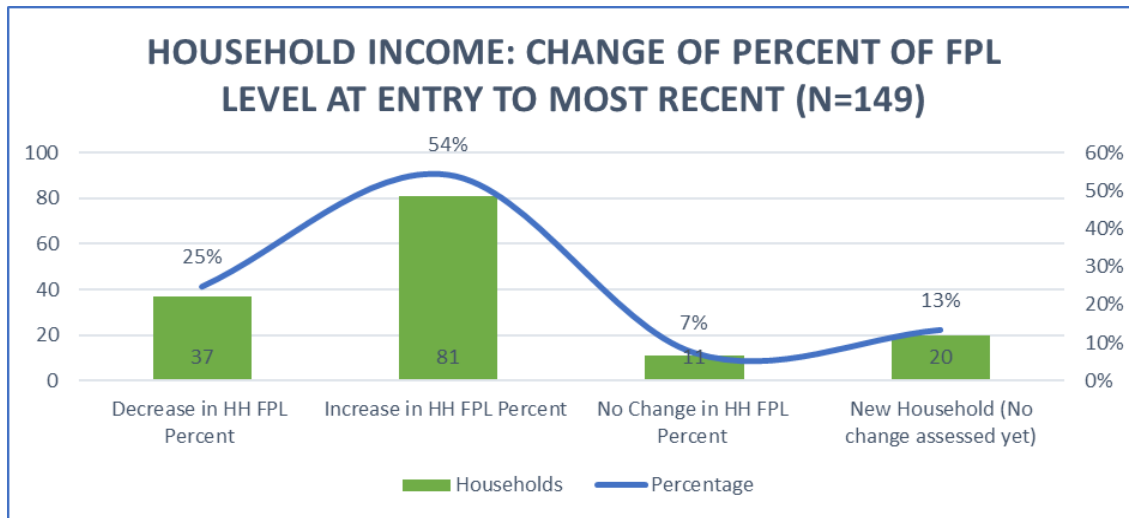


Earned income is by far the largest contributor to total family income and a key factor in achieving financial stability and security for most families. Families may have other sources of

income, but the differences in earned income and total income are negligible overall. The pilot sites monitor and analyze both earned and total income.

At the end of 2023, with 149 households enrolled, 54.36% have increased income and are at a higher poverty percentage level than when they enrolled, 7.38% of households have not yet achieved an increase, and 13.42% households are newly enrolled and have had insufficient time for a change to be assessed. Nearly twenty-five percent of households are at a lower poverty level than when they started. Further analysis of this group is needed, but it is highly likely these households may not have had much time in the program, either because they have enrolled recently, or they failed to maintain participation and their cases were closed.

Chart 2. Change in Percent of FPL Level at Entry to Most Recent (N=149)



At enrollment, 81.2% of households were below 100% of the poverty level (Federal Poverty Level for a family of 3 in 2022 was \$21,960), and the majority of these families had incomes below 50% of the poverty level (\$10,980). Analysis of the most recent income data indicates that the number of households below 100% of poverty has been reduced by 19.29%

Household income is increasing over time for most households, and they are moving up the economic ladder. Table three demonstrates a reduction in the number of households at income ranges below 75% of the poverty level. Although there is movement in a positive direction for many households, income remains below 100% of the poverty level for most participating families.

Table 3. Change in Household Percent of FPL

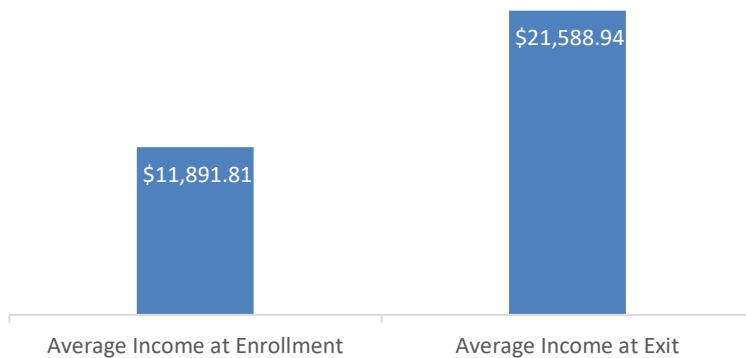
Federal Poverty Level	# of Households at Entry	# of Households at Exit or Most Recent	Change
Zero Income	45	24	-47%
< 50%	41	31	-24%
50.1%-75%	22	16	-27%
75.1 %-100%	14	21	50%
100.1.-125%	5	20	300%
125.1-150%	7	14	100%
150.1-175%	9	5	-44%
175.1-200%	3	9	200%
200.1-250%	0	4	Undefined
>250%	3	3	0%

Change in household income is a key outcome of interest for the pilot due to the important protective factors economic security can have for children, and the impact even small changes in income have been shown to make for reducing material hardship in families and securing positive future outcomes for children later in life. A deeper analysis of the progress households are experiencing related to income change reveals several significant gains are being achieved.

Income analysis has been conducted for 140 households, those households for whom there is data at two time points, entry to the pilot and either exit (77 households) or the most recent quarterly analysis for families still receiving services (63 households). Among these 140 households, the average family income was \$11,892 at enrollment. When families exited/completed services and for families still in the pilot, the last or most recent income increased to an average of \$21,589. This increase of nearly \$9,700 was statistically significant.³

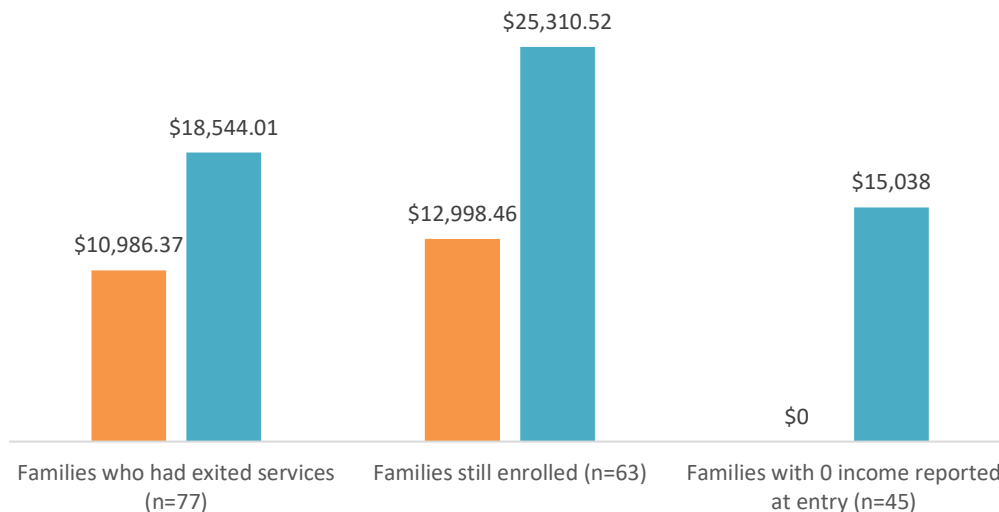
³ NCAP engaged James Bell and Associates to provide an analysis of income data. For the full sample there is a significant difference between entry (M = 11891.8 ,SD = 12871.3) and exit or most recent update (M = 21588.9 ,SD = 16307.2), t(139) = 6.9, p < .001

Chart 3. Changes in Total Income Over Time (N=140)



Examining the change in income by subsample highlights several positive findings, raises several interesting questions, and calls for further study and analysis. Total income and earned income were examined for the 77 households completed/closed and the 63 households still progressing. Like the full sample, these subsamples showed increased total income and earned income while enrolled. Even an analysis of 45 families with no income at entry showed an average income increase of \$15,038 at exit or the most recent update.

Chart 4. Changes in Income over Time by Type of Case



One of the more interesting findings that warrants further study is the difference in average income between the "exited services" subsample and the "still enrolled" subsample. According to data from the sites, 50 of the 77 "exited services" (closed cases) were closed due to nonparticipation. Many of these cases were closed during the pandemic and recovery period. It is

possible that many of these families did not participate for a period long enough to achieve their goals. Among the 77 "exited services" subsample, enrollment length in the pilot was 64 weeks (approximately 1 year and 3 months). It is encouraging to note that these families did show an average increase in both total income and earned income, but understanding more about the results for closed cases who completed the pilot versus closed cases due to nonparticipation could be helpful. Analyzing the amount of time the "families still enrolled" subsample have received services could also be revealing. There are several important questions related to the length and level of participation as compared to results that need to be explored. Additionally, understanding more about when participation took place compared to the pandemic period might help to clarify how pandemic factors influenced results.

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 build resiliency for the near future and beyond

The COVID-19 pandemic proved a critical challenge during the early years of the pilot. Through the different stages of the pandemic, the pilot sites shifted and adapted to provide the supports families needed at the time. It is important to note that some planned services, such as education and training efforts for parents and early childhood education for young children, were delayed, scaled back, or paused. Families with school-age children experienced significant challenges, including delaying job searches until childcare could be arranged. Essential supports such as food were 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. NCAP provided support to assist the pilot sites in navigating through both the shifts in service delivery and the refinement of design plan elements that were brought about by the pandemic.

In April 2020, NCAP began convening weekly calls with the family coaches from each agency 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. Thru 2020 and into 2022, 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, NCAP conducted an anonymous customer satisfaction survey. In response to the survey, respondents shared how the COVID-19 pandemic 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 sites, as described in the Innovations section of this report, stepped in to bridge the gap when physically possible.

By assisting with broadband accessibility, pilot sites 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 also leveraged text messages and emails as methods to maintain effective communication with families throughout the pandemic.

The pandemic had major implications for health and well-being across the country. This is especially true for families with low incomes, as data has consistently demonstrated. The mental and emotional well-being of families participating in the pilot program is no exception. When asked if respondents or their children 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 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 emerged for the pilot sites and families during the first three years of the pilot which 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 during the pandemic required focused attention for all the sites.
- *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 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 worked to stay connected to families through phone calls.
- *The economic impacts of the pandemic exacerbated existing issues with affordable housing.*
The coaches reported families experiencing significant and ongoing difficulties locating affordable housing. This is a greater issue in sites 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 landlords to purchase the home they were renting or vacate.
- *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 an LCSW to provide counseling for families. Sites have 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 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 have experienced other operational challenges as they launched their whole family approaches in years one through four. Beyond the impact of COVID-19, for the most part, their challenges are common to many new projects or organizational change efforts, 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 four-year period.

- *Human capital management at all levels and areas of the organization.*
In the initial days of the pilot, sites experienced difficulties and delays in recruiting and retaining coaches. This resulted in a little slower enrollment, but these challenges were overcome. However, ongoing workforce issues in the human service and early childhood education fields have impacted agency capacity in myriad ways. Staff retention challenges can make it difficult to maintain relationships with families and to develop the skilled and trained staff needed to coordinate programs and supports for a whole family approach. Additionally, changes in executive leadership can be both opportunities and challenges that impact a site's momentum and focus.
- *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. Sites are still adjusting to the process of entering data and using it to manage and improve. Two sites were new to EmpowOR and needed additional time to begin to enter client data into the system. Sites are becoming familiar with the reporting capacity of EmpowOR and gaining experience in how to produce and analyze the data. Some sites have struggled 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 sites 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 need improvement so that analysis can be completed.

- *Maintaining family engagement and determining how to handle closing cases.*
In keeping with the pilot's goals to understand what families need and what works, no formal policy has been established pilot-wide regarding required levels of participation or when to end a family's involvement with the pilot. Sites have been encouraged to be guided by the goals and outcomes outlined in their theories of change and logic models as well as the importance of centering family autonomy and self-determination. Sites have taken different approaches, which may present opportunities for future learning.
- *Access to affordable, quality childcare*
Childcare access is an ongoing challenge for families. Families in rural areas especially experience difficulties finding childcare near work and home. COVID-19 only exacerbated existing childcare difficulties.
- *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 parents' 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 families' belief in their ability to achieve their goals has greatly increased as they have continued participating in the pilot project.

Creating Conditions for Evaluation Accountability

Disseminating information about successful models so they may be replicated and adopted across the Commonwealth requires outcomes to be identified, tracked, and reported. Pilot sites also need progress data, 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 replicating the pilot.

Effective evaluation methods begin with a clear and concise design plan incorporating a theory of change (TOC) and a logic model(s). Sites 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 the 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 to think 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, and 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 four 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. ***Over 72.2% percent of adults in the program are working or have worked recently. Earned income has increased for 57.05% (85) of the 149 households participating in the pilot. On average, households have increased their income by nearly \$9,700 annually. Income gains for subgroups range from \$7,557- \$12,312.***

Family income increased while families were enrolled in the pilot by nearly \$9,700 and families with zero income at entry reported an average income of \$15,038 at a second point in time. Differences in income change need to be explored to determine the factors that may relate to the increases and inform future design decisions.

2. ***Families are increasing their earned income and total income, and 31 fewer households are experiencing severe poverty (income below 50% of poverty. The number of households below 100 percent of the Federal Poverty level has been reduced by 19.29%.***

Low incomes can create material hardship in a family that may create stress that negatively impacts future child outcomes. 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.

The 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. Poor outcomes are not inevitable but are more likely if we do not adequately support children and families experiencing persistent hardships or challenges and help families secure jobs that provide family-supporting wages.

3. ***Nearly three-quarters of parents are working; however, 74.11% of the adults have a high school diploma or less indicating skill and educational training are needed.***

Each of the four years of the pilot has affirmed that the majority of parents/caretakers are working or have recently worked and are attached to the labor force. Most of the families participating in the whole family approach pilot are working to make ends meet. At the same time, their income is insufficient to move the family above 200% of the poverty level. Education and skill training must 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.

4. *Family coaching and flexible funding supports are vital in meeting families where they dream, not just where they are.*

It is difficult to measure in a quantitative manner, but initial observations indicate that 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 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 backstop for families during the unprecedented health, social, and economic crisis. Customer survey feedback affirms how strongly families feel about the support they have received from their coach.

5. *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 an 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 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. The sites maintained relationships and retained families during the first year despite the pandemic. Sites reported that virtual service delivery can reduce transportation barriers and travel costs for families and save the agency time and travel costs. Coaches have reported that due to reduced time traveling to home visits (especially in very rural and/or mountainous locations) they had more time to plan and provide support to families. Less travel does save time, but there are concerns about the potential loss with no face-to-face interaction.

The sites have indicated some concern about 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.

Future Actions

1. Engage with an evaluation and research firm to expand research capacity and support in year five.
2. 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.
3. 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.
4. Provide training and tools for benefit cliff planning.
5. Support pilot site efforts to collaborate with local DSS agencies, community colleges, schools, and mental health providers.
6. Support pilot site efforts to collaborate with schools and early educators to track child progress and outcomes.
7. Support pilot site efforts to scale and sustain whole family approach across organizations and externally with others in the pilot site communities.
8. Identifying funding that can be blended and braided to support whole family approach practices such as coaching, and removal of barriers blocking family progress on employment and education goals.

Conclusion

The accomplishments of the first and second years, which were challenged by COVID-related issues, set the conditions for families to advance and improve their well-being. During the third year, sites scaled up their whole family approaches, hiring additional coaches and training more staff. In the fourth year, several sites began to scale efforts beyond the pilot, restructured staff positions, and changed practices or policies to bring a whole family approach to more families.

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 fourth year, 149 households and a total of 528 persons have been enrolled in the pilot project. In the fourth-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 four 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:

- Over the four-year period of the pilot, 57.05% (85) of the 149 households enrolled increased their earned income.

- Income changes for 140 households were analyzed by looking at income at entry and when families exited or at the time of the most recent income review for families still enrolled. Family income increased to an average of \$21,589 annually, an increase of nearly \$9,700 from starting levels. This increase was statistically significant. Income changes were also analyzed for closed cases, families still enrolled, and families who started with zero income. By subsample, the average change in income ranged from \$7,557 to \$15,038. This analysis also demonstrated that nearly all the increases came from earned income.
- Fewer families are experiencing severe poverty and the material hardship that comes with it. At program entry, 57.72% (86) households were below 50% of the Federal Poverty level (FPL). Analysis of the most recent income data indicates that currently, 37.41% (55) households are below 50 percent. Seventy-two households are still participating and will have another year to continue to increase their income.
- Families complete a Life Scale Assessment that looks at functioning across 16 domains. The first and last assessments were compared, and an initial analysis of progress to date indicates that average scores have increased in every domain. The largest gains are seen in the employment/income, community involvement, childcare, education/job skills, and financial management domains.
- Families have achieved various outcomes, including securing living wage jobs, obtaining certifications, securing reliable transportation, improving credit and financial well-being, improving mental health and family functioning, and being kindergarten ready .
- All six pilot sites have been recording outcomes for families. Five of the six pilot sites have identified a total of 27 families completing the whole family pilot experience. Fifty family cases have been closed due to non-participation. Seventy-two families remain in the pilot receiving services.
- 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 93% satisfaction rate.
- The pilot sites utilize flexible funding to help families achieve their unique goals. A total of \$74,702 in WFA pilot funding was used to support transportation-related items, including fuel, car payments, car insurance, car repair, and car inspection and registration. Six sites have provided housing-related supports in the amount of \$118,418. In most cases these and other financial supportive services helped families secure or maintain work and/or school goals.

As sites advance deeper into implementing 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.