Assessing the Research
Underpinning Whole Families
Program Models

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Reformers in U.S. social programs are increasingly focused upon broadening public investments, moving from categorically defined programs that target individuals to those which acknowledge the power of whole families in shaping individuals’ experiences and outcomes. This movement harkens back to an earlier era of reform in the early 20th century; however, it is supported by relatively new research and program evaluation that point to new programmatic approaches to improving the health, wellbeing, and financial stability of children and families.

In the 1980s and 1990s, evaluations designed to establish the impact of “two-generation programs” were inconclusive. Yet, a second wave of programs — dubbed “Two-Generation 2.0” or “Whole Families initiatives” — has emerged in the last fifteen years showing much more promise (Chase-Lansdale & Brooks-Gunn 2014). In comparison to earlier iterations which applied a “soft touch” approach to integrating parent and child services, these new programs:

- establish more intentional connections between services;
- supply more comprehensive services;
- align program duration and intensity;
- and cater services to the needs of specific subpopulations such as English-language learners or families experiencing housing instability (Somer et al 2018a).

This Brief summarizes some of these studies and evaluations, focusing on those published in the last five years. We hope it will inform the development of new Whole Families programs. State policymakers also are increasingly investing in such programs — and directing state administrators to learn from the innovation that results. As national advocates of this approach note, it is important to take stock of the evidence about results to secure sustainable public funding (Bicha & White 2018).

Though sometimes costly and time-intensive, the implementation and analysis of two-generation programs in relation to a “comparison group” provides the strongest evidence about the consequences of implementing a particular model. Using this type of evaluation approach, analysts can come closer to confidently concluding that the program is helping to create desirable outcomes. the average differences between the two groups of people are “causally related”—meaning that differences in outcomes are a direct result of participating in the program.

Evaluations of Whole Family programs in the last five years have increasingly used both randomization and propensity-score matching to conduct impact evaluations that measure differences in outcomes between participants and nonparticipants of these types of impact evaluation designs to uncover how programs

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**Two Types of Comparison Groups**

**Randomized**
To create comparison groups, some programs use a randomized control trial (RCT) design, where participants are chosen at random to participate either in the target program or provide information about the current conditions.

**Propensity**
When it is difficult to implement this design, evaluators can use other techniques to assess program outcomes. For example, comparison matching (or propensity-score matching) creates the comparison by selecting similar people with similar observable characteristics (like family size, age, parental education, income). Yet, differences in outcomes between this group and program participants may be caused by external factors not controlled by the research design. Such findings, though, are still valuable in shaping consideration for expansion of a promising idea to other communities.
influence important outcomes. Though each Whole Family program provides a more holistic approach than categorical programs that treat parents and children separately, there is variation in focus.

### Economic Stability

*Programs that aim to impact a family’s “socioeconomic status” by improving things like job opportunities, educational attainment, and savings for parents and other family members.*

One of the highest-profile impact evaluations is the **CareerAdvance®** program implemented by the Tulsa Community Action Program. This program enrolled parents of children in Head Start into a health care workforce training program. It finds that parents were more likely to achieve certification and employment in the health care sector in comparison to other parents whose children were in Head Start but did not participate. The study also finds that parents reported higher levels of optimism, lower levels of stress, and a stronger identity with their career (Chase-Lansdale et al 2019).

Another recent study evaluated the impact of the Compass Family Self-Sufficiency (FSS) program, which provided financial support services to families living in public housing programs in the Boston, Massachusetts area. Specifically, the intervention provided case managers who worked with the entire family to establish financial goals, provide financial coaching and an escrow savings account. The participants (269 families) also receiving public housing vouchers (commonly known as “Section 8”); the outcomes were compared to a matched comparison group. The study found that families participating in the FSS program, on average, experienced income gains of over $6,000 during the 38-month course of the program. Participating families also experienced larger average increases in their credit scores and $600 average reductions in debt, while the comparison group’s debt levels remained flat (Geyer et al 2018).

A final recent study we reviewed focuses on the ‘Building Wealth and Health Network’ in Philadelphia. Caseworkers using a trauma-informed approach built relationships and set goals in a financial empowerment program for families enrolled in the Temporary Assistance for Needy Families program (TANF). While there are mandated job search activities for parents receiving that program, the program provides an intensive support group (28 weeks long, 4 hours each week), implementing a “S.E.L.F.” framework. This approach was developed because low-income families and families of color experience disproportionate amounts of trauma, and their experiences go unacknowledged in systems of public support. Researchers confirmed that program participants had indeed experienced high levels of trauma. Yet, after 15 months, participants in the full treatment group reported improved ability to manage stress, reduced depressive symptoms, and reduced economic hardship in comparison to those in the comparison group. While program participants had lower levels of employment, they had greater earnings. Children whose parents did not benefit from the program had more developmental risks. So although participation in the full program required 4 hours a week (an extra time burden), there was a multitude of financial and health benefits (Booshehri et al 2018).

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1 The S.E.L.F. framework focuses on four domains: creating physical, psychological, social and moral safety (S), processing and managing emotions (E), recognizing loss and letting go (L), and developing goals for a sense of future (F).
Taken together, the findings of these three programs that focus upon economic security and well-being for whole families suggest:

◊ High-quality job training programs for parents and caregivers attached to high-quality early childhood programs can improve career outcomes along with improved confidence and reduced stress for parents;
◊ Financial coaching and incentives can improve stability for families living in public housing;
◊ Programs that attend to the realities of earlier trauma, combined with financial support, can reduce economic hardship and improve parents’ mental health.

Health and Wellbeing

Programs that aim impact families by supporting and improving their health and wellbeing

Considerable investments have been made in home visiting programs that support mothers and their young children in a familiar environment. In fact, a recent meta-study pulls together results from four similar home visiting models\(^2\) implemented at 88 local programs within 12 states\(^3\) (Michaloupoulos et al 2019). Each combines early health and development services for infants and toddlers with services for parents that promote caregiving skills and self-sufficiency.

Though each model has specific evidence based-goals and target groups, there are three common features: 1) Assess family needs; 2) Educate and support parents based on family needs and strengths, and 3) Refer and coordinate outside services for families and children. The meta-analysis compares the outcomes of twelve common child and parent outcomes\(^4\) about the health and development of young families with pregnant mothers or infants for over 4,000 families in the study. On average, program participation resulted in improved quality of the home environment, and reductions in the frequency of psychological aggression toward the child, the number of Medicaid-paid child emergency department visits, and child behavior problems. While the researchers believe it is likely that different types of families (such as families headed by very young mothers, or those that already have other siblings in the family) might be impacted differently than others, they only found small, mostly statistically insignificant differences among these families. When assessing results across different program types, the researchers also found that the effects on family outcomes were generally consistent.

\(^2\) Early Head Start—Home-based option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers

\(^3\) California, Georgia, Illinois, Iowa, Kansas, Michigan, Nevada, New Jersey, Pennsylvania, South Carolina, Washington, and Wisconsin

\(^4\) 1) Maternal health: new pregnancy after study entry; 2) Family economic self-sufficiency: mother receiving education or training; 3) Parenting skills: quality of the home environment and parental supportiveness; 4) Child health and development; 5) Frequency of minor physical assault toward the child; 6) Frequency of psychological aggression toward the child; 7) Health insurance coverage for the child; 8) Number of Medicaid-paid well-child visits; 9) Number of Medicaid-paid child emergency department visits; 10) Any child health encounter for injury or ingestion; 11) Child behavior problems; 12) Child receptive language skills
The federal Department of Housing and Urban Development (HUD) has also invested in studies that evaluate the impact of housing interventions on family wellbeing. The largest of these studies—the Housing Options Study—evaluates the impact of four different housing interventions and homelessness services for 2,282 families initially staying in emergency shelters in 12 sites across the country. The study examines how family outcomes for parents and children differ between those who receive “usual care,” and those who receive either long-term rent subsidies, short-term rent subsidies, or transitional housing in supervised programs with intensive psychosocial services. When compared to the conventional service, the study only finds significant effects for families that received priority access to long-term rent subsidies. For this group, the access led to reductions in homelessness and food instability and improved adult and child well-being, such as decreased child separations and decreased psychological distress and alcohol dependence or drug abuse for adults (Gubits et al. 2018).

Finally, a two-generation, low-cost intervention for parents of children in Head Start programs is the Children’s Attendance and Social Capital Project (CASCAP). In this program, parents are encouraged to establish relationships with other parents who lived in close proximity to each other so that they could better coordinate things like transportation to their child’s Head Start program. Winter attendance – typically the lowest in the year - improved compared to the families who did not receive this intervention. In focus groups, the researchers documented that parental trust with the program, their commitment to their child’s education, and commitment to the program are likely mechanisms influenced by the program (Sommer et al. 2017).

Taken together, the findings of these studies of programs that work with whole families suggest:

- Home Visiting Programs Improve Mother and Infant Health in a Variety of Ways, creating changes in a range of important outcomes.
- Long-term rental subsidies is a promising approach to reducing homelessness and improving family well-being
- Encouraging the development of social networks among parents can improve children’s attendance at early childhood education programs

Additional Evidence using less Robust Comparison

As noted earlier, evaluations that randomly assign families to various program conditions and comparing them with conventional approaches yields the most compelling evidence of program effects. However, other evaluation designs also can document results, but more care needs to be paid when drawing conclusions about whether or not the program caused the differences. The studies in this section of the brief fit into this category.

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5 Those who received “usual care” the control group, continued to receive standard services at the shelter, but were not given priority access to any of the other three interventions.
Parental engagement and experiences with early learning programs influence children’s growth

One study finds that the children of mothers who themselves had attended Head Start exhibit improved math skills and reduced withdrawn and aggressive behavior into third grade in comparison to children whose mothers had not (Chor 2018). This suggests that Head Start and other early childhood services may have a compounding effect on childhood success.

Another study tests the effect of small program enhancements like personalized invitations, child-friendly activity planners, and text-message reminders of school-related events and commitments; they find that these types of relatively inexpensive alterations to program implementation increased parent attendance at workshops and preschool-related activities as well as time spent engaging with learning activities outside the classroom (Gennetian et al 2019).

The success of children and their caregivers are closely linked

Some research focuses on the mechanisms through which two-generation models impact parents and children as a unit. One thorough study explores how Head Start programs that promote parent involvement actually improve parenting and child outcomes. Parents whose children were enrolled in programs promoting greater parental involvement increased their time spent on cognitively stimulating activities with their child outside the classroom (such as reading or counting); these parents also were less likely to spank or use other harsh actions when interacting with their children. In turn, these changes in parenting were associated with a child’s improvements in math, literacy, and behavior in the classroom (Ansari & Gershoff 2016).

Other research has shown similar links between a caregiver’s parenting and teaching strategies with a child’s developmental outcomes and school readiness (Tømmerås et al 2018; Prendergast & MacPhee, 2018). An evaluation of an enriched Head Start program found that the use of program materials at home strongly predicted a child’s growth in literacy skills and social adjustment prior to entering kindergarten. The study also finds that the quality of a parent or caregiver’s relationship with their home visiting professional strongly predicted their child’s growth in language arts skills, attention skills, and social adjustment through second grade (Nix et al 2018).

Families benefit from interventions that cater to their specific needs and identities

Recent research finds that immigrant families are less likely to use high-quality, center-based early childhood programs when they face barriers to access such as low English proficiency, uncertain citizenship status, or a lack of availability of speakers of their language in programs (Johnson et al 2017). However, when children of Hispanic immigrant-born or Hispanic native-born parents receive early learning services, their participation influences improvements in math and reading scores as well as attention skills, motivation, and learning persistence in kindergarten (Padilla & Ryan 2017).

Furthermore, two-generation policies specifically targeted towards families with English language learners may have unique benefits for these families. When a Head Start program in Oklahoma utilized a novel English as a Second Language (ESL) program for Latino immigrant, parents’ English language skills improved which, in turn, also increased parental engagement in the child’s learning and learning outside the classroom (Sommer et al. 2018b).
Families in which parents are experiencing mental health issues can be uniquely served by two-generation programs. For example, mothers with psychiatric disorders, many of whom go undiagnosed during pregnancy, benefit from early screening and home visiting programs that are able to identify and treat their symptoms. These programs also protect against a variety of developmental risks for the child, including emotional, behavioral and cognitive problems (Lenze 2017).

**Conclusion**

While historically limited to programs that link early childhood education and adult job training, programs that take a Whole Families approach have started to influence the creation and evaluation of myriad social programs in the United States. From housing to mental health to home visiting, policymakers and practitioners are now adapting a “Two-Gen framework” to understand and implement better programs that respond to the needs of the people they serve. Our review of the research over the last five years reveals that these innovations have paid off; both large scale experimental and quasi-experimental evidence shows that a Whole Family approach can provide significant benefits to parents and children in need.
References


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