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Reducing Family Risk Factors Caused by Poverty Through Family Support Services

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**REDUCING FAMILY RISK FACTORS CAUSED BY POVERTY THROUGH FAMILY
SUPPORT SERVICES**

A Master's Thesis

Presented to

The Graduate College of
Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Early Childhood and Family Development

By

Aaliyah C. Williams

December 2022

REDUCING FAMILY RISK FACTORS CAUSED BY POVERTY THROUGH FAMILY SUPPORT SERVICES

Early Childhood and Family Development

Missouri State University, December 2022

Master of Science

Aaliyah C. Williams

ABSTRACT

This study aims to determine whether preventative measures are effective if implemented while a family is in crisis, through Family Support Services (FSS), to alleviate Risk Factors, prevent family separation and ensure prolonged family stability, instead of as services to reunify a family that already separated due to a lack of resources. This study examined the Poverty Related Risk Factors of Homelessness, Single Parenthood, and Unemployment as Risk Factors that families enrolled in Ozarks Area Community Action Corporation (OACAC) Head Start experience as negative influences on child development and Family Unity and analyzed OACAC Head Start's implementation of FSS as an effort to mitigate Risk Factors by reducing the barriers to receiving FSS. What are the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families was analyzed through descriptive analysis; 30.1% of participants had experienced Homelessness, 57.5% of participants are single parents, and 29.2% of participants are unemployed. Can OACAC Head Start solve the barriers to receiving Family Support Services for families was analyzed through simple linear regression. Participants that experienced barriers to receiving FSS and had those barriers solved, were more likely to be referred to FSS. Can OACAC Head Start's resources reduce Risk Factors and stabilize families overall was examined through mixed methods. There was no statistically significant association between reducing Risk Factors and Family Unity, but participants indicated their experience with OACAC Head Start has improved their living condition, employment and financial situation, their ability to meet their child's basic needs, and Family Unity.

KEYWORDS: family risk factors, poverty, homelessness, single parenthood, unemployment, family support services, head start

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In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

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Since my first exposure to working with children at The Children's Center for the Visually Impaired, I have gained unparalleled joy from working with children and been passionate about healthy child development. When my career path ventured into nonprofit organizations, at Sheffield Place, I learned the significant impact families and teachers have on child development and I wanted to do all I could to be a positive influence on the children I taught and learn from the experiences of the families I served. The culmination of my professional and educational experiences led me to this meaningful research you are about to read. I present this research as a piece of my heart as it reflects the love I have for the children and families that influenced this research. I would like to thank Dr. Elizabeth King for helping me believe in my ability to write a thesis. This research would have only been a conversation amongst my peers without your encouragement. I would like to thank Dr. Sabrina A. Brinson for helping me group my thoughts and experiences into academic research and bringing together my thesis committee. I would like to thank Dr. Hailey Hyunjin Choi for helping me make sense of my research and always being encouraging throughout my process. I would not have made it through this research study without your feedback and support. I would like to thank Dr. Joanna Cemore Brigden for adding meaning to the experiences of the participants within this study based on your qualitative research experience. I would like to thank my colleagues at OACAC Head Start for their encouragement and always being willing to help me in any way I needed throughout the development of my research. I would like to thank my friends and family for believing in me and being patient with me as I processed the emotional impact of conducting this research. I would like to thank my mom for raising me with love and strength despite the hardships of being a single mother. I wouldn't be the woman I am without you. I would like to thank my father for always believing in my ability to be the greatest at everything I do. I would like to thank my grandparents and great grandparents for their unwavering love. I am the fruition of their hardships and the manifestation of their legacies.

I dedicate this thesis to the Families of OACAC Head Start and my Grandpa, Lee Roy Wofford

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INTRODUCTION

Families in Poverty can experience significant hardships in comparison to other families due to the strain a lack of resources creates within their family life. These hardships, for the purpose of this study, are defined as Risk Factors. Risk Factors put families at a heightened chance of social service intervention and family separation due to the risk they pose to the safety of children. If Risk Factors are consistently observed to be present in family life, and a report is made, usually by a mandated reporter, or someone in consistent proximity to the family, and that report is substantiated, families are likely to be separated and then required to participate in the Family Reunification process facilitated by the Department of Social Services. After this separation, social workers collaborate with families to determine the circumstances of the substantiated claim and distinguish what services must be implemented for the home to become a safe environment for the child to reunify this family in a timely manner; this amount of time varies depending on the Risk Factors present for each family (Carnochan, Lee, & Austin, 2013). In some cases that require Family Reunification, separating a family can do more harm than good. For example, parents are typically the first attachment relationship that children have. The bond between a parent and child as well as siblings is strong. Therefore, separating families physically can sever that bond, and potentially have extensive negative effects on the emotional wellbeing of children, the emotional wellbeing of parents, and family economic security. This is further substantiated by the work of Carnochan, Lee and Austin, which determined “separated siblings had a lower likelihood of reuniting than siblings who were kept together” (2013, p. 182).

In the 2021 fiscal year of Children’s Division, there were 54,515 reports of abuse made through the Child Abuse and Neglect hotline in Missouri, involving 77,108 children that required

investigations (Children's Division, 2021). 62,436 of children were involved in more than one report (Children's Division, 2021). The Missouri Department of Social Services determined the trend of multiple reports for the 2021 fiscal year to be 82.5% of children being involved in one report; 13.3% of children being involved in two reports, and 4.2% being involved in more reports than two. In Southwest Missouri, the Missouri Department of Social Service 2021 fiscal year report documented 13,444 reports of child abuse and neglect. 670 out of 13,444 reports were substantiated, 8,638 required further assessment and 363 were unsubstantiated but required preventative services (Children's Division, 2021). Based on numerous years of data, it is evident there has been a steady decrease in reports and substantiated claims since 2019. These numbers could also have been impacted by the Covid-19 pandemic. Based on this data, it is also evident that too many families in Southwest Missouri are experiencing social service intervention and potentially separated due to a lack of resources and not intentional abuse or neglect. Likewise, too many children are experiencing abuse and neglect. The Literature reviewed in this study examines circumstances a family in need experiences, focusing on the following three identified Risk Factors associated with Poverty: Homelessness, Single Parenthood, and Unemployment. This study examines the prevalence of these Risk Factors for families of Southwest, Missouri, and the resources the Ozarks Area Community Action Corporation (OACAC) in Springfield, Missouri provides to support this community.

The Ozarks Area Community Action Corporation (OACAC) in Springfield, Missouri is an organization that strives to support the community, as well as families in Southwest, Missouri in Barry County, Christian County, Dade County, Dallas County, Greene County, Lawrence County, Polk County, Stone County, Taney County, and Webster County by providing the necessary resources to alleviate Poverty and maintain stability, including housing assistance,

energy assistance, weatherization, life skills education, and affordable schooling that promotes kindergarten readiness through Head Start and Early Head Start. This study works to determine, if Risk Factors and the barriers to accessing services are reduced through Family Support Services provided by OACAC Head Start, are families in Southwest Missouri more likely to seek out those services, have successful implementation, and overall families have a higher chance of maintaining Family Unity. The primary objectives of preventative measures implemented by social service organizations are to reduce Risk Factors; strengthen the family; and prevent separations. For this study, Family Unity is defined as families remaining physically and legally together with no Risk Factors present that would indicate abuse and neglect, and lead to the involvement of the Department of Social Services. The purpose of this study is to determine whether preventative measures are more effective if they are implemented before a family separation, instead of services to reunify a family that has already been separated using the following research questions and hypotheses:

Research Question 1: What are the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families?

Hypothesis 1: The most common Risk Factor amongst OACAC Head Start families will be Single Parenthood, and most OACAC Head Start families will experience two or more Risk Factors simultaneously.

Research Question 2: Can OACAC Head Start solve the barriers to receiving Family Support Services for families?

Hypothesis 2: If families have more barriers solved, they will more likely be referred to Family Support Services.

Research Question 3: Can OACAC Head Start's resources reduce Risk Factors and stabilize families overall?

Hypothesis 3: Families will have a higher chance of maintaining Family Unity when barriers are solved.

LITERATURE REVIEW

Common Risk Factors families experience can include Homelessness, Substance Abuse, Unemployment, Single Parenthood, and Domestic Violence (Roy & Raver, 2014). These are considered Risk Factors based on the instability they create within a family, which puts a child in increased physical, cognitive, and emotional danger (Coe & Parade, 2019). Children are more likely to experience abuse and neglect in a family that is experiencing Poverty and the Risk Factors associated with Poverty, than a family that is not (Maguire-Jack & Font, 2017). This literature examines Poverty and the Poverty Related Risk Factors, Homelessness, Single Parenthood, and Unemployment.

Poverty

Poverty can often become chronic because resources, including money, food, adequate housing, etc. are required simultaneously to support an impoverished person attempting to overcome Poverty and improve their quality of life. It is essential to examine Poverty as one of the biggest Risk Factors to the health and development of children, and the overall success of families because Poverty is the catalyst for many Risk Factors including those being examined within this literature review. Risk Factors related to Poverty may include Homelessness, Substance Abuse, Single Parenthood, Unemployment, and Domestic Violence, which all, excluding Unemployment and Single Parenthood, could be considered indicators of child abuse and neglect. Families can never truly achieve stability when experiencing Poverty because the circumstances people experience while being in Poverty keep them one crisis away from instability. Examples of a crisis in this examination could be an unexpected illness that leads to a

medical bill, a possible loss of income or transportation that impacts one's ability to work and afford necessities. Studies show that children experiencing Poverty have significantly less exposure to typical childhood experiences (Johnson, 2019). They spend more time worrying about their next meal and taking on their parents' stress than developing early social relationships and learning. At a basic level, children who do not grow up experiencing Poverty have an increased chance of growing up feeling safe, nurtured, and loved (Johnson, 2019). Children in Poverty can be deeply loved by their parents, but their parents' ability to make their child feel consistently safe and nurtured may be lacking due to the stressors placed upon the parent to provide, by working any job, including one with low wages and inconsistent hours (Johnson, 2019). This takes away from a parent's time and effective ability to connect with their child. Children can sense parental stress as soon as eight weeks in utero because by this point in gestation the sense of touch has developed, and the other senses have also begun their development process (Johnson, 2019). Imagine a baby, in utero feeling all the stress a single mother or a couple in Poverty experience as they cope with the fear of being able to provide for themselves and a new life. Johnson's research (2019) concludes that Poverty can have a detrimental effect on the early attachment relationship between children and caregivers due to the trauma response Poverty may stimulate for children and adults. On a biological level, Johnson describes children who experience Poverty as having higher levels of cortisol which can "affect the amygdala that regulates emotions, and it can cause coronary heart disease, hypertension, and high cholesterol levels" (2019, p. 80).

Chronic Poverty having that much detriment to physical, cognitive, and emotional development can lead to the conclusion that children experiencing Poverty have a more challenging time being academically successful as well as developing sustainable futures. Roy

and Raver (2014) conclude “There is a clear, detrimental relationship between growing up in a poor family and children’s cognitive functioning and academic performance. Children living in Poverty also have higher levels of behavior problems than more privileged children, and poverty is predictive of compromises in children’s executive function and self-regulatory skills” (p. 392). If these negative effects are not acknowledged and remedied early, children will continue to experience the effects of Poverty well into adulthood. Poverty and Poverty Related Risk Factors (Homelessness, Single Parenthood, and Unemployment) are the biggest detriment to child development and the quality of a family's life.

Homelessness

The US Department of Education defines a homeless individual as “an individual who lacks a fixed, regular, and adequate nighttime residence” (Briggs, 2013, p. 1206). This definition can include those living in hotels, shelters, cars, abandoned buildings, public spaces, etc. According to research of families in Poverty, children are typically exposed to Homelessness young with “51 percent under the age of 6, 34 percent ages 6 to 12, and 15 percent ages 13-17” (Tobin & Murphy, 2013, p. 2). Housing instability has been observed to be a particularly adverse environmental influence on the adjustment of young children and their families (Jones Harden, Chazan-Cohen, Raikes, et al., 2012). Homelessness and child health are deeply intertwined because most families experiencing Homelessness are also food insecure and contract illnesses at a higher rate. Briggs (2013) concludes “children without homes are more likely to suffer from chronic disease, hunger, and malnutrition than are children with homes” (p. 1206). The research of Tobin and Murphy (2013), further supports this fact with the conclusion that homeless children are four times more likely to develop asthma and other respiratory infections and twice

as likely to continuously develop ear infections as children in homes. Homelessness is detrimental to the cognitive and social emotional development of children because children who experience Homelessness are more likely to experience developmental delays and mental illness. Tobin and Murphy define these delays as; “delays in language, in reading for school-age children, in personal and social development, and in motor development” (p. 4, 2013). Homeless girls are more prone to anxiety and depression, while homeless boys can also suffer from depression, they are more prone to display aggression (Tobin & Murphy, 2013). The negative social impact of Homelessness on children and families can be caused by the lack of privacy and security families experience while living in communal shelters or on the streets (Tobin & Murphy, 2013).

Homelessness completely disrupts the life of children and families as it is a risk factor that is difficult to recover from. Families in Poverty often experience Homelessness due to financial constraints, which increases the likelihood of eviction from their homes. Having a history of eviction can make securing adequate housing more difficult for families in Poverty. Seeking solutions to Homelessness can be difficult for families because Homelessness puts families at a higher risk of scrutiny and social service involvement which can create fear and distrust that prevents families from seeking the services available in their communities (McCroskey & Meezan, 1998). If able, it is common for parents to temporarily leave children with relatives to ensure their safety while the family is experiencing Homelessness. Families may also sleep in cars while experiencing Homelessness, but this circumstance can be dangerous in certain weather conditions. When families experience Homelessness, it can be difficult to remain together while securing resources to meet basic needs. According to Shinn, Gibbons-Benton, and Brown (2015), “Poverty and homelessness are associated with the break-up of families. A

number of studies have documented, children in families who experience homelessness frequently become separated from their parents” (p. 106). There are more shelters that serve homeless women with children than homeless fathers or families (Shinn, Gibbons-Benton, & Brown, 2015).

Single Parenthood

Single Parenthood has become a more prevalent risk factor in recent years as it is connected to Homelessness and has been the subject of many studies. It is more likely that a single parent family is headed by a mother than a father (Roy & Raver, 2014). Research shows that single mothers are more likely to have completed less education, have lower economic and financial resources than married mothers (Rector, 2010). Single Parenthood is a significant hardship due to the environmental strain it places on families as well as the emotional strain. Children in single parent households are more likely to struggle to receive the emotional attachment and educational support they need from their parent due to the difficulties of managing a household while in Poverty. The effects of these circumstances can be detrimental to the future of children. Roy and Raver (2014) correlate “family structure and children’s outcomes, with children raised in single-parent families faring worse in academic achievement, conduct, psychological adjustment, and social relations than children of consistently married parents” (p. 392). Single parent households in Poverty tend to work untraditional hours, experience more housing instability, and food insecurity. Meeting the basic needs of one child alone can be difficult, many single parent families contain more than one child, which puts them at a greater risk of experiencing Homelessness (Shinn, Gibbons-Benton, & Brown 2015). There are also some instances of Single Parenthood that specifically occur due to Poverty. According to Shinn,

Gibbons-Benton, and Brown (2015), families experiencing Homelessness are likely to be separated due to homeless shelters and housing programs excluding men from their services causing a physical separation of families as they are in a state of influx. Their research results showed that, “In the full sample of families who had spent seven days in shelter, 10.1% of adult respondents reported that a spouse or partner was living elsewhere” (Shinn, Gibbons-Benton, & Brown, 2015, p. 110).

Unemployment

Unemployment and Homelessness are deeply intertwined. Families with low income or unsteady jobs have more difficulty maintaining adequate living conditions for their families without government assistance. Unemployment correlates with chronic Poverty because a person in Poverty may struggle to afford business attire to secure a job without financial or community resources, may struggle to complete job interviews due to a lack of transportation, and may struggle to retain their job without adequate housing and affordable hygiene practices. These circumstances are considerations when examining the correlation between Poverty and Unemployment because based on the culmination of challenges people in Poverty experience while attempting to secure a job, it is not always a quick and easy solution to the hardships they face. Prolonged Unemployment and the hardships of securing a job can also have a negative emotional impact on families including “increased substance abuse, increased marital conflict, and financial strain” (Maitoza, 2019, p. 200). Beyond the financial and emotional strain, job loss and prolonged Unemployment creates an economic strain for families as it effects a family’s ability to afford rent, buy food, reduces disposable income, can lead to a loss of access to medical care (Maitoza, 2019).

This risk factor is even more detrimental to single parent households due to the loss of the families' only source of income. Families in Poverty are more likely to feel the financial effects of Unemployment quicker than middle class families or two parent households. According to Maitoza's research (2019), "only 1 in 12 households has at least six months of living expenses available in liquid assets" (p. 188). For single parent households and families in Poverty, emergency funds may be less likely or depleted quickly. Children feel the effects of parent Unemployment physically, cognitively, and emotionally. According to Maitoza (2019), "Children in unemployed households may have a disrupted sense of security or may blame themselves for a parent's job loss" (p. 195). Maitoza (2019), also states that "children from economically disadvantaged families, characterized by low-income jobs and Unemployment, displayed poorer early learning" (p. 195). Resources for unemployed workers must include clear considerations for families due to the ripple effect job loss has on not only the employee but also their family.

Alleviating Risk Factors

Examining these Risk Factors is important in understanding the problems children and families in Poverty face as well as to hypothesize solutions. There have been studies that suggest families in Poverty benefit from family-centered support services. Family Support Services can be defined in numerous ways based on the needs of a family and the services being provided. McCroskey and Meezan (1998) categorize family-centered services as Family Support Services which aids families "who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child-rearing problems, or prevent the occurrence of child maltreatment" (p. 58), and family preservation services which aids families "at serious risk

or in crisis, and are typically available only to families whose problems have brought them to the attention of child protective services, the juvenile justice system, or the mental health system” (McCroskey & Meezan, 1998, p. 58). Family Support Services provide parents with tools to advocate for their family as well as a connection to the community due to the public nature of the services typically provided. The effects of these programs can be inconsistent based on reason for service entry and certain methods of implementation. Families that enroll in these services voluntarily are more successful because they recognize their need for support and are open to learning (McCroskey & Meezan, 1998). Families who are required to participate in these services have a more fearful and negative outlook because of social services involvement and the risk of losing their children (McCroskey & Meezan, 1998). Family Support programs prove to be most effective when they address the needs of children as well as families simultaneously. This is further proven by McCroskey and Meezan’s findings that “preschool programs that include a family component seem to yield higher cognitive gains for children than preschool programs that lack services for families” (1998, p. 60). McCroskey and Meezan (1998), also state “the design of the family support program significantly influences outcomes; important program features appear to be the frequency, intensity, and comprehensiveness of the program services, and the quality of the relationship between families and staff” (p. 60).

Family Preservation services are more intensive services because children are at risk of being removed from the home or have already been removed and an attempt to reunify is being made so participation in these services is often mandatory (McCroskey & Meezan, 1998). Family Preservation services “draw on a variety of theoretical orientations, from family therapy to crisis intervention, ecological approaches, or an emphasis on cognitive and behavioral change” (McCroskey & Meezan, 1998, p. 62), and are categorized as intensive family preservation

services and rehabilitative family preservation services. Intensive Family Preservation services are short-term programs used to address the immediate needs of a family that caused the child to be removed from the home (McCroskey & Meezan, 1998). Rehabilitative Family Preservation Services are used when Risk Factors are present and cause abuse and neglect to children and leading to removal from the home. Social workers facilitating this model typically implement “a wide range of services, including case management, advocacy, home-based counseling, behavior modeling, parent education, anger management, techniques for coping with behavior problems, communication skills, assertiveness training, linkages to community resources, and concrete services such as transportation, clothing, emergency funds, and help with housing” (McCroskey & Meezan, 1998, p. 62). Family Preservation services are more favorable for policymakers because it provides a method where children can stay in their home while receiving services to reduce the use of statewide resources and foster home placement, but this stance does not always support effective child and family outcomes (McCroskey & Meezan, 1998). Another issue within the use of family preservation services is “determining which circumstances call for more short-term intensive family preservation services, rather than less intensive rehabilitative family preservation services” (McCroskey & Meezan, 1998, p. 63). A key difference between Family Support Services and Family Preservation Services is that Family Support Services are often meeting the needs of at-risk families before social service involvement, but social services is already involved with a family at risk and requiring them to complete Family Preservation Services. According to Waldfogel (2009), “Researchers generally find little evidence that these services (preventative services), reduce the risk of subsequent maltreatment, although there is some promising evidence on the role of childcare. Many families receive few services beyond periodic visits by usually overburdened caseworkers, and the services they do receive are often

poor in quality” (p. 195). Unstable families experiencing Risk Factors need refined Family Support Services to protect, preserve, and educate the family as a whole and ensure success to reduce the need for Family Prevention Services. These services may address the basic needs of families, the educational needs of families, and support the continued unity of families to reduce the effects Poverty and Poverty Related Risk Factors have on families.

Family Support Services at a basic level can address the problems families are facing due to Risk Factors by implementing solutions, but access to these services is not simple for every family. According to Samuel, Hobden, LeRoy, et al., 2012, “It was only in the mid-1970s that families were even entitled to access many publicly funded services” (p. 112). Just because families are entitled to them does not mean families are provided with every opportunity to obtain them. Samuel, Hobden, LeRoy, et al., further elaborates on the lack of access to public services for all families by stating “families often struggle to find many of these supports, especially the formal services, because of gaps in service availability or barriers to access and utilization.” (2012, p. 112). Samuel, Hobden, LeRoy, et al., conducted a study examining the barriers that prevented low-income families with children with disabilities from receiving adequate public services and found that 42% of family’s barrier to services was a lack of information on how to obtain services (2012, p. 118). The research conducted by Samuel Samuel, Hobden, LeRoy, et al., also concluded that 18.6% of families cited financial barriers prevented them from accessing services and 12.8% cited transportation issues as a barrier preventing them from accessing services (2012, p. 118). Families need professionals seeking to educate them about services as well as willing to advocate for them to ensure they receive adequate, beneficial Family Support Services.

Ozarks Area Community Action Corporation

Ozarks Area Community Action Corporation (OACAC) is an organization that provides family centered support services to the community of Southwest Missouri and families enrolled in OACAC Head Start (Ozarks Area Community Action Corporation, 2016). Ozarks Area Community Action Corporation provides Section 8 housing vouchers to low-income families in the 10 counties served in Southwest, Missouri (Ozarks Area Community Action Corporation, 2016). OACAC LIHEAP provides energy assistance to families and elderly people with disabilities during the winter through two programs, the Energy Assistance program, and the Energy Crisis Intervention Program in the 10 counties served in Southwest, Missouri (Ozarks Area Community Action Corporation, 2016). The Energy Assistance Program runs from October to March and provides a one-time payment, per year, for energy costs (Ozarks Area Community Action Corporation, 2016). The Energy Crisis Intervention Program runs in the winter from October to May and in the summer from June through September (Ozarks Area Community Action Corporation, 2016). This program provides utility assistance for families who struggle to meet the costs of electric bills and are in danger of services being terminated. OACAC Weatherization provides insulation and air sealing services for renters and homeowners in Poverty to reduce energy costs (Ozarks Area Community Action Corporation, 2016). OACAC Family Planning provides the community in the 10 counties served with affordable reproductive health care including physical exams, counseling, education materials, contraceptives, and STD testing (Ozarks Area Community Action Corporation, 2016). OACAC Neighborhood Centers provides case management to aid community members in achieving their goals towards improving their self-sufficiency including life skills classes, GED assistance, community advocacy projects, among other resources (Ozarks Area Community Action Corporation, 2016).

Foster Grandparents are people 55 and older who volunteer through OACAC to provide support to children in nonprofit agencies and OACAC Head Start classrooms (Ozarks Area Community Action Corporation, 2016).

Head Start

The Head Start program began federally as an eight-week pilot program in 1965 to reduce the negative effects Poverty had on education (U.S. Department of Health and Human Services, 2010). This pilot program eventually expanded into nine months to yearlong programs that provided services for children from three to five years old in Head Start programs as well as birth to three years of age in Early Head Start programs (U.S. Department of Health and Human Services, 2010). Head Start is now a national program that strives to “promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families” (Aikens, Cavadel, Hartog, et al., 2017, p. v). The Ozarks Area Community Action Corporation’s Head Start program was founded in 1965 and currently serves 10 counties in Southwest Missouri: Barry County, Christian County, Dade County, Dallas County, Greene County, Lawrence County, Polk County, Stone County, Taney County, and Webster County (Ozarks Area Community Action Corporation, 2016). In providing services to these communities, OACAC Head Start strives to reduce the stigma surrounding mental health, disability, and Poverty, while alleviating the risk they pose to low-income families by providing support in family advocacy and education.

Head Start provides families with two education models, the Center-Based approach, and the Homebased Approach. The Center-Based Approach has children enrolled in a “classroom

settings and parents participate in at least two home visits annually” (U.S. Department of Health and Human Services, 2010). Children three years old to five years old are in Head Start Classrooms. Head Start classrooms are staffed by three to four teachers with seventeen children. Head Start classrooms emphasize the development of language, reading, science, mathematics, and social and emotional skills to increase school readiness (The U.S. Department of Health and Human Services, 2010). When children enroll in OACAC Head Start, they are assessed using a research-based assessment tool to ensure children do not have developmental delays as well as serve as a starting point for referrals for children to receive services through their school district if they exhibit developmental delays to ensure kindergarten readiness (U.S. Department of Health and Human Services, 2010). Head Start has a minimum of 10% of children with disabilities enrolled in the program based on national program standards (U.S. Department of Health and Human Services, 2010, p. 1-3). According to research conducted by the U.S. Department of Health and Human Services (2010), “There is clear evidence that Head Start has a statistically significant impact on children’s language and literacy development while children are in Head Start.” (p. 9-4).

Early Head Start serves children birth to three years old. Early Head Start classrooms are staffed by three teachers with eight children. Early Head Start (EHS) was created in 1995 with the goal of being a “two-generation program for pregnant women and families with infants or toddlers” (Kopack Klein, Kemmerer, West, et al., 2016, p. 1). This program focuses on the importance of the development of social-emotional, language and cognitive skills during the first three years of life. Early Head Start children are also assessed on their developmental skills during initial enrollment to adhere to Head Start performance standards (U.S. Department of Health and Human Services, 2010).

The Home-Based Approach is used as a viable option for families that do not meet specific criteria for the center-based approach including parent employment, school enrollment, income, etc. These families may also present certain hardships that prevent the center-based approach from being successful including child mental or physical health needs. Home visiting allows Head Start staff, primarily Home Visitors to “work directly with children and parents primarily in the home on a weekly basis and also in at least twice monthly group socialization activities” (U.S. Department of Human Services, 2010, p. 1-3). During home visits, home visitors facilitate educational experiences with children and their families to guide families in supporting their child’s development through using everyday materials in the home. Socialization activities are group events that occur with multiple families participating in the home-based approach to allow children the opportunity to socialize with other children in their age range and build connections among families in the same community. According to Jones Harden, Chazan-Cohen, Raikes, et al., “Home-based intervention often provides parents with models of appropriate parenting behavior, education regarding child development, and opportunities to interact with their children in different ways” (2012, p. 449). The first five years of life are the most important to child development and have a significant impact on a person’s future. According to Coe and Parade (2019), during these first five years of life, “children are beginning to form more concrete beliefs and expectations about the consistency of their care, salient figures in their lives, and what conditions will be in their current and future proximal environments. Therefore, when these early years are characterized by instability, children’s ability to develop reliable expectations and adapt appropriately to their environment are disrupted” (p. 5). Parents in Poverty need resources that can reduce their Risk Factors and improve their ability to provide stability for their children.

Family Advocacy

Family Advocacy can look different for organizations that serve families. Family Advocacy is an approach to empower parents through education, resources, among other things to advocate for the needs of their child and family (Szlamka, Tekola, Hoekstra, et al., 2022). Building a relationship with families must be a priority for service providers to ensure the success of families in implementing prevention services. Stephens, Parchment, Gopalan, et al., concludes (2015), “If parents’ voices, stressors, and needs continue to go unheard, the risk of re-entering foster care is heightened and an opportunity to reduce re-entry rates is missed” (p. 11). This is further substantiated by data that states: “Over the course of ten years 30% of children reunified with their parents will re-enter foster care” (Stephens, Parchment, Gopalan, et al., 2015, p. 13). Family demographic, current resources, geographic location, etc. Can influence what services a family need to reduce Risk Factors. For example, a family with multiple children may require more clothing and food resources than a family with only one child. The location of a family could influence the resources available to them, due to their inability to afford public transportation or lack of a personal vehicle. Families enrolled in Head Start work with a family advocate to meet the requirements of Head Start including continued employment or education. Family Advocates also work with teachers to increase parent engagement in their child’s learning through the Parent, Family, and Community Engagement Framework (PFCE). The PFCE Framework is a national framework that all Head Start programs are required to implement while maintaining “flexibility to determine how best to implement family engagement practices and how to meet the unique needs of their communities” (Aikens, Cavadel, Hartog, et al., 2017, p. 2), which emphasizes parent and program efforts linked to engagement while considering the communities families reside in (Aikens, Cavadel, Hartog, et al., 2017). The

framework defines the need for alignment between program strategies across Program Environment, Family Partnerships, Teaching and Learning, and Community Partnerships to achieve parent and child positive outcomes and school readiness (Aikens, Cavadel, Hartog, et al., 2017). These outcomes are to support families as advocates and leaders, support families as learners, improve family well-being, support families as lifelong educators, encourage positive parent-child relationships, support family engagement in transitions, and increase family connections to peers and community (Aikens, Cavadel, Hartog, et al., 2017). This Framework as well as the Head Start Program Performance Standards recognize the importance of access to “neighborhood resources, such as libraries and community centers, stable housing, safe neighborhoods, nutritious food, and regular health care” (Aikens, Cavadel, Hartog, et al., 2017, p. 31). Family advocates work in collaboration with other Head Start staff to secure these services for families to ensure they stay unified.

Present Study

This quantitative study relies on the experiences of OACAC Head Start families and the data they provide in reflecting on their experiences with Head Start Family Support Services as well as how receiving those services has impacted them. This includes examination of Homelessness, Single Parenthood, and Unemployment, three Risk Factors families experienced while enrolled in Head Start or Early Head Start and the services that were provided to reduce those Risk Factors. The goal is to distinguish which Risk Factors each family has experienced and determine the severity of their risk based on how many Risk Factors they have experienced simultaneously. In accomplishing this goal, the results will determine how unstable each family has been due to the risk of separation these families may have experienced if those needs had not

been met through the services, they were provided by OACAC. The following questions and hypotheses are being examined within the study:

Research Question 1: What are the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families?

Hypothesis 1: The most common Risk Factor amongst OACAC Head Start families will be Single Parenthood, and most OACAC Head Start families will experience two or more Risk Factors simultaneously.

Research Question 2: Can OACAC Head Start reduce the barriers to receiving Family Support Services for families?

Hypothesis 2: Families with more barriers (e.g., lack of information, lack of transportation, and inability to pay fees) solved will more likely be referred to Family Support Services (e.g., Food Assistance, Weatherization Services, Energy Assistance).

Research Question 3: Can OACAC Head Start's resources reduce Risk Factors and stabilize families overall?

Hypothesis 3: Families will have a higher chance of maintaining Family Unity when barriers are solved.

METHODS

Participants

Approval was obtained from the Institutional Review Board for this study, IRB-FY2022-345, on December 16, 2021. The letter of approval is located in Appendix A. All biological parents enrolled in Head Start, in the 10 Missouri counties served (Barry County, Christian County, Dade County, Dallas County, Greene County, Lawrence County, Polk County, Stone County, Taney County, and Webster County), were invited to participate in this study. The biological parent also had to be the legal guardian of their child, meaning the child could not have been in the custody of the Department of Social Services previously, or during the data collection period, because this indicated the family was already separated due to the presence of Risk Factors, other circumstances, and/or abuse and neglect, which was not being examined within this study. Qualtrics recorded 128 responses from initial participants. Some responses were excluded due to incompleteness ($n=12$), participants indicating they were under 18 ($n=14$), a foster parent ($n=2$), a grandparent ($n=5$), indicated they had another relationship with a child ($n=3$), or did not consent ($n=6$) to participating in the survey. There were 86 Qualtrics responses remaining, to which 20 written responses were added to, for a total of 106 participant responses being used for analysis within this study. Majority of the participants (74.5%) were Caucasian, see Table 1 for further breakdown of the racial identities of the participants. 100 participants were female (94.3%). 4 participants were male (3.8%). Participant ages ranged from 19 to 51 years old. The mean parent age being 29.7 years. 35 participants indicated they were married (33.0%). 69 participants indicated they were not married (65.1%). Participants had varying educational levels ranging from middle school to more than 4 years of college, additional education level

demographic information can be found in Table 1. The family size of participants is summarized in Table 1, family size includes every person in the household biologically related to the enrolled child. The number of children each participant indicated they had can be found in Table 1, the mean of children per participant was 2.64. Income levels disclosed by participants are available in Table 1, 76.5% of participants had an annual income ranging from 0 - \$30,000, 74.5% of participants had 1 child enrolled in an OACAC Head Start program model, 21.7% of participants had 2 children enrolled in an OACAC Head Start program model, and 1.9% had 3 children enrolled in an OACAC Head Start program model.

Procedures

To gain insight, a Demographic Questionnaire (Appendix B) and Risk Factor Assessment Survey (Appendix C) was offered to all the families that OACAC Head Start and Early Head Start serves in electronic or written form. To accommodate for language barriers with Spanish speaking participants, a translator was used to facilitate the process of informing Spanish speaking participants about the purpose of the study and complete the consent form (Appendix D) with the researcher. These participants were also offered a Spanish Demographic Questionnaire (Appendix E) and a Spanish Risk Factor Assessment Survey (Appendix F). If a family consisted of two parents, responses were only collected from one parent. Responses were not analyzed for primary caregivers that indicated they were under 18 or not the biological parent of the enrolled child. Participants were recruited through multiple means during the data collection period, which was January 2022 until October 2022, using the recruitment flyers (Appendix G, Appendix H, Appendix I, and Appendix J). These flyers were posted on family boards within every center during the data collection period, a physical copy was given to

families at the beginning of the data collection period, and a digital copy was sent to families through email and text message throughout the data collection period, as well as posted within the private Facebook group, Aaliyah Williams Family Support Services Study.

There were no participants that requested access to the private Facebook group during the data collection period. Participants who participated electronically completed the consent form (Appendix K), demographic questionnaire (Appendix B) and risk factor assessment survey (Appendix C) through Qualtrics. These participants were informed of the risks and benefits of the study through a digital video created by the researcher before participating in the study. Participants who participated through written documents met with the researcher and translator, if needed, in person during educational screenings and family night events and were informed of risks and benefits of the study in person before completion. They were able to choose which language to complete the survey in. Participation in this study was completed within 30 minutes.

Measures

Demographic Questionnaire. The Demographic Questionnaire (Appendix B) was utilized to collect baseline demographic information including age, sex, ethnicity, marital status, level of education, number of children, etc. These questions provided multiple choice answers, with age and the number of children requiring the answer to be written. In addition, the demographic information served to eliminate participants not eligible for the research (e.g., families that are not headed by a parent) by answering the following specific items: “What is your relationship to the child,” which provided multiple choice answers as well as a write in portion, “Has your child enrolled ever been in the custody of the Department of Social Services,” “Has your family completed a reunification process and regained custody of your child,” and

“Did the services provided by OACAC aid in regaining custody of your child,” which provided multiple choice answers. The question “Which program model is your child enrolled in,” provided a multiple-choice answer. The following questions provided space for participants to write an additional comment, “How many children do you have currently enrolled,” “Please write which program you are enrolled in below,” and “If you have multiple children in different program models please briefly describe.”

Risk Factor Assessment Survey. The development of the Risk Factor Assessment Survey (Appendix C) was influenced by the Head Start Impact Study of 2010 (U.S. Department of Human Services, 2010), which detailed program goals of Head Start as well as the documented impact on the populations served. This assessment was also influenced by the work of McCroskey and Meezan (1998), which aided in defining the crucial components of Family Support Services that needed to be examined within this study. This survey measured the Poverty related Risk Factors of Homelessness, Single Parenthood, and Unemployment that families may have experienced while being enrolled in OACAC Head Start and served to measure how the services provided by OACAC aided in reducing the presence of those Risk Factors in those families' lives. These questions provided questions with multiple choice and yes/no answers. The following questions provided space for participants to write answers, “Were you referred to any of these services by an OACAC staff member,” “Did any of these barriers prevent you from accessing services for you and your child,” “Based on your answers to the previous question, did OACAC solve any of these barriers to accessing services for you and your child,” “How many separate instances of Homelessness has your family experienced since enrollment,” “How long did each instance of Homelessness last,” “How many separate instances of Unemployment has your family experienced since enrollment,” “How long did each instance

of Unemployment last,” and “How has your time enrolled in Head Start improved your Family Unity,” and “additional comments.”

The questions pertaining to Homelessness were used to measure the instances of Homelessness the families had experienced while being enrolled in Head Start. Participants were asked to answer the following six items: “Are you currently homeless or have you ever been homeless or not had a permanent place to sleep at night,” “Do you and your children live in your parents' home,” “Do you and your child live in a shelter,” “Do you and your child live in a hotel,” “Are you homeless due to eviction,” and “Are you homeless due to separation from spouse.” The questions pertaining to Single Parenthood were used to measure the circumstances of each family to determine which participants were single parents. Participants were asked to answer the following four items: “Are you a single parent,” “How long have you been a single parent,” “Are you in a committed partnership with the other parent of your child enrolled in Head Start,” and “Are you the primary caregiver of your child enrolled in Head Start.” The questions pertaining to Unemployment were used to measure the income level of the participant as well as the instances of Unemployment each participant had experienced while the family had been enrolled in Head Start. Participants were asked to answer the following six items: “What is your annual income level,” “What is your family size,” “Are you employed,” “Are you enrolled in school,” “How long have you been unemployed,” and “Are you unemployed due to the pandemic.” The income levels indicated in the Risk Factor Assessment Survey were based on the United States Federal Poverty Guidelines for 2021 (The Assistant Secretary for Planning and Evaluation, 2021), which correlates income with the size of a family to determine the percentage of Poverty a family is experiencing. These guidelines along with categorically eligible criteria

including experienced Homelessness, being in foster care, and receiving public assistance, determine eligibility for Head Start services (Head Start ECLKC, 2020).

Participants were asked to answer the following items within the Family Support Services section of the Risk Factor Assessment Survey (Appendix C): “Were you referred to any of these services by an OACAC staff member,” “Did any of these barriers prevent you from accessing services for you and your child,” “Based on your answers to the previous question, did OACAC solve any of these barriers to accessing services for you and your child,” “Since enrolling in Head Start and receiving support services, have you experienced Homelessness,” “How many separate instances of Homelessness has your family experienced since enrollment,” “How long did each instance of Homelessness last,” “Do you feel that the program improved your living condition,” “Since enrolling in Head Start and receiving support services, have you experienced Unemployment,” “How many separate instances of Unemployment has your family experienced since enrollment,” “How long did each instance of Unemployment last,” “Do you feel the program has improved your employment and financial situation,” “Did receiving these services improve your ability to meet the basic needs of your child,” “Has your time enrolled in Head Start improved your Family Unity,” “How has your time enrolled in Head Start improved your Family Unity,” and “Additional Comments.”

Analyses

Statistical analysis was conducted using SPSS 28.0 (IBM SPSS Statistics for Macintosh, Version 28.0; IBM Corp., Armonk, NY, USA). Descriptive analysis was conducted using means with standard deviation and frequency for baseline characteristics. To test Research Question 1, descriptive analysis was used to examine; what are the trends in Homelessness, Single

Parenthood, and Unemployment for OACAC Head Start Families? The researcher hypothesized that the most common risk factor amongst OACAC Head Start families will be Single Parenthood, and most OACAC Head Start families will experience two or more Risk Factors simultaneously. To test Research Question 2, simple linear regression analysis was used to examine; Can OACAC Head Start solve the barriers to receiving Family Support Services for families? The researcher hypothesized that if families have more barriers solved, they will more likely be referred to Family Support Services. To test Research Question 3, simple linear regression analysis was used to examine; can OACAC Head Start's resources reduce Risk Factors and stabilize families overall? The researcher hypothesized families will have a higher chance of maintaining Family Unity when barriers are solved.

To manage the qualitative participant responses to the following questions in the Family Support Services section of the Risk Factor Assessment Survey (Appendix C); "How has your time enrolled in Head Start Improved Your Family Unity?" and "Additional Comments," the responses to these questions were compiled into lists. Then to classify these responses, they were categorized within groups based on repeat responses and similar responses, with each statement having equal worth. The responses to "How has your time enrolled in Head Start Improved Your Family Unity?" (Family Support Services Question 1, after question 9, Appendix C), were grouped into meaningful units through common themes (Table 2). To represent these themes, they were then compiled into a table (Table 3). To classify the responses to "Additional Comments" (Family Support Services Question 10, Appendix C), these responses were listed in a table (Table 4). Repeat or similar responses were only listed once.

RESULTS

The purpose of the present study was to determine whether preventative measures are more effective if they are implemented before a family separation, instead of services to reunify a family that has already been separated using the following research questions and hypotheses:

Research Question 1: What are the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families?

Hypothesis 1: The most common Risk Factor amongst OACAC Head Start families will be Single Parenthood, and most OACAC Head Start families will experience two or more Risk Factors simultaneously.

Research Question 2: Can OACAC Head Start reduce the barriers to receiving Family Support Services for families?

Hypothesis 2: Families with more barriers (e.g., lack of information, lack of transportation, and inability to pay fees) solved will more likely be referred to Family Support Services (e.g., Food Assistance, Weatherization Services, Energy Assistance).

Research Question 3: Can OACAC Head Start's resources reduce Risk Factors and stabilize families overall?

Hypothesis 3: Families will have a higher chance of maintaining Family Unity when barriers are solved.

Primary Analysis

Research Question 1: What are the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families. Research Question 1 analyzed the trends in Homelessness, Single Parenthood, and Unemployment for OACAC Head Start Families through descriptive analysis. The following questions from the Homelessness component of the Risk Factor Assessment Survey (Appendix C), were utilized to measure Homelessness “Are you currently homeless or have you ever been homeless or not had a permanent place to sleep at night”, “Do you and your children live in your parents’ home”, “Do you and your child live in a shelter”, and “Do you and your child live in a hotel.” 78 participants (73.6%) indicated they had

never been homeless, one participant (0.9%) indicated they were currently homeless, and 18 participants (17%) indicated they had been homeless but currently had a permanent place to live. 12 participants (11.3%) indicated they live in their parent's home, and one participant (0.9%) indicated they live in a shelter. If participants indicated they were currently homeless or had been homeless in the past, they were asked to answer additional questions to gather data on the cause of that Homelessness through questions Y4, "Are you homeless due to eviction?", Y5 "Are you homeless due to separation from spouse?", and Y6 "Are you homeless due to the pandemic?" within the Risk Factor assessment Survey (Appendix C). Three participants (2.8%) indicated they were homeless due to separation from a spouse. One participant (0.9%) indicated they were homeless due to the pandemic. Question 4 of the Family Support Services section of the Risk Factor Assessment Survey (Appendix C), "Since enrolling in Head Start and receiving support services, have you experienced Homelessness?" was used to determine if any of the experiences of Homelessness participants indicated in the survey occurred during their enrollment in the OACAC Head Start program. Based on the responses to this question, only one participant (0.9%) indicated they had experienced Homelessness since enrolling in OACAC Head Start.

Question two of the Single Parenthood section of the Risk Factor Assessment Survey (Appendix C), "Are you a single parent?" was utilized to measure Single Parenthood. 61 participants (57.5%) indicated they were single parents. Participants who were single parents also could indicate how long they had been a single parent. The resulting data showed that participants who indicated they were a single parent had been a single parent for an average of 1.10 years. Question three of the Unemployment section of the Risk Factor Assessment Survey (Appendix C), "Are you employed?" was utilized to measure Unemployment. 31 participants (29.2%) were not employed. Four of these participants (3.8%) indicated they were unemployed

due to the pandemic. Additionally, two Participants (1.9%) who indicated they were unemployed also indicated they were enrolled in school.

The first theory of Hypothesis 1 analyzed the frequency of the Risk Factors of Homelessness, Single Parenthood, and Unemployment simultaneously to determine if Single Parenthood was the most prevalent risk factor among the three Risk Factors through descriptive analysis. Single Parenthood was the most prevalent risk factor out of the three examined because 61 participants were single parents (57.5%), compared to 31 participants that were unemployed (29.2%), and 14 participants that were homeless (13.1%), as discussed in the analysis of Research Question 1. The second theory of Hypothesis 1 analyzed if the majority of the participants experienced two or more Risk Factors simultaneously. Determining the frequency families experienced Risk Factors simultaneously was tested through the cross tabulation (Table 5) of the Risk Factors. The measure of Single Parenthood in the cross tabulation included participants that responded “yes” to question 2 of the Single Parenthood section of the Risk Factor Assessment Survey (Appendix C), “Are you a single parent?” The measure of Unemployment in the cross tabulation included participants that responded “no” to question 3 of the Unemployment section of the Risk Factor Assessment Survey (Appendix C), “Are you employed?” The measure of Homelessness in this cross tabulation included participants that responded “Yes, I currently lack a permanent place to sleep at night or am currently homeless” to question one of the Homelessness section of the Risk Factor Assessment Survey (Appendix C), “Are you currently homeless or have you ever been homeless or not had a permanent place to sleep at night?”, as well as responded “yes” to the following questions from the Homelessness section of the Risk Factor Assessment Survey (Appendix C), “Do you and your children live in your parents' home?,” “Do you and your child live in a shelter?,” and “Do you and your child

live in a hotel?” Only two participants were homeless and unemployed simultaneously (but not single parents). Only nine participants were homeless and single parents simultaneously (but not unemployed). Only seventeen participants were unemployed and single parents simultaneously (but not homeless). Based on participant responses, only 26.4% of participants experienced two Risk Factors simultaneously which does not support the second theory of hypothesis 1.

Research Question 2: Can OACAC Head Start solve the barriers to receiving Family Support Services for families. Research Question 2 analyzed the barriers to accessing services OACAC Head Start families experience through question two of the Family Support Services section of the Risk Factor Assessment Survey (Appendix C) and the barriers OACAC Head Start solved for participant through question three of the Family Support Services section of the Risk Factor Assessment Survey (Appendix C) to answer the question: Can OACAC Head Start solve the barriers to receiving Family Support Services for families? A summary of barriers participants indicated they experienced are in Table 6, the most prevalent barrier that prevented participants from obtaining services was a lack of childcare at 28.3% ($n=30$). Barriers indicated as other were the most solved barriers by OACAC Head Start at 26.4% ($n=28$), lack of childcare was the second most solved barrier at 25.5% ($n=27$). The results regarding other barriers participants indicated were solved by OACAC Head Start can be found within Table 7. The results show that OACAC Head Start solved a barrier for at minimum 9.4% of participants (Table 7) and at maximum 26.4% of participants (Table 7).

Furthermore, it was hypothesized that if families have more barriers solved, they will more likely be referred to Family Support Services. Within this analysis, solving barriers was the independent variable and the referral to Family Support Services was the dependent variable. A simple linear regression analysis was conducted (Table 8) to determine whether the increased

referral to services was positively associated with the presence of barriers. There was a significant positive association between solving barriers to accessing services and the number of referrals to Family Support Services ($B = 1.051$, $SE = .225$, and $p = .001$). Results indicated that the more barriers that were reduced for participants, the more Family Support Services they gained access to through referrals, therefore the second hypothesis that families with more barriers (e.g., lack of information, lack of transportation, and inability to pay fees) solved will more likely be referred to Family Support Services (e.g., Food Assistance, Weatherization Services, Energy Assistance) was supported. A summary of community resources participants were referred to by OACAC Head Start staff can be found in Table 9. Participants were referred to community resources categorized as other resources ($n=30$) and food assistance ($n=28$) the most.

Research Question 3: Can OACAC Head Start’s resources reduce Risk Factors and stabilize families overall. This study analyzed the impact OACAC Head Start solving barriers for families had through four Family Support Service questions within the Risk Factors Assessment Survey (Appendix C) to determine: Can OACAC Head Start’s resources reduce Risk Factors and stabilize families overall? Question five from the Family Support Services section of the Risk Factor Assessment Survey (Appendix C), “Do you feel that the program improved your living condition” was the first measure of the impact of solving barriers for OACAC Head Start families. Results showed that 52.8% of participants ($n=56$) either agreed or strongly agreed that OACAC Head Start improved their living conditions. The summary of the responses to this question can be found in Table 10. Question seven from the Family Support Services section of the Risk Factor Assessment Survey (Appendix C), “Do you feel the program has improved your employment and financial situation,” was the second measure of the impact of solving barriers

for OACAC Head Start families. Results showed that 43.4% of participants ($n=46$) either agreed or strongly agreed that OACAC Head Start improved their employment and financial situations. Results showed that 29.2% of participants ($n=31$) were uncertain if OACAC Head Start improved their employment and financial situations. The summary of the responses to this question can be found in Table 11. Question eight from the Family Support Services section of the Risk Factor Assessment Survey (Appendix C), “Did receiving these services improve your ability to meet the basic needs of your child,” was the third measure of the impact of solving barriers on families. Results showed that 62.2% of participants ($n=72$) agreed or strongly agreed that OACAC Head Start improved their ability to meet the basic needs of their child. The summary of the responses to this question can be found in Table 12. Question one, after question nine, from the Family Support Services section of the Risk Factor Assessment Survey (Appendix C), “Has your time enrolled in Head Start improved your Family Unity,” was the fourth measure of the impact. This question is also related to hypothesis 3. Results showed that most participants ($n=66$) agreed or strongly agreed that the program improved their Family Unity. The summary of the responses to this question can be found in Table 13. The responses to these questions were compared in Figure 1. The results showed that OACAC Head Start has improved the living condition, ability to meet the basic needs of their child, employment and financial situation, and the Family Unity of most participants to stabilize the family. Although majority of participants agreed OACAC Head Start improved their employment and financial situation there was a significant number of participants that indicated they were uncertain.

It was hypothesized that families will have a higher chance of maintaining Family Unity when barriers are solved. To determine whether solving the Risk Factors OACAC Head Start families experienced positively correlated with Family Unity, simple linear regression analysis

was conducted (Table 14). Families who responded that barriers (e.g., lack of information, lack of transportation, and inability to pay fees) were solved by OACAC did not significantly predict increased Family Unity ($B = -.085$, $SE = .086$, $p = .326$). The hypothesis that families will have a higher chance of maintaining Family Unity when barriers are solved was not supported by the data.

Qualitative Analysis and Discussion

To further examine Family Unity and the overall impact OACAC Head Start has had on families. The following qualitative questions were posed to participants within the Risk Factor Assessment Survey: “How has your time enrolled in Head Start improved your Family Unity (Family Support Services Question 1, after question 9, Appendix C),” and “Additional Comments (Family Support Services Question 10, Appendix C).” There were 53 responses to “How has your time enrolled in Head Start improved your Family Unity (Family Support Services Question 1, after question 9, Appendix C).” These responses were compiled into a list of 63 words (Table 2, Column A). The classification of these responses was completed through analyzing the list to group participant responses that were the same or had similar meanings (Table 2, Column B). The responses were grouped into nine groups to connect to nine final themes (Table 2, Column C). These themes outlined OACAC Head Start’s improvement of Family Unity (Table 3). There were 15 responses to “Additional Comments” (Family Support Services Question 10, Appendix C). These responses were paraphrased and compiled into a list of 19 phrases (Table 4). The classification of these responses was completed through analyzing the list of responses that were the same or had similar meanings.

Theme 1. Quality Time. The theme Quality Time reflects the participant responses that indicated Head Start improved their Family Unity because since enrolling in Head Start, participants believed the amount of quality time they spent with their child had increased. Out of 53 responses, seven (13.2%) responses mentioned quality time. This ranged from “Quality time” to “More time together as a family.”

Participant #3: “Helps in a number of ways educating children and myself, spend more quality time together, provides tools within the community to fill in any gaps I have had resources for food, diapers, community events.”

Participant #42: “We had a very hard summer but them going to school has helped tremendously on bringing us all back together.”

Theme 2. Bonding. The theme bonding reflects the participant responses that indicated Head Start improved their Family Unity because since enrolling in Head Start participants believed the amount of time spent connecting with their child increased. The term bonding is separate from quality time because although this relates to families spending time together, participants classified as bonding used more words regarding what they did when spending time with their child. Out of 53 responses, seven (13.2%) responses mentioned doing various things with their child, these responses ranged from “bonding” to “love talking about school.”

Participant # 1: “Create a bond between me and my son. Helped me point out my sons feelings and help him solve them.”

Participant # 79: “My child is excited to come home and eat as a family and play some kind of board game before she didn’t understand.”

Theme 3. Helpful. The theme helpful reflects the participant responses that indicated Head Start improved their Family Unity because the program had been Helpful for them. Out of

53 responses, six (11.3%) responses indicated Head Start was helpful. Responses ranged from “helpful to “support.”

Participant # 23: “Information, conscious discipline, goal setting, support, working together as a unit and a school family.”

Participant # 106: “I have really enjoyed it everyone is so helpful”

Theme 4. Child Learning Social Skills. The theme Child Learning Social Skills reflects the participant responses that indicated Head Start improved their Family Unity because since enrolling in Head Start their child had learned social and emotional skills that improved the participant’s relationship with the child. Out of 53 responses, 11 (20.8) responses indicated Head Start improved their child’s social and emotional skills. Responses ranged from “Child shares emotions” to “confidence increased.”

Participant # 95: “Shares his emotions which shows his brothers how to communicate.”

Participant # 96: “Models good behaviors in class that contribute at home as well.”

Theme 5. Parent Learning Social Skills. The theme Parent Learning Social Skills reflects the participant responses that indicated Head Start improved their Family Unity because since enrolling in Head Start the participant had learned social skills that improved the participants relationship with the child. Out of 53 responses, 10 (18.9%) responses indicated Head Start improved their social skills. Responses ranged from “Communicate better” to “comprender a mis hijos.”

Participant #14: My children and I are able to communicate better and they have learned so much being enrolled.

Participant # 37: “Me ayudo a comprender a mis hijos y mantener unida a mi familia.”

Theme 6. Children Learning. The theme Children Learning reflects the participant responses that indicated Head Start improved their Family Unity because since enrolling in Head Start their child's academic skills had increased. Out of 53 responses, six (11.3%) responses indicated their child learned due to being enrolled in Head Start. Responses ranged from "educating children" to "experience new things."

Participant # 40: "My child has been able to have social interaction with other children her age & has been able to focus in an environment to learn & experience new things."

Participant #43: "the 'homework' helps bridge the learning gap and lets me help my child learn new concepts for her age. her confidence has increased and speech has greatly improved."

Theme 7. Activities At Home. The theme Activities at Home reflects the participant responses that indicated Head Start improved their Family Unity through the ability to interact with their child by completing activities sent home to families. Out of 53 responses, 11 (20.8%) responses mentioned activities ranging from "homework" to "family activities at home."

Participant #11: "The In-kind allows us to do activities at home and ensures that we will cut the time out to participate in them as a family."

Participant # 77: "By my daughter and I helping my son with his homework and doing the activities as a family."

Theme 8. Childcare. The theme Childcare reflects the participant responses that indicated Head Start improved their Family Unity through providing childcare. Out of 53 responses, 7 (13.2%) responses mentioned childcare. Responses ranged from "trustworthy childcare" and "watching my child."

Participant #9: "Head Start has helped improve my daughter's emotional regulation skills, as well as provided a lot of activities for she and I to do together and has made life less

stressful by providing a trustworthy childcare to where I'm able to enjoy my time spent with my daughter more.”

Participant #94: “We are much more at ease knowing our baby is in a safe reliable place.”

Theme 9. Parental Advancement. The theme Parental Advancement reflects the participant responses that indicated having their child enrolled in Head Start allowed them to pursue career and educational advancement opportunities. Out of 53 responses, 6 (11.3%) responses mentioned education or employment. These responses ranged from “have time for school” to “look for employment.”

Participant #52: “*Watching my child while I'm at work *decent price compared to other daycares *Knowing my child is in a safe environment while I'm working.”

Participant # 71: “Getting a break from my child has allowed me to meet some of my own basic needs. Run errands and I am currently looking for employment.”

Exploratory Analysis

An additional descriptive analysis was conducted to analyze responses to Single Parenthood in connection with marital status. Among participants, 17 participants were not married but were in a committed partnership with the other parent of the child enrolled in OACAC Head Start. This equated to 25.8% of participants that indicated they were not married, parenting in the same household with the other biological parent of their child enrolled in OACAC Head Start. Among participants, 17 participants were married to the other parent of the child enrolled in OACAC Head Start. This equated to 50% of the participants that indicated they were married parenting in the same household with the other biological parent of their child

enrolled in OACAC Head Start. Among participants, 46 participants were not married and were not in a committed partnership with the other parent of the child. This equated to 69.7% of the participants that indicated they were not married or in a committed partnership with the biological parent of their child enrolled in OACAC Head Start. It can be inferred that these 69.7% of participants are either single parents or parenting their child with the other biological parent of the enrolled child in separate households. Among participants, 14 participants indicated they were married but not in a committed partnership with the biological parent of their child enrolled in OACAC Head Start. This equates to 41.2% of participants parenting their child in a household with a partner that is not the biological parent of their enrolled child. It can be inferred that this child is either being raised exclusively in the household of the married couple, or in two separate households if the other biological parent is involved in the child's upbringing. These results are statistically significant ($p = .02$). This data showed that there are more single parent households than two parent households despite marital status. Additional analyses were also conducted to examine and the correlation between education level and employment. Level of education and employment had statistically significant correlation to each other ($r = .207, p = .037$). Participants who had higher levels of education were more likely to be employed.

DISCUSSION

The present study examined specific Risk Factors Southwest Missouri families that are enrolled in OACAC Head Start experience and how those Risk Factors impact these parents' ability to meet the basic needs of their child(ren) and connect to services within their community. The purpose of this study was to determine whether preventative measures, also known as Family Support Services, are more effective if they are implemented before a family separation, while a family is experiencing the crisis at a minimal level, instead of when the crisis becomes severe enough to separate the family requiring the implementation of specific services to reunify. The examination of Family Unity within this study also consisted of qualitative data to aid in an exploratory analysis of OACAC Head Start families' experience being enrolled and how that has impacted the stability of their family overall.

Research Question 1

Homelessness was not predicted to be the most prevalent risk factor within this study, but this risk factor could potentially be the most severe risk factor examined within this study when considering circumstances that have significant adverse effects on children and research that concludes Homelessness is most prevalent for families of children under 6 at 51% based on the research of Tobin and Murphy (2013, p. 2). Homelessness is such a severe risk factor based on its directly negative correlation with nutrition and health (Tobin & Murphy, 2013). Inadequate nutrition and health can have lasting detrimental physical, social, emotional, and cognitive impacts (Tobin & Murphy, 2013). Even though Homelessness was not as prevalent as the researcher predicted in hypothesis 1, with the theory that most families may be experiencing

Homelessness simultaneously with other Risk Factors, it is still experienced by some families. Only 0.9% of families indicated they lacked a permanent place to sleep at night, while a greater percentage (17%) of families indicated they have experienced Homelessness at some point in their lives, but currently had a place to live. This indicates that Homelessness is prevalent to a certain extent for those in Poverty, but that there is a chance to overcome it and gain housing stability. 11.3% of participants lived in their parents' home, which indicates the need for community and familial support to aid in reducing the risk factor of Homelessness. The research of Tobin and Murphy (2013) research defines homeless children in families as “the fastest-growing group of homeless persons in the United States” (p.1). This is further supported in Tobin and Murphy's research by the fact that, “The American Academy of Pediatrics considers homelessness to be an issue with which pediatricians should be concerned” (2013, p.1). In considering the connection pediatricians and medical establishments have to children, families, and communities, these concerns should extend beyond pediatricians and be the concerns for all community organizations that serve children and families.

This study supported a conclusion within the research of Roy and Raver (2014) that most single parent families are headed by mothers than fathers. Only 2 out of 4 of the male participants indicated they were single parents, compared to the 59 out of 95 female participants who responded to both questions, and indicated they were single parents. Families in Poverty experience more crises due to the lack of extensive, constant financial resources. It is harder for families in Poverty to maintain financial stability because their living expenses are depleted at a much faster rate than higher income families (Maitoza, 2019). This is especially severe for single parents in Poverty because they are surviving with one income (Maitoza, 2019). Unemployment is extremely detrimental to families because without adequate employment and consistent

income, a family experiencing chronic Poverty would never be able to overcome it (Maitoza, 2019).

Unemployment was the second most prevalent risk factor for the participants of this study. 29.2% of participants were unemployed. Maitoza states “losing a job often leads to a cascade of additional stressors: financial strain, lifestyle changes, a move to less expensive housing, and disruption of social relationships are all possible outcomes” (2019, p.190).

Unemployment has an extensive emotional impact on households with one and two parents. Single parents deal with the financial burden of Unemployment alone which can create more extensive stress that negatively affects the child due to this parents’ potential inability to connect with their child during this period. For two parent households the effects can vary based on the family dynamic. If the family has primarily been dependent on one income, even with two parents, and the breadwinner loses their job, this forces the other parent back into the workforce which can be hard being that this parent may struggle to secure employment based on a lack of skills or gap in their work experience. If both parents are employed and the family is dependent on both incomes and one parent or both parents lose their income, then the financial strain of Unemployment severely impacts that family. In both scenarios mentioned referencing two parent households, marital strain is likely, Maitoza (2019) defines stressors in relation to Unemployment as micro-stressors which are minor changes within the daily routine of a family based on Unemployment and major stressors which are more extensive changes to a family's lives based on a lack of resources that occurs due to Unemployment. To be successful in alleviating the challenge of Unemployment, Maitoza (2019) stresses the importance of acknowledging this crisis as an opportunity for growth by determining “the issues and hardships so they can be addressed, recognize and affirm emotional responses, and focus on the family unit

as a continued source of emotional and social development for family members” (p.190). This approach helps unify families during the stressful experience of Unemployment. For single parents who do not have the same support system to lean on it is critical for organizations providing support to single parents to build up a network of social connections for families to unify and support each other emotionally or by providing temporary resources to help alleviate the current lack of resources based on their financial strain. Support to address these prominent Risk Factors that families could be experiencing is needed. To secure and maintain employment this support could include having additional childcare support information available outside of OACAC Head Start program hours such as information about 24-hour childcare centers to support parents that work nontraditional business hours that require additional childcare. This is important to support parents seeking employment in the workforce to promote resilience while job seeking, sustaining an acquired job, as well as continued advancement in the workforce.

Single Parenthood was the most prevalent risk factor examined within this study as well as within the literature. Single Parenthood is socially and environmentally detrimental for children due to the financial and emotional strain this circumstance places upon a parent. Parents in single parent households commonly live on one income, which is a contributing factor to experiencing Poverty, food insecurity, and housing instability (Shinn, Gibbons-Benton, & Brown, 2015). Single Parenthood is a devastating risk factor as it can be caused by Poverty as well as be the cause of Poverty. An example of Single Parenthood being caused by Poverty could be the separation of a family due to Homelessness or Unemployment (other Risk Factors connected to Poverty), which cause families to seek out accommodations to meet immediate basic needs, that may not accommodate the entire family, which would then potentially separate the family physically and create emotional strain within familial relationships (Shinn, Gibbons-

Benton, & Brown, 2015). An example of Single Parenthood being the cause of Poverty could be the dissolution of marriages or committed partnerships, which separates and potentially reduces the income of each parent. This reduction of income could be within Poverty parameters, which increases the barriers to Family Support Services and overall Risk Factors families' experience. Due to the prevalence of Single Parenthood among OACAC Head Start families, it is crucial to examine what supports a single parent may need in comparison with the supports two parent household's need to determine how to intensively support that single parent to reduce stressors caused by this circumstance and promote continued family stability.

Only 28 participants experienced two Risk Factors simultaneously (Table 5). Unemployment and Single Parenthood were the two Risk Factors that were experienced simultaneously most frequently, with 17 participants indicating that is what they were experiencing (Table 5). Homelessness and Single Parenthood were the second most frequent Risk Factors experienced simultaneously. Based on the data showing that Single Parenthood is the most prevalent, it could be assumed that although most participants did not experience two Risk Factors simultaneously, if they were to be experiencing two simultaneously, it is probable that Single Parenthood would be one of those Risk Factors. To support those families that may be experiencing simultaneous Risk Factors, more community organizations like Isabel's House should be available in rural counties to support their need for this type of service. To support all families to eventually ensure no Risk Factors are present, efforts made to connect families to Family Support Services should include providing a clearinghouse of functional resources such as technology assistance resources, constant information about local food pantries, connections to diaper banks, free COVID-19 testing kits and COVID-19 vaccinations for children and adults. This support is even more crucial for single parents because they may have a smaller support

network than married couples enrolled in the OACAC Head Start program. Having discretionary funds that address barriers that impact the physical health of children and families could be a Family Support Service that reduces Risk Factors.

Research Question 2

The barriers to accessing community resources and Family Support Services within this study were lack of transportation, lack of information, inability to pay fees, lack of childcare, and other. Participants indicated that lack of childcare was the more prevalent barrier they experienced to accessing Family Support Services compared to the other barriers (Table 6). It was also the barrier that had the highest participant responses of being solved other than barriers participant categorized as “other” (Table 6). OACAC Head Start solves that barrier for families through the preschool services they provide which may provide parents more time during traditional business hours to devote to securing and maintaining employment, home improvement, self-care activities, and other tasks that improve the stability of the family. The results shows that the OACAC Head Start program solved each barrier for at least 9% of participants (Table 7), it can be concluded that efforts are being made to actively solve barriers for family, more extensive research should be done to determine how to increase the percentage of barriers solved in comparison with the percentage of barriers participants indicated they experienced to ensure the solutions are being observed more frequently than the barriers. The only barrier that the data showed had been solved at a higher rate than the presence of it, was barriers indicated as “other” (Table 6 and Table 7). This shows that OACAC Head Start can solve the nontraditional barriers family may experience, which could be directly correlated with the family advocacy the program provides. This is further supported by participants indicating

other resources as the highest resources they were referred to by an OACAC staff member (Table 9).

The research of Samuel, Hobden, LeRoy, et al., (2012) emphasizes the importance of both formal and informal services that include tangible goods to ensure maximum participation from each member of a family and that these resources should provide informational, instrumental, and emotional supports. Informational support provides necessary education and training to empower parents as advocates for themselves and their children when seeking out services. Instrumental support provides families with access to community resources including mental health referrals, physical items to meet basic needs, childcare, among other familial needs. Emotional support provides families with ways to develop support networks within their community to alleviate isolation and ensure prolonged success. The research of McCroskey and Meezan (1998) on Family Support Services concluded that Family Support Services should always prioritize the integrity of the family alongside the child's wellbeing. This is achieved by acknowledging the diversity that exist within families as someone tasked with providing services to a family because every family's needs are different and implementation services can look different for each family, prioritizing families as the best environment for a children when severe abuse and neglect is not present and providing fair access to resources to be successful this is important when considering the families OACAC Head Start serves because of the difference in resources in urban communities compared to rural communities. Systems need to be put in place to bridge the gap between community social support systems and physical community resources available to support equity within Family Support Services. Family Support Services prioritize the family's role within these services in comparison to family preservation services which are implemented for families with higher risk of abuse and neglect, with the same goal of reducing

Risk Factors, but without the lens of continued family stability because the risk of family separation is substantially greater when family preservation services are being implemented. The success of Family Support Services is also directly tied to the relationship between the family and staff offering the support services. Families are more forthcoming with expressing their problems and seeking help when they feel connected to the organization, they are receiving services from. McCroskey and Meezan (1998) state in their research that “family centered practice is based on respect for the integrity and strengths of families and their members, and on the belief that individuals can find solutions to their own problems through relationships with engaged and committed service providers” (p.67).

The most essential family support service that OACAC Head Start provides is childcare. Childcare in early childhood has been proven to increase the academic capabilities of children and decrease child maltreatment. Although child maltreatment was not examined extensively within this study it is important to mention its connection to childcare. Waldfogel (2009) concludes that young children, infants, and toddlers being the most prevalent group, who have previously experienced maltreatment are at an increased risk for experiencing repeated maltreatment compared to older children. The research of Waldfogel (2009) speculates that being enrolled in Head Start specifically reduces maltreatment because it may reduce parents' “use of physical discipline by relieving parental stress, by exposing parents to alternative forms of discipline, and by making the children more visible to potential reporters (for example, childcare providers) who would be aware if they were being maltreated” (pp. 200-201).

Barriers to accessing services can be the determining factor for families receiving the services they need and not receiving them. Family Support Services can encompass many resources. The purpose of effective Family Support Services should always be geared towards

educating and stabilizing families. The Family Support Services examined within this study, provided by OACAC included housing support services (Section 8, LIHEAP Energy Assistance, and Weatherization Services), health services (Food Assistance and Family Planning), connections to community resources (Neighborhood Centers), and childcare (OACAC Head Start). This hypothesis was supported to prove that when barriers to accessing services are solved, parents will be able to be referred to community resources and utilize them. Most participants were referred to resources categorized as other and food assistance (Table 9). Streamlining the process for direct access to those resources as the results indicated they were the most needed referrals could ensure that the most prevalent barriers families are experiencing are solved. Refining this process with these barriers could then be transformed into a process for solving all barriers families experience at similar rates.

Research Question 3

Quantitative responses to Family Support Services questions 5, 7, 8, and 9 in the Risk Factor Assessment Survey (Appendix C) and Qualitative responses from Family Support Services questions Question 1, after question 9 in the Risk Factor Assessment Survey (Appendix C) showed that overall participants agreed that OACAC Head Start improved their living conditions, employment and financial situation, ability to meet the basic needs for their child, and Family Unity. Despite this, there was a substantial number of participants who indicated they were uncertain if OACAC Head Start improved their living conditions, employment and financial situation, ability to meet the basic needs for their child, and Family Unity. Measuring each risk factor's impact independently allowed the results to show the OACAC Head Start program and the services they provide do impact a significant amount of the families they serve

and have the potential to reduce the Risk Factors they experience and improve their stability. To reduce the uncertainty among OACAC Head Start families, OACAC Head Start should make concentrated efforts to generate opportunities for social support networks for parents at head start as well as enrich the social support networks that organically evolve from the parents of children enrolled in OACAC Head Start to ensure that parents develop support systems within the OACAC Head Start community.

Although many families believed OACAC Head Start improved their Family Unity, the research did not support the hypothesis that improved Family Unity is positively correlated with solving barriers. The correlation of this question was based on the participant's responses to Family Support Services Question 3 of the Risk Factor Assessment Survey (Appendix C) and Family Support Services Question 9 of the Risk Factor Assessment Survey (Appendix C). This could be due to less than 30% of participants indicating the specific barriers of lack of transportation, lack of information, inability to pay fees, lack of childcare, and other as solved for each barrier. If closer to half of the participants would have indicated at least one of the barriers was solved, then there could have been potential correlation. Based on the qualitative results it can be conclude that families do believe OACAC Head Start has improved their Family Unity but based on the research we cannot conclude that it is due to the reduction of Risk Factors through solving barriers to accessing Family Support Services. Based on this research more extensive data should be gathered to determine how to increase Family Unity for OACAC Head Start families. It is crucial that OACAC Head Start continuously work to generate and sustain connections between the organization and families to make concentrated efforts to facilitate Family Support Services in relation to Risk Factors.

Limitations

When choosing the Risk Factors to examine within this study, it was important to choose Risk Factors that could illicit realistic responses. For example, participants may have been more uncomfortable with participating in the study if domestic violence and substance abuse were examined. While consideration was taken for potentially uncomfortable questions, a potential limitation of this study may also be inflated incomes reported by some participants (e.g., 6 participants reported an income of 50,000-60,000). Technology also proved to be a potential limitation within this study as these families are lower income families, so their access to internet connection and technology devices could have been impacted. This research began in January of 2022, when the effects of COVID-19 were still prevalent in the communities of Southwest, Missouri, and required the survey to be digital to protect the health of all involved in the research. It is important to note that this population may have been in a transitional period, which also could have impacted the number of participants. Initially there were 128 participants. 22 participants were eliminated based on the eligibility of the study (e.g., non-biological parents, underage). Which resulted in 106 participants, all of which are limitations of the study. Having a larger sample size could have provided more data to support hypotheses that were not supported. The sample size was primarily women and Caucasian. Having a more diverse sample size could also have affected the results of this study. The research of Roy and Raver (2014), reflects the importance of providing more of an informational analysis for examining cumulative Risk Factors than cumulative risk models by considering the ways Risk Factors occur simultaneously with the assumption that “different combinations of risks may be differentially related to children’s outcomes” (p. 391), For example a two parent household experiencing Unemployment would produce a different outcome than a single parent being unemployed because two incomes

would alleviate the Risk Factors at a faster rate than one, meaning it would take a single parent longer to obtain the income needed to alleviate Homelessness than it would a two-parent household. Cumulative risk models quantify Risk Factors, and the quantity of Risk Factors determines the severity to predict child outcomes instead of the content of the Risk Factors.

Future Directions

This study was conducted over a ten-month period and offered to all families OACAC Head Start serves. This study could be replicated with the same population during a time where the effects of COVID-19 are not present. To gather more data this study could also potentially be done as a longitudinal study over multiple years, with the same population to exclusively gather participants who have been with the program for numerous years to examine their extensive experience with the OACAC Head Start program and Family Support Services. This study could also be conducted using other Head Start populations to determine if the Risk Factors and barriers present for families differ or are present at different frequencies based on geographical region. After garnering baseline data from numerous Head Start programs nationally, this study could then be extended to other childcare program models including Reggio Emilia programs and Montessori schools. This study could also be extended to families of higher income levels to determine how income levels influence the Risk Factors present for families as well as the severity.

Conclusion

The study found that Single Parenthood is the most prevalent risk factor amongst families in Poverty, more specifically OACAC Head Start families. This Risk Factor can also be a

catalyst for increased Risk Factors because most of the parents that experienced Risk Factors simultaneously experienced either Homelessness or Unemployment along with Single Parenthood. This study can be used to further understand the detrimental effect these Risk Factors have on children and families, as well as the barriers to Family Support Services impoverish families experience that negatively impact their ability to reduce those Risk Factors. The Family Support Services OACAC Head Start provides for their families proved to have some positive impact on the participants of the study and allowed majority of these families to reduce at least one barrier to accessing community resources. The primary recommendation of the researcher is that organizations that serve families in Poverty, or any community subset experiencing Risk Factors, as well as barriers to reducing them, be provided with Children and families need holistic support networks to create solutions to these problems and ensure stability is sustainable. For families, these holistic support systems may be the difference that prevents family separation due to unintentional neglect based on a lack of resources, in comparison to intentional abuse and neglect.

REFERENCES

- Aikens, N., Cavadel, E., Hartog, J., Hurwitz, F., Knas, E., Schochet, O., Malone, L., & Tarullo, L. (2017). Building Family Partnerships: Family Engagement Findings from the Head Start FACES Study. OPRE Report 2017-102. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
https://www.acf.hhs.gov/sites/default/files/documents/opre/faces_spr2015_family_engagement_rpt_clean_final_508.pdf
- Briggs, M. A. (2013). Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity. *Pediatrics*, 131(6), 1206–1210. <https://doi.org/10.1542/peds.2013-0645>
- Carnochan, S., Lee, C., & Austin, M. J. (2013). Achieving timely reunification. *Journal of Evidence-Based Social Work*, 10(3), 179–195.
- Children's Division, Missouri Child Abuse and Neglect Annual Report Fiscal Year 2021 (2021). Jefferson City, MO; Missouri Dept. of Social Services.
- Coe, J. L., & Parade, S. H. (2019). Family instability as a unique risk factor for children's adjustment problems. *Brown University Child & Adolescent Behavior Letter*, 35(11), 1–6. <https://doi.org/10.1002/cbl.30419>
- Head Start ECLKC. (2020, November 23). 1302.12 Determining, verifying, and documenting eligibility. ECLKC. Retrieved December 11, 2021, from <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-12-determining-verifying-documenting-eligibility>
- Johnson, K. (2019). Chronic Poverty: The Implications of Bullying, Trauma, and the Education of the Poverty-Stricken Population. *European Journal of Educational Sciences*, 76–101.
- Jones Harden, B., Chazan-Cohen, R., Raikes, H. & Vogel, C. (2012). Early Head Start Home Visitation: The Role of Implementation in Bolstering Program Benefits. *J. Community Psychol.*, 40: 438-455. <https://doi.org/10.1002/jcop.20525>
- Kopack Klein, A., Kemmerer, C., West, J., & Lim, G. (2016). Early Head Start Research and Evaluation Project (EHSREP): 1996-2010 Measures Compendium. OPRE Report 2016-101. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services.
- Maguire-Jack, K., & Font, S. A. (2017). Community and Individual Risk Factors for Physical Child Abuse and Child Neglect: Variations by Poverty Status. *Child Maltreatment*, 22(3), 215–226. <https://doi.org/10.1177/1077559517711806>

- Maitoza, R. (2019). Family challenges created by unemployment. *Journal of Family Social Work*, 22(2), 187–205. <https://doi.org/10.1080/10522158.2018.1558430>
- McCroskey, J., & Meezan, W. (1998). Family-Centered Services: Approaches and Effectiveness. *The Future of Children*, 8(1), 54–71. <https://doi.org/10.2307/1602628>
- Ozarks Area Community Action Corporation. (2016). We Are Ozarks Area Community Action Corporation. OACAC. Retrieved December 11, 2022, from <https://oac.ac/>
- Rector, R. (2010). Marriage: America’s greatest weapon against child poverty. *Backgrounder*, 2465, 1-16.
- Roy, A. L., & Raver, C. C. (2014). Are All Risks Equal? Early Experiences of Poverty-Related Risk and Children’s Functioning. *Journal of Family Psychology*, 28(3), 391–400. <https://doi.org/10.1037/a0036683>
- Samuel P.S., Hobden K.L., LeRoy B.W., & Lacey K.K. (2012). Analysing family service needs of typically underserved families in the USA. *J Intellect Disabil Res*. 2012 Jan;56(1):111-28. doi: 10.1111/j.1365-2788.2011.01481.x. Epub 2011 Dec 6. PMID: 22142360.
- Shinn, M., Gibbons-Benton, J., & Brown, S. R. (2015). Poverty, Homelessness, and Family Break-Up. *Child Welfare*, 94(1), 105–122.
- Stephens, T. N., Parchment, T., Gopalan, G., Burton, G., Ortiz, A., Brantley, T., Martinez, S., & McKay, M. (2015). Assessing the Needs of Reunified Families from Foster Care: A Parent Perspective. *Child Welfare*, 94(6), 9–38. <https://www.jstor.org/stable/48624901>
- Szlamka, Z., Tekola, B., Hoekstra, R., & Hanlon, C. (2022). The role of advocacy and empowerment in shaping service development for families raising children with developmental disabilities. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, 25(4), 1882–1891. <https://doi.org/10.1111/hex.13539>
- The Assistant Secretary for Planning and Evaluation. (2021). U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. ASPE. Retrieved December 8, 2022, from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>
- Tobin, K., & Murphy, J. (2013). Addressing the Challenges of Child and Family Homelessness. *Journal of Applied Research on Children*, 4(1).
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start (2010). Head Start Impact Study. Final Report. Washington, DC.

Waldfoegel, J. (2009). Prevention and the Child Protection System. *The Future of Children*, 19(2), 195–210. <http://www.jstor.org/stable/27795053>

TABLES

Table 1: Demographic Characteristics of Participants (*n*=106)

Demographic	Included Sample (<i>n</i> =106)	<i>n</i> %
Participant Race		
Caucasian	79	74.5%
Hispanic	12	11.3%
African American	7	6.6%
Other	6	5.7%
No Response	2	1.9%
Participant Education Level		
Middle School	1	0.9%
High School	47	44.3%
Less than 2 years of college	30	28.3%
2-4 years of college	23	21.7%
More than 4 years of college	3	2.8%
No Response	2	1.9%
Participant Family Size*		
2	9	8.5%
3	21	19.8%
4	32	30.2%
5	12	11.3%
6	13	12.3%
7	5	4.7%
8	3	2.8%
9	2	1.9%
11	1	0.9%
No Response	8	7.5%
Participant Number of Children		
1	16	15.1%

Note: *Includes anyone in the home biologically related to enrolled child.

Table 1. Demographic Characteristics of Participants (*n*=106) Continued

Demographic	Included Sample (<i>n</i> =106)	<i>n</i> %
Participant Number of Children		
2	37	34.9%
3	31	29.2%
4	14	13.2%
5	2	1.9%
6	2	1.9%
11	1	0.9%
No Response	3	2.8%
Participant Income		
0	3	2.8%
0 - 10,000	20	18.9%
10,000 - 20,000	29	27.4%
20,000 - 30,000	29	27.4%
30,000 – 40,000	8	7.5%
40,000 – 50,000	6	5.7%
50,000 – 60,000	6	5.7%
No Response	5	4.7%

Note: *Includes anyone in the home biologically related to enrolled child.

Table 2. Family Unity Responses

A. Initial Responses	B. Response Groupings	C. Final Themes
Activities	Quality time	Quality Time
Activities at Home	More Family Time	
Activities with Other Children	Time As Family	
Attend School	Time Together As A Family	
Attend Work	Time Together	
Better Childcare	Bringing Us Together	
Better Family Communication	Bond	Bonding
Bubble Sheets	Enjoy My Time with Daughter	
Bond	Working on Things Together	
Break From my Child	Connect with My Son	
Bringing Us Together	Love Talking About School	
Child Communicates	Eat As a Family	
Child Shares Emotions	Working Together	
Communicate Better	Helpful	Helpful
Comprender a mis hijos	Helped Me	
Conscious Discipline	Helps	
Confidence Increased	Support	
Connect with My Son	Solved Feelings	Child Learning Social Skills
Eat As a Family	Emotional Regulation Skills	
Educating Children	Son Not So Angry	
Emotional Regulation Skills	Confidence Increased	
Enjoy My Time with Daughter	Child Shares Emotions	
Experience New Things	Child Communicates	
Family Activities at Home	Models Good Behavior	
Family Activities Together	Interacts with Peers	
Handouts	Social Relationships	
	Social Interactions with Other Children	

Table 2. Family Unity Responses Continued

A. Initial Responses	B. Response Groupings	C. Final Themes
Have Time for School	Activities with Other Children	Child Learning Social Skills
Helpful	Conscious Discipline	Parent Learning Social Skills
Helped Me	I Can Talk to My Kids	
Helps	Communicate Better	
I Can Talk to My Kids	Comprender a Mis Hijos	
Improved Communication	Better Family	
Interacts with Peers	Communication	
Learn New Concepts	Listen	
Learned So Much	Understand Each Other	
Listen	Improved Communication	
Looking For Employment	Talk to Each other More	
Love Talking About School	More Communication	
Models Good Behavior	Educating Children	Children Learning
More Communication	Experience New Things	
More Family Time	Learn New Concepts	
Quality Time	Learned So Much	
Social Interactions with Other Children	Speech Improved	
Opportunity to Work	Handouts	Activities At Home
Social Relationships	Activities	
Solved Feelings	Activities at Home	
Son Not So Angry	Bubble Sheets	
Speech Improved	Family Activities at Home	
Support	Family Activities Together	
Talk to Each other More	Watch My Children	Childcare
Time As Family	Trustworthy Childcare	
Time Together As A Family	Better Childcare	
Time Together	Break From My Child	
Understand Each Other	Attend work	Parental Advancement

Table 2. Family Unity Responses Continued

A. Initial Responses	B. Response Groupings	C. Final Themes
Watch My Children	Have Time for School	Parental Advancement
Working	Working	
Working on Things Together	Looking For Employment	
Trustworthy Childcare	Opportunity to Work	
Working Together	Attend School	

Table 3. Themes Outlining OACAC Head Start Improving Family Unity
Nine Common Themes

Theme 1. Quality Time

Theme 2. Bonding

Theme 3. Helpful

Theme 4. Child Learning Social Skills

Theme 5. Parent Learning Social Skills

Theme 6. Children Learning

Theme 7. Activities At Home

Theme 8. Childcare

Theme 9. Parental Advancement

Table 4. Additional Comment Responses
Condensed Participant Comments

Life More Stressful

Different than other childcare centers

Helpful

Thankful

Affordable

Learned New Skills

Children learn daily routines

Prepare for Kindergarten

Social Skills

Staff are Amazing

Flexibility

Better Life

Better Parent

Supportive

Great Asset

Counseling

Multiple Children Enrolled

Community Involvement

Allows parents to pursue school and employment

Table 5. Risk Factor Cross Tabulation

Homelessness	Unemployment	Single Parenthood	Risk Factors	Total <i>n</i>
Not Homeless	Employed	Yes	1	35
Not Homeless	Employed	No	0	20
Not Homeless	Unemployed	Yes	2	17
Not Homeless	Unemployed	No	1	11
Homeless	Employed	Yes	2	9
Homeless	Employed	No	1	2
Homeless	Unemployed	Yes	3	0
Homeless	Unemployed	No	2	2

Table 6. Barriers Experienced by OACAC Head Start Families

Barriers	<i>n</i>	%
Lack of Transportation	14	13.2%
Lack of Information	13	12.3%
Inability to Pay Fees	24	22.6%
Lack of Childcare	30	28.3%
Other	19	17.9%

Table 7. Barriers OACAC Head Start Solved

Barriers	<i>n</i>	%
Lack of Transportation	10	9.4%
Lack of Information	10	9.4%
Inability to Pay Fees	13	12.3%
Lack of Childcare	27	25.5%
Other	28	26.4%

Table 8. Hypothesis 2 Simple Linear Regression

Variable	B	95% CI	t	p
(Constant)	.247	.301	.822	.414
Reducing Barriers	1.051	.225	4.675	<.001

Table 9. Community Resources Referred to by OACAC Head Start Staff

Referral Resource	<i>n</i>	%
Housing Vouchers	5	4.7%
Food Assistance	28	26.4%
LIHEAP Energy Assistance	21	19.8%
Weatherization Services	12	11.3%
Family Planning Services	5	4.7%
Neighborhood Centers	16	15.1%
Other Resources	30	28.3%

Table 10. Do You Feel That the Program Improved Your Living Condition?

Response	<i>n</i>	%
Strongly Agree	24	22.6%
Agree	32	30.2%
Uncertain	24	22.6%
Disagree	7	6.6%
Strongly Disagree	7	6.6%
I Prefer Not to Answer	3	2.8%
No Response	9	8.5%
Total	106	100%

Table 11. Do You Feel the Program Has Improved Your Employment and Financial Situation?

Response	<i>n</i>	%
Strongly Agree	21	19.8%
Agree	25	23.6%
Uncertain	31	29.2%
Disagree	11	10.4%
Strongly Disagree	4	3.8%
I Prefer Not to Answer	3	2.8%
No Response	11	10.4%
Total	106	100%

Table 12. Did Receiving These Services Improve Your Ability to Meet the Basic Needs of Your Child?

Response	<i>n</i>	%
Strongly Agree	31	29.2%
Agree	35	33%
Uncertain	18	17%
Disagree	5	4.7%
Strongly Disagree	3	2.8%
I Prefer Not to Answer	3	2.8%
No Response	11	10.4%
Total	106	100%

Table 13. Has Your Time Enrolled in Head Start Improved Your Family Unity?

Response	<i>n</i>	%
Strongly Agree	33	31.1%
Agree	39	36.8%
Uncertain	15	14.2%
Disagree	4	3.8%
Strongly Disagree	2	1.9%
I Prefer Not to Answer	2	1.9%
No Response	11	10.4%
Total	106	100%

Table 14. Hypothesis 3 Simple Linear Regression

Variable	B	95% CI	t	p
(Constant)	4.911	.120	40.950	<.001
Reducing Barriers	-.085	.086	-.990	.326

FIGURES

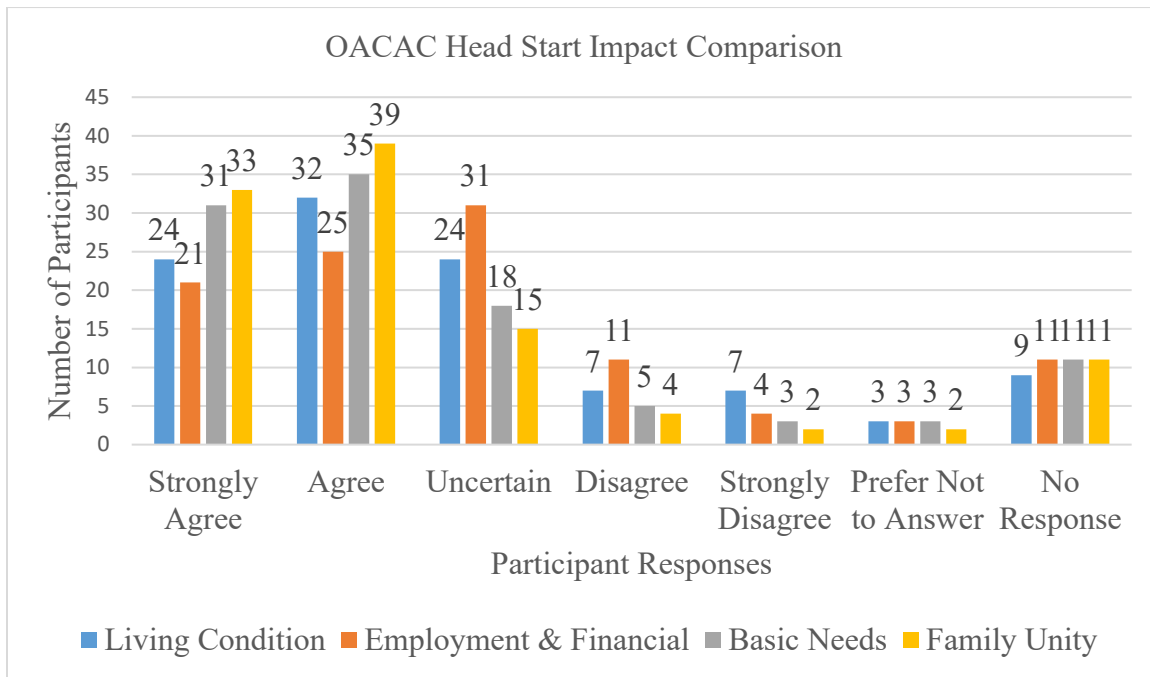


Figure 1. Comparison of responses to Family Support Service Questions 5, 7, 8, and 9 in the Risk Factor Assessment Survey (Appendix C).

APPENDICES

Appendix A. IRB Approval Letter



To:
Sabrina Brinson
Childhood Ed & Fam Studies

Date: Dec 16, 2021 9:29:58 AM CST

RE: Notice of IRB Exemption

Study #: IRB-FY2022-345

Study Title: REDUCING FAMILY RISK FACTORS CAUSED BY POVERTY THROUGH FAMILY SUPPORT SERVICES

This submission has been reviewed by the Missouri State University Institutional Review Board (IRB) and was determined to be exempt from further review. However, any changes to any aspect of this study must be submitted, as a modification to the study, for IRB review as the changes may change this Exempt determination. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:

PI: Sabrina Brinson

Co-PI:

Primary Contact: Aaliyah Williams

Other Investigators:

Appendix B. English Demographic Questionnaire

Demographic Questionnaire

Completion of this survey is completely voluntary and there are no consequences if you choose to not participate. NOTE: Your participation will remain anonymous to all except the researcher and research committee. Put an X next to any question you prefer not to answer.

Please indicate the appropriate answer.

Age (in years):

Gender: Male _____ Female _____

Marital Status: Married _____ Not Married _____

Number of children _____

Race/Ethnicity: Please circle one. (If other fill in race/ethnicity)

- a. African American
- b. Asian
- c. Caucasian
- d. Hispanic
- e. Other:

Highest level of education achieved: Please circle one.

- a. Elementary School
- b. Middle School
- c. High School/GED
- d. Less than 2 years of college
- e. 2-4 years of college
- f. Greater than 4 years of college

Circle the answer that corresponds with your circumstances. If a yes or no question does not apply to you, circle no. If a short answer does not apply to you, write N/A (Ex: Other: Please Explain Below) Put an X next to any question you prefer not to answer.

1. What is your relationship to the child? Please circle one.

Parent Grandparent Foster Parent Other: Please Explain Below

2. How many children do you have currently enrolled:

3. Which program model is your child enrolled in? Please circle one.

Head Start Early Head Start Home-Based

Please write which program you are enrolled in below. (Ex: If you circle Head Start, then right Hollister Head Start on the line if your child is enrolled at Hollister Head Start)

If you have multiple children in different program models, please briefly describe below (Ex: 1 in Early Head Start and 1 in Head Start, etc.)

4. Has your child enrolled ever been in the custody of the Department of Social Services?

YES NO

5. Have you completed the reunification process and regained legal custody of your child?

YES NO

6. Did the services provided by OACAC help in regaining custody of your child?

YES NO

Appendix C. English Risk Factor Assessment Survey

Risk Factor Assessment Survey

Circle the answer that corresponds with your circumstances. If a yes or no question does not apply to you circle no. If a short answer does not apply to you write N/A (Ex: How long have you been unemployed) **Put an X next to any question you prefer not to answer.**

Homelessness

1. Are you currently homeless or have you ever been homeless or not had a permanent place to sleep at night? (Please Circle One)

- No, I have never been homeless
- Yes, I currently lack a permanent place to sleep at night or am currently homeless
- Yes, I have been homeless but currently have a permanent place to live

If yes,

1. Do you and your children live in your parents' home? YES NO
2. Do you and your child live in a shelter? YES NO
3. Do you and your child live in a hotel? YES NO
4. Are you homeless due to eviction? YES NO
5. Are you homeless due to separation from spouse? YES NO
6. Are you homeless due to the pandemic? YES NO

Single Parenthood

1. Are you the primary caregiver of your child enrolled in Head Start? YES NO
2. Are you a single parent? YES NO

If yes, how long have you been a single parent:

3. Are you in a committed partnership with the other parent of your child enrolled in Head Start?
YES NO

Unemployment

1. What is your annual income level?
0-10,000 10,000-20,000 20,000- 30,000 30,000- 40,000 40,000-50,000 50,000- 60,000

2. What is your family size? _____ (Include everyone living in your home biologically related to the child)

3. Are you employed? YES NO

If no,

1. How long have you been unemployed:

2. Are you unemployed due to the pandemic? YES NO

4. Are you enrolled in school? YES NO

Family Support Services

1. Were you referred to any of these services by an OACAC employee?

1. Housing Vouchers (Section 8) YES NO

2. Food Assistance (SNAP, Food Banks, Etc.) YES NO

3. LIHEAP Energy Assistance YES NO

4. Weatherization Services YES NO

5. Family Planning Services YES NO

6. Neighborhood Centers YES NO

7. Other YES NO (If YES is circled, please elaborate below)

2. Did any of these barriers prevent you from accessing services for you and your child?

1. Lack of transportation YES NO
 2. Lack of information YES NO
 3. Inability to pay fees YES NO
 4. Lack of childcare YES NO
 5. Other YES NO (If YES is circled, please elaborate below)
-
-

3. Based on your answers to the previous question, did OACAC solve any of these barriers to accessing services for you and your child?

1. Lack of transportation YES NO
 2. Lack of information YES NO
 3. Inability to pay fees YES NO
 4. Lack of childcare YES NO
 5. Other YES NO (If YES is circled, please elaborate below)
-
-

4. Since enrolling in Head Start and receiving support services, have you experienced homelessness? YES NO

If yes,

How many separate instances of homelessness has your family experienced since enrollment?

How long did each instance of homelessness last? (Ex: 1st experience lasted 2 weeks)

5. Do you feel that the program improved your living condition?

1.Strongly Disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly Agree

6. Since enrolling in Head Start and receiving support services, have you experienced unemployment? YES NO

If yes,

How many separate instances of unemployment has your family experienced since enrollment?

How long did each instance of unemployment last? (Ex: 1st experience lasted 2 weeks)

7. Do you feel the program has improved your employment and financial situation?

1.Strongly Disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly Agree

8. Did receiving these services improve your ability to meet the basic needs of your child?

1.Strongly Disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly Agree

9. Has your time enrolled in Head Start improved your family unity?

1.Strongly Disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly Agree

1. How has your time enrolled in Head Start improved your family unity?

10. Additional Comments

Thank you for your participation.

Appendix D. Spanish Informed Consent

UNIVERSIDAD ESTATAL DE MISSOURI

CONSENTIMIENTO PARA ACTUAR COMO PARTICIPANTE HUMANO

Título del estudio: Reducción de los factores de riesgo familiares causados por la pobreza a través de los servicios de apoyo familiar

Investigador principal: Dr. Sabrina A. Brinson

Contacto principal del estudio: Aaliyah Williams , Candidato a MS

Este es un estudio de investigación. Tómese su tiempo para decidir si desea participar. Por favor, siéntase libre de hacer preguntas en cualquier momento. Comience marcando con un círculo la respuesta a la siguiente pregunta.

¿Necesita adaptaciones de idioma adicionales para completar este consentimiento? SÍ NO

INTRODUCCIÓN

El propósito de este estudio es comprender las dificultades que experimentan las familias de OACAC Head Start en las áreas de personas sin hogar, padres solteros y desempleo. Al comprender estas experiencias, el investigador también trabajará para comprender qué servicios se han brindado a las familias inscritas para ayudar con estas dificultades. Se le invita a participar en este estudio porque su hijo está inscrito en Head Start, Early Head Start o Homebased.

DESCRIPCIÓN DE PROCEDIMIENTOS

Si acepta participar en este estudio, su participación tendrá una duración aproximada de 1 hora. Programaré una reunión inicial en persona para explicar el estudio y cómo participará. Si decide participar, esta reunión tendrá una duración aproximada de 30 minutos. Después de obtener el

consentimiento, puede completar el cuestionario y la encuesta en línea, por teléfono o en persona. Si está completando el cuestionario demográfico y la encuesta en persona, programaré una reunión por separado, si es necesario, para completarlos. El tiempo necesario para completarlos será de aproximadamente 15 a 30 minutos. Puede omitir cualquier pregunta que no desee responder o que le haga sentir incómodo. Su participación en el estudio es completamente voluntaria. Puede optar por no unirse o puede retirar su consentimiento para participar en el estudio en cualquier momento.

RIESGOS

Actualmente no hay riesgos previsibles por participar en este estudio.

BENEFICIOS

Es posible que no obtenga ningún beneficio directo inmediato si decide participar en este estudio. Se espera que la información obtenida en este estudio beneficie a las familias de Southwest, Missouri al influir en las futuras políticas organizacionales y los servicios proporcionados en diez condados a los que sirve OACAC Head Start, y posiblemente aumente los servicios disponibles para reducir las dificultades que experimentan las familias en situación de pobreza y apoyar la unidad familiar.

COSTOS E INDEMNIZACIÓN

No hay ningún costo asociado con la participación en este estudio. Usted no será compensado por participar en este estudio.

DERECHOS DEL PARTICIPANTE

Su participación en este estudio es completamente voluntaria y puede negarse a participar o abandonar el estudio en cualquier momento. Si decide no participar en el estudio o abandonarlo antes de tiempo, no dará lugar a ninguna sanción ni a la pérdida de los beneficios a los que tiene derecho.

CONFIDENCIALIDAD

Los registros que identifiquen a los participantes se mantendrán confidenciales en la medida permitida por las leyes y reglamentos aplicables y no se pondrán a disposición del público. Sin embargo, OACAC Head Start y la Junta de Revisión Institucional (un comité que revisa y aprueba los estudios de investigación con sujetos humanos) pueden inspeccionar y/o copiar sus registros para garantizar la calidad y el análisis de datos. Estos registros pueden contener información privada.

Para garantizar la confidencialidad en la medida permitida por la ley, se tomarán las siguientes medidas; Todas las encuestas serán anónimas y solo indicarán en qué condado y programa Head Start está inscrita su familia. Es posible que se escriba su nombre si decide retirarse del estudio y eliminar sus datos. Solo Aaliyah Williams, la Dra. Sabrina A. Brinson, la Dra. Hailey Choi y OACAC Head Start tendrán acceso a los datos obtenidos de este estudio. Todos los documentos físicos se mantendrán en una caja cerrada con llave y los datos digitales se ubicarán en una computadora protegida con contraseña. La información obtenida de este estudio no será eliminada. Si se publican los resultados, su identidad permanecerá confidencial.

PREGUNTAS O PROBLEMAS

Se le anima a hacer preguntas en cualquier momento durante este estudio. Para obtener más información sobre el estudio, comuníquese con Aaliyah Williams al acwilliams@oac.ac 417-864-3423 o la Dra. Sabrina A. Brinson al sbrinson@missouristate.edu 417-836-5070. Se le anima a hacer preguntas en cualquier momento durante este estudio. Si tiene alguna pregunta sobre los derechos de los sujetos de investigación o las lesiones relacionadas con la investigación, comuníquese con la oficina de Administración de Investigación, 407 Carrington Hall, (417) 386-5972.

FIRMA DEL PARTICIPANTE

Su firma indica que acepta participar voluntariamente en este estudio, que se le ha explicado el estudio, que se le ha dado tiempo para leer el documento y que sus preguntas han sido respondidas satisfactoriamente. Recibirá una copia del consentimiento informado por escrito firmado y fechado antes de su participación en el estudio.

Nombre del participante (impreso)

(Firma del participante) (Fecha)

(Firma del padre/tutor o (Fecha)

Representante Legalmente Autorizado)

DECLARACIÓN DEL INVESTIGADOR

Certifico que se le ha dado al participante el tiempo adecuado para leer y aprender sobre el estudio y que se han respondido todas sus preguntas. Es mi opinión que el participante comprende el propósito, los riesgos, los beneficios y los procedimientos que se seguirán en este estudio y ha aceptado participar voluntariamente.

(Firma de la persona que obtiene (Fecha)

Consentimiento informado)

Appendix E. Spanish Demographic Questionnaire

Cuestionario Demográfico

Completar esta encuesta es completamente voluntario y no hay consecuencias si decide no participar. NOTA: Su participación permanecerá anónima para todos excepto para el investigador y el comité de investigación. Ponga una X al lado de cualquier pregunta que prefiera no contestar.

Indique la respuesta adecuada.

Anos:

Género: Masculino _____ Femenino _____

Estado Civil: Casado _____ Soltero _____

Numero de niños _____

Raza/Etnicidad: Encierre en un círculo uno. (Si es otro, indique la raza/origen étnico)

- a. afroamericano
- b. asiático
- c. caucásico
- d. Hispano
- e. Otro:

Máximo nivel de educación alcanzado: Encierre en un círculo uno.

- a. Escuela primaria
- b. Escuela intermedia
- c. Escuela secundaria / Examen General equivalente a diploma secundaria
- d. Menos de 2 años de universidad
- e. 2-4 años de universidad

f. Más de 4 años de universidad

Encierre en un círculo la respuesta que corresponda a sus circunstancias. Si una pregunta de sí o no no se aplica a usted, encierre en un círculo el no. Si una respuesta corta no se aplica a usted, escriba N/A (Ej: Otro: Explique a continuación) Ponga una X al lado de cualquier pregunta que prefiera no contestar.

1. ¿Cuál es su relación con el niño? Por favor circule uno.

Padre ,Abuelo, Padre Adoptivo ,Otro: Explique a continuación

2. Cuántos niños tiene inscritos actualmente:

3. ¿En qué modelo de programa está inscrito su hijo? Por favor circule uno.

Head Start, Early Head Start, Home-based

Escriba a continuación en qué programa está inscrito. (Ej: si marca con un círculo Head Start, luego a la derecha Hollister Head Start en la línea si su hijo está inscrito en Hollister Head Start)

Si tiene varios niños en diferentes modelos de programas, descríbalos brevemente a continuación (Ej: 1 en Early Head Start y 1 en Head Start, etc.)

4. ¿Su hijo inscrito ha estado alguna vez bajo la custodia del Departamento de Servicios Sociales?

SÍ NO

5. ¿Ha completado el proceso de reunificación y ha recuperado la custodia legal de su hijo?

SÍ NO

6. ¿Los servicios proporcionados por OACAC ayudaron a recuperar la custodia de su hijo?

SÍ NO

Appendix F. Spanish Risk Factor Assessment Survey

Encuesta de Evaluación de Factores de Riesgo

Encierre en un círculo la respuesta que corresponda a sus circunstancias. Si una pregunta de sí o no no se aplica a usted, circule no. Si una respuesta breve no se aplica a usted, escriba N/A (Ej.: ¿Cuánto tiempo ha estado desempleado?) Coloque una X junto a cualquier pregunta que prefiera no responder.

Falta de vivienda

1. ¿Está actualmente sin hogar o alguna vez ha estado sin hogar o no ha tenido un lugar permanente para dormir por la noche? (Por favor circule uno)

- No, nunca he estado sin hogar.
- Sí, actualmente carezco de un lugar permanente para dormir por la noche o actualmente no tengo hogar
- Sí, he estado sin hogar pero actualmente tengo un lugar permanente para vivir

En caso afirmativo,

1. ¿Usted y sus hijos viven en la casa de sus padres? SÍ NO
2. ¿Usted y su hijo viven en un albergue? SÍ NO
3. ¿Usted y su hijo viven en un hotel? SÍ NO
4. ¿Está usted sin hogar debido al desalojo? SÍ NO
5. ¿Está usted sin hogar debido a la separación de su cónyuge? SÍ NO
6. ¿Estás sin hogar debido a la pandemia? SÍ NO

Paternidad soltera

1. ¿Es usted el cuidador principal de su hijo inscrito en Head Start? SÍ NO
2. ¿Es usted un padre soltero? SÍ NO

En caso afirmativo, ¿cuánto tiempo ha sido padre soltero?

3. ¿Está usted en una sociedad comprometida con el otro padre de su hijo inscrito en Head Start? SÍ NO

Desempleo

1. ¿Cuál es su nivel de ingresos anuales?

0-10,000 10,000-20,000 20,000- 30,000 30,000- 40,000 40,000-50,000 50,000- 60,000

2. ¿Cuál es el tamaño de su familia? _____ (Incluya a todas las personas que viven en su hogar con relación biológica con el niño)

3. ¿Está usted empleado? SÍ NO

Si no,

1. ¿Cuánto tiempo ha estado desempleado?

2. ¿Estás desempleado debido a la pandemia? SÍ NO

4. ¿Estás matriculado en la escuela? SÍ NO

Servicios de apoyo familiar

1. ¿Fue referido a alguno de estos servicios por un empleado de OACAC?

1. Vales de vivienda (Sección 8) SÍ NO

2. Asistencia alimentaria (SNAP, bancos de alimentos, etc.) SÍ NO

3. Asistencia de energía (LIHEAP) SÍ NO

4. Servicios de climatización SÍ NO

5. Servicios de planificación familiar SÍ NO

6. Centros Vecinales SI NO

7. Otro SÍ NO (Si SÍ está marcado con un círculo, explíquelo a continuación)

2. ¿Alguna de estas barreras le impidió acceder a los servicios para usted y su hijo?

1. Falta de transporte SI NO

2. Falta de información SI NO

3. Imposibilidad de pago de tasas SI NO

4. Falta de cuidado de niños SI NO

5. Otro SÍ NO (Si SÍ está marcado con un círculo, explíquelo a continuación)

3. Según sus respuestas a la pregunta anterior, ¿resolvió OACAC alguna de estas barreras para acceder a los servicios para usted y su hijo?

1. Falta de transporte SI NO

2. Falta de información SI NO

3. Imposibilidad de pago de tasas SI NO

4. Falta de cuidado de niños SI NO

5. Otro SÍ NO (Si SÍ está marcado con un círculo, explíquelo a continuación)

4. Desde que se inscribió en Head Start y recibió servicios de apoyo, ¿ha experimentado la falta de vivienda? SÍ NO

En caso afirmativo,

¿Cuántos casos separados de falta de vivienda ha experimentado su familia desde la inscripción?

¿Cuánto tiempo duró cada caso de falta de vivienda? (Ej: la primera experiencia duró 2 semanas)

5. ¿Siente que el programa mejoró su condición de vida?

1. Muy en desacuerdo 2. En desacuerdo 3. Incierto 4. De acuerdo 5. Muy de acuerdo

6. Desde que se inscribió en Head Start y recibió servicios de apoyo, ¿ha experimentado desempleo? SÍ NO

En caso afirmativo,

¿Cuántos casos separados de desempleo ha experimentado su familia desde la inscripción?

¿Cuánto tiempo duró cada caso de desempleo? (Ej: la primera experiencia duró 2 semanas)

7. ¿Siente que el programa ha mejorado su situación laboral y financiera?

1. Muy en desacuerdo 2. En desacuerdo 3. Incierto 4. De acuerdo 5. Muy de acuerdo

8. ¿Recibir estos servicios mejoró su capacidad para satisfacer las necesidades básicas de su hijo?

1. Muy en desacuerdo 2. En desacuerdo 3. Incierto 4. De acuerdo 5. Muy de acuerdo

9. ¿Su tiempo inscrito en Head Start ha mejorado la unidad de su familia?

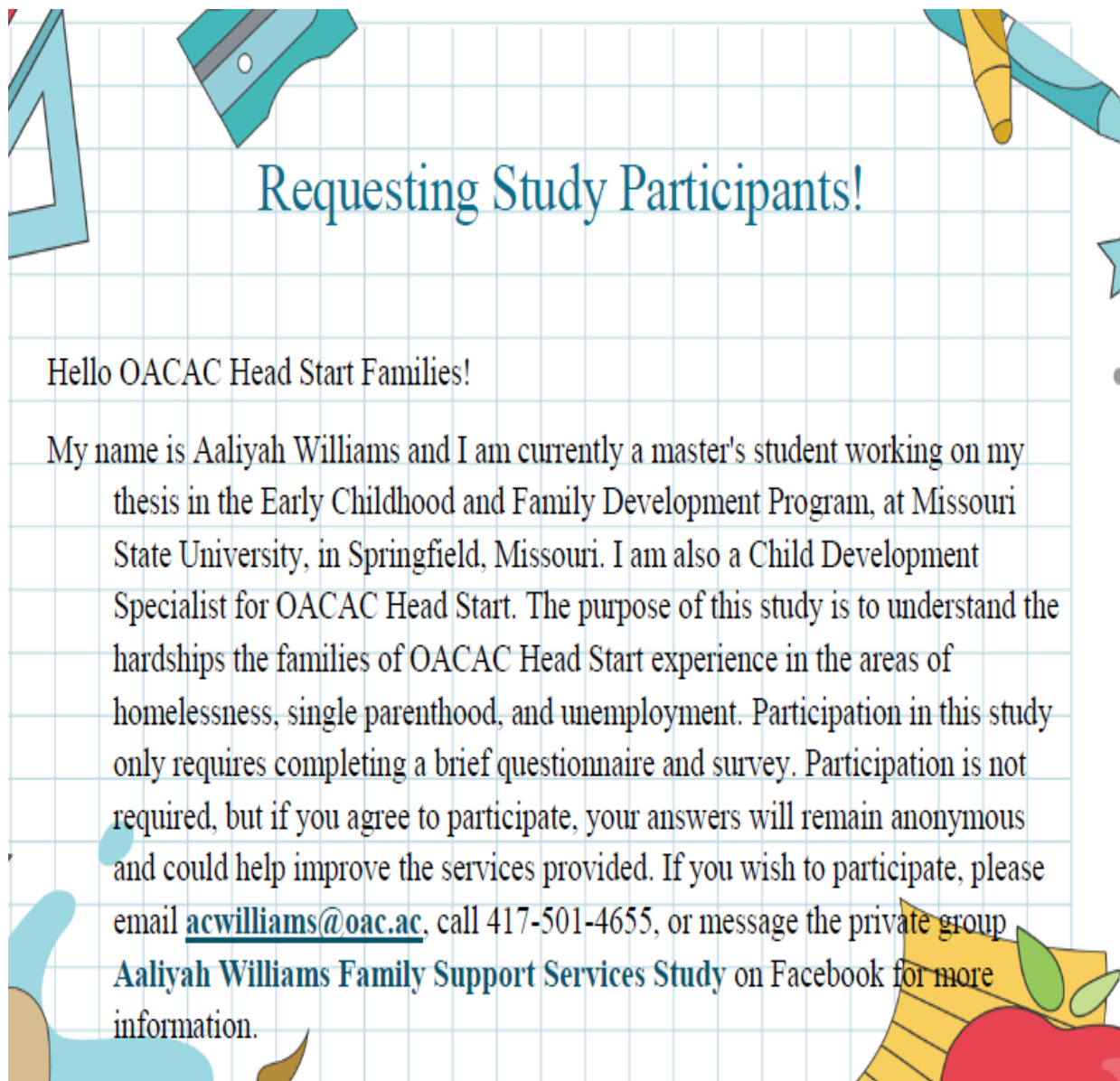
1. Muy en desacuerdo 2. En desacuerdo 3. Incierto 4. De acuerdo 5. Muy de acuerdo

1. ¿Cómo ha mejorado su unidad familiar el tiempo que pasó inscrito en Head Start?

10. Comentarios adicionales

Gracias por su participación.

Appendix G. English Recruitment Flyer 1



Requesting Study Participants!

Hello OACAC Head Start Families!

My name is Aaliyah Williams and I am currently a master's student working on my thesis in the Early Childhood and Family Development Program, at Missouri State University, in Springfield, Missouri. I am also a Child Development Specialist for OACAC Head Start. The purpose of this study is to understand the hardships the families of OACAC Head Start experience in the areas of homelessness, single parenthood, and unemployment. Participation in this study only requires completing a brief questionnaire and survey. Participation is not required, but if you agree to participate, your answers will remain anonymous and could help improve the services provided. If you wish to participate, please email acwilliams@oac.ac, call 417-501-4655, or message the private group **Aaliyah Williams Family Support Services Study** on Facebook for more information.

Appendix H. Spanish Recruitment Flyer 1

Solicitud de participantes del estudio!

¡Hola familias de Head Start de OACAC!

Mi nombre es Aaliyah Williams y actualmente soy estudiante de maestría trabajando en mi tesis en el Programa de Desarrollo de la Primera Infancia y la Familia, en la Universidad Estatal de Missouri, en Springfield, Missouri. Yo soy también un Especialista en Desarrollo Infantil para OACAC Head Start. El propósito de este estudio es comprender las dificultades que experimentan las familias de OACAC Head Start en las áreas de personas sin hogar, padres solteros y desempleo. La participación en este estudio solo requiere completar un breve cuestionario y una encuesta. No se requiere la participación, pero si acepta participar, sus respuestas permanecerán anónimas y podrían ayudar a mejorar los servicios prestados. Si desea participar, envíe un correo electrónico acwilliams@oac.ac, llame al 417-501-4655, o envíe un mensaje al grupo privado **Aaliyah Williams Family Support Services** en Facebook para más información.

Appendix I. English Recruitment Flyer 2

Hello OACAC Head Start Families!

My name is Aaliyah Williams and I am currently a master's student working on my thesis in the Early Childhood and Family Development Program, at Missouri State University, in Springfield, Missouri. I am also a Child Development Specialist for OACAC Head Start. The purpose of this study is to understand the hardships the families of OACAC Head Start experience in the areas of homelessness, single parenthood, and unemployment. Participation in this study only requires completing a brief questionnaire and survey. Participation is not required, but if you agree to participate, your answers will remain anonymous, and could help improve the services provided. If you wish to participate, please email acwilliams@oac.ac, call 417-501-4655, or message the private group Aaliyah Williams Family Support Services Study on Facebook for more information.

**REQUESTING STUDY
PARTICIPANTS**

Appendix J. Spanish Recruitment Flyer 2



¡Hola familias de Head Start de OACAC!

Mi nombre es Aaliyah Williams y Actualmente soy estudiante de maestría trabajando en mi tesis en el Programa de Desarrollo de la Primera Infancia y la Familia, en la Universidad Estatal de Missouri, en Springfield, Missouri. Yo soy también un Especialista en Desarrollo Infantil para OACAC Head Start. El propósito de este estudio es comprender las dificultades que experimentan las familias de OACAC Head Start en las áreas de personas sin hogar, padres solteros y desempleo. La participación en este estudio solo requiere completar un breve cuestionario y una encuesta. No se requiere la participación, pero si acepta participar, sus respuestas permanecerán anónimas y podrían ayudar a mejorar los servicios prestados. Si deseas participar ingresa a este enlace:

https://missouristate.co1.qualtrics.com/jfe/form/SV_0dINPbIIzQ6IeeW

También puede enviar un correo electrónico acwilliams@oac.ac, llame al 417-501-4655 o envíe un mensaje al grupo privado Aaliyah Williams Family Support Services Study en Facebook para obtener más información.

SOLICITUD DE PARTICIPANTES DEL ESTUDIO

Appendix K. English Informed Consent

MISSOURI STATE UNIVERSITY

CONSENT TO ACT AS A HUMAN PARTICIPANT

Title of Study: Reducing Family Risk Factors Caused by Poverty Through Family Support Services

Principal Investigator: Dr. Sabrina A. Brinson

Primary Study Contact: Aaliyah Williams , MS Candidate

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time. Please begin by circling an answer to the question below.

Do you need additional language accommodations to complete this consent? YES NO

INTRODUCTION

The purpose of this study is to understand the hardships the families of OACAC Head Start experience in the areas of homelessness, single parenthood, and unemployment. In gaining understanding of these experiences, the researcher, will also work to understand what services have been provided to the enrolled families to help with these hardships. You are being invited to participate in this study because your child is enrolled in either Head Start, Early Head Start, or Homebased.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for approximately 1 hour. I will schedule an initial in person meeting to explain the study and how you will be participating. If you choose to participate, this meeting will last approximately 30 minutes. After gaining

consent, you may complete the questionnaire and survey online, over the phone, or in person. If you are completing the demographic questionnaire and survey in person, I will schedule a separate meeting, if necessary, to complete them. The time needed to complete these will be approximately 15 to 30 minutes. You may skip any question that you do not wish to answer or that makes you feel uncomfortable. Your participation in the study is completely voluntary. You may choose not to join, or you may withdraw your consent to be in the study at any time, for any reason, without penalty.

RISKS

There are currently no foreseeable risks from participating in this study.

BENEFITS

There may be no immediate direct benefit to you if you decide to participate in this study. It is hoped that the information gained in this study will benefit the families of Southwest, Missouri by influencing the future organizational policies and services provided in ten counties OACAC Head Start serves, and possibly increase the services available to reduce the hardships families in poverty experience and support family unity.

COSTS AND COMPENSATION

There are not any costs associated with participating in this study. You will not be compensated for participating in this study.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, OACAC Head Start and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken; All surveys will be anonymous, only indicating which county and Head Start program your family is enrolled in. Your name may be written should you choose to withdraw from the study and have your data removed. Only Aaliyah Williams, Dr. Sabrina A. Brinson, Dr. Hailey Choi, and OACAC Head Start will have access to the data gained from this study. All physical documents will be kept in a locked box and digital data will be located on a password protected computer. The information gained from this study will not be deleted. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study. For further information about the study contact Aaliyah Williams at acwilliams@oac.ac or 417-864-3423 or Dr. Sabrina A. Brinson at sbrinson@missouristate.edu or 417-836-5070. You are encouraged to ask questions at

any time during this study. If you have any questions about the rights of research subjects or research-related injury, please contact the Research Administration office, 407 Carrington Hall, (417) 386-5972.

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the signed and dated written informed consent prior to your participation in the study.

Participant's Name (printed)

(Participant's Signature) (Date)

(Signature of Parent/Guardian or (Date)
Legally Authorized Representative)

INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the

purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

(Signature of Person Obtaining (Date)

Informed Consent)